

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

December 21, 2004

Mr. Robert A. Vetzal
Ry-Anne, Incorporated
1503 Bowman Avenue
Plant City, Florida 33563

Re: Facility No.: 0571304-001

Dear Mr. Vetzal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 16, 2004.

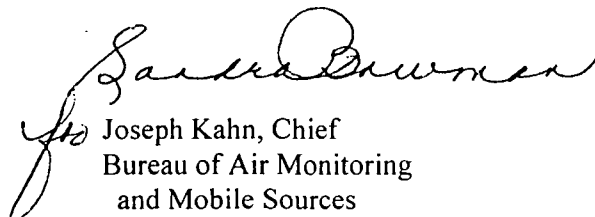
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES✓.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS.....
COMP. STATUS - SNC MNC IN

NEW Facility

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
 NOV 16 2003
 Bureau of Air Monitoring
 & Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location SW-Hills

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <u>Ry-Anne Inc. / Robert Vetzel</u> |
| 2. Site Name (For example, plant name or number): |
| 3. Hazardous Waste Generator Identification Number: |
| 4. Facility Location: Street Address: <u>1503 Bowman Ave</u> City: <u>PLANT CITY</u> County: <u>Hillsborough</u> Zip Code: <u>33563</u> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): <u>0571304-001</u> |

Responsible Official

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 6. Name and Title of Responsible Official: | |
| Name: <u>Robert A Vetzel</u> ^{owner} | Title: <u>Owner</u> |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: <u>1503 Bowman Ave</u> City: <u>PLANT CITY</u> County: <u>Hillsborough</u> Zip Code: <u>33563</u> | |
| 8. Responsible Official Telephone Number: Telephone: <u>(813) 477-0830</u> Fax: <u>(813) 685-7574</u> | |

Facility Contact (If different from Responsible Official)

| | |
|---------------------------------------------------------------------------------|--|
| 9. Name and Title of Facility Contact (For example, plant manager): | |
| 10. Facility Contact Address: Street Address: City: County: Zip Code: | |
| 11. Facility Contact Telephone Number: Telephone: () - Fax: () - | |

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--------------------------------------------|---------------------|---------------------------------------|---------------------------------------------------------------------------------------|
| 8/1/04 | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--------------------------------------------|---------------------|---------------------------------------|---------------------------------------------------------------------------------------|
| N/A | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening 11/20/04)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X").

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <u>Existing machines at small area source</u> (NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u> Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> Carbon adsorber <input type="checkbox"/> Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u> Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 10

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

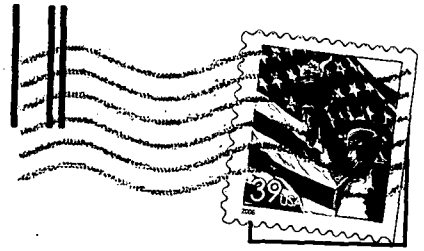
Robert A. Vetzal
Print name of responsible official

Robert A. Vetzal
Signature

11/15/04
Date

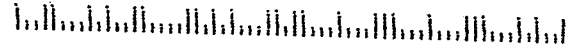
Door to Door Dry Cleaning
PO Box 2968
Brandon FL
33509

TAMPA FL 336
18 JAN 07 PM 5 L



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 8098



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FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

Do NOT Remove Label
AIRS ID# 571304
RY-ANNE INC.
1503 Bowman Ave
PLANT CITY, FLORIDA 33563

JAN 25 2007
Bureau of Air Mail & Mails

TOTAL AMOUNT DUE: \$50.00

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

457450 JAN222007

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

To whom it may concern:

We sent check # 1283 e: # 1284
which was ~~cash~~ cashed.

We are sending \$25.00 to cover
Penalty. We are sorry we are late.

Thank You
Maureen P. Kase
Pres. X.M.L.O

Gardner, Kelly

From: Bowman, Sandy
Sent: Monday, March 20, 2006 6:37 AM
To: Gardner, Kelly
Cc: Thomas, Bruce X.; Sullivan, Ann
Subject: RE: KML Cleaners Inc Check

The penalty is associated with object code 002274.

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----

From: Gardner, Kelly
Sent: Friday, March 17, 2006 11:24 AM
To: Bowman, Sandy
Cc: Sullivan, Ann
Subject: KML Cleaners Inc Check

AIRS ID #: 570334

I received a \$25.00 check from KML Cleaners Inc. They attached an invoice for \$75.00 and a letter stating the \$25.00 is for a penalty. Does the \$25.00 go under object code 002273 also?
Thanks.

Kelly Gardner
Accountant I
Department of Environmental Protection
Finance & Accounting - Revenue Section
Phone: (850) 245-2427, SC: 205-2427
Fax: (850) 245-2464, SC: 205-2464, MS - 77
Kelly.Gardner@dep.state.fl.us

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
459974 MAR17 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 570334
K.M.L. CLEANERS INC
8544 Gunn Hwy
ODESSA, FL 33556

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FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
459963 MAR17 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 571304
RY-ANNE INC.
1503 Bowman Ave
PLANT CITY, FL 33563

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273