

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 30 2001

Mr. Peter Jerome
System III Dry Cleaners
4205 Little Road
New Port Richey, Florida 34655

Re: Facility No.: 1010333-002

Dear Mr. Jerome:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 21, 2001.

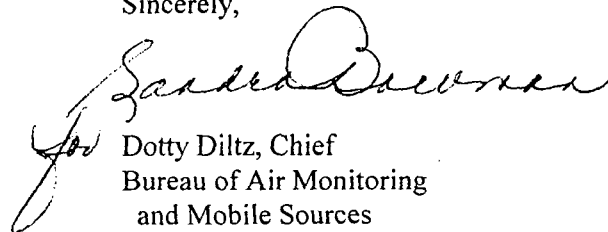
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Bill Proses, Southwest District

Gees Paid
GOC 4
Compliance IN

ID. # 1010333
INACTIVATED
12/30/05

Dear Sir,

System III has been closed and no longer
operates at 4205 Little Road, New Port Richey, FL 34655.

This space is now occupied by:

SCOH'S custom cleaners

FEI #: 20-0453677

Owner is: Michael Bassous.

Please update your records accordingly.

Thank-you

Grant, Patricia

From: Thomas, Bruce X.

Sent: Friday, December 30, 2005 3:01 PM

To: Bradley, Christopher

Cc: Smolen, Joel; Bowman, Sandy; Grant, Patricia

Chris,

System III Dry Cleaners (1010333) has been sold. The facility status has been changed to inactive in the database. A new notification form has been sent to the new owner. Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

1010333-002

P15

1(a) Existing should be circled under Status.

P16

6(e) Required for all sources.

P17

Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): PEJAN Inc.
2. Site Name (For example, plant name or number): SYSTEM III DRY CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 981028442
4. Facility Location: Street Address: 4205 LITTLE ROAD City: NEW PORT RICHEY County: PASCO Zip Code: 34655
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1010333-002

Responsible Official

6. Name and Title of Responsible Official: Name: PETER D. JEROME Title: CORPORATION PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: SYSTEM III DRY CLEANERS Street Address: 4205 LITTLE ROAD City: NEW PORT RICHEY County: PASCO Zip Code: 34655
8. Responsible Official Telephone Number: Telephone: (727) 376-2759 Fax: ()

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: () -

RECEIVED
JUL - 2 2001
Bureau of Air Monitoring
& Mobile Sources

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")
1984	Existing/New ^①	RC/CA/None required ^①	① SAME
_____	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")
_____	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 _____)

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.

PETER D. JEROME

Print name of responsible official

PP Jerome

Signature

6/27/01

Date

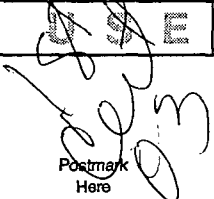
6/15/01

Bureau of Air Monitoring & Mobile Sources
RECEIVED
JUN 21 2001

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 1140 0001 7556 2930

Postage	\$	 <p>Postmark Here</p>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
ID# 1010333 PETER JEROME SYSTEM III DRY CLEANERS 4205 LITTLE ROAD NEW PORT RICHEY, FL 34655		

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

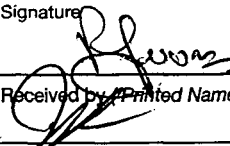
1. Article Addressed to:

ID# 1010333
 PETER JEROME
 SYSTEM III DRY CLEANERS
 4205 LITTLE ROAD
 NEW PORT RICHEY, FL 34655

2. Article Number
 (Transfer from service label)

7001 1140 0001 7556 2930

COMPLETE THIS SECTION ON DELIVERY

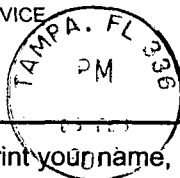
A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 2/16/01
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

813 376 2759

TOTAL AMOUNT DUE: \$50.00 NO FEE

Do NOT Remove Label

1010333 ~~10~~
~~SYSTEM III DRY CLEANERS~~
4205 Little Road
NEW PORT RICHEY, FL 34655

No longer in
Business.

Scott's Custom Cleaners
4205 Little Rd.
New Port Richey FL 34655

Printed on recycled paper.

FLAIR ACCT. CODE 372020 00013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

RECEIVED
2005
St. William
Mobile, AL

7004 2510 0002 3939 7859

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To AIRS ID#1.01033e+006.....2nd Cert 05
SYSTEM III DRY CLEANERS
**Street, Apt. No.,
or PO Box No.** 4205 Little Road
City, State, ZIP+4 NEW PORT RICHEY, FL 34655

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece or on the front if space permits.

1. Article Addressed to:
1010333

AIRS ID#1.01033e+006.....2nd Cert 05
SYSTEM III DRY CLEANERS
4205 Little Road
NEW PORT RICHEY, FL 34655

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 7859

COMPLETE THIS SECTION ON DELIVERY

A. Signature
C. Fustan Agent Addressee

B. Received by (Printed Name) *CHRISTOPHER FUSTAN* C. Date of Delivery *3/6/05*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

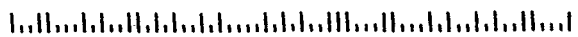


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAR 7 2005
DEPT. OF ENVIRONMENTAL PROTECTION
MOBILE SOURCE



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448291 MAR 3 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1010333 10
SYSTEM III DRY CLEANERS
4205 Little Road
NEW PORT RICHEY, FL 34655

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

Bureau of Air Monitoring
& Mobile Sources

MAR 7 2005

RECEIVED

Printed on recycled paper.

7004 2510 0002 3939 4339

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Pos AIRS ID# 1010333 1stC
 Sent To SYSTEM III DRY CLEANERS
 4205 Little Road
 Street, Apt. or PO Box: NEW PORT RICHEY, FL 34655
 City, State:

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece; or on the front if space permits.

1. Article Addressed to:
 AIRS ID# 1010333 1stC
 SYSTEM III DRY CLEANERS
 4205 Little Road
 NEW PORT RICHEY, FL 34655

COMPLETE THIS SECTION ON DELIVERY

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 2/2/01
C. Signature Chris Furrow X <i>(Handwritten Signature)</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

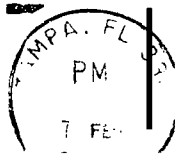
3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

7004 2510 0002 3939 4339 1 Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mail
& Mobile Source

FEB 9 2005

RECEIVED

32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436687 FEB20 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1010333
PETER JEROME
SYSTEME DRY CLEANERS
4205 LITTLE ROAD
NEW PORT RICHEY FL 34655

~~X~~
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 12958
Fund: 20-2-035001
Obj.: 002273

Bureau of
& Mobile
Source
Monitoring

FEB 26 2004

RECEIVED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery PAUL JEROME 29.07</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 1010333</p> <p>SYSTEM III DRY CLEANERS PETER D JEROME 4205 LITTLE ROAD NEW PORT RICHEY FL 34655</p>	<p>C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No</p> <p style="text-align: center;">FEB 19 2002 USPS - 34652</p>
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0026 4128 8079</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
7000 0600 0026 4128 8079	<div style="border: 1px solid black; height: 35px;"></div>										
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total</td><td></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total		<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total											
<p>Recipie</p> <p>Street, City, St</p>	<p style="text-align: center;">AIRS ID # 1010333</p> <p>SYSTEM III DRY CLEANERS PETER D JEROME 4205 LITTLE ROAD NEW PORT RICHEY FL 34655</p>										
<p>PS Form</p>	<p>Instructions</p>										



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414407 FEB22 2002

X

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1010333
SYSTEM III DRY CLEANERS
PETER D JEROME
4205 LITTLE ROAD
NEW PORT RICHEY FL
34655

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1010333
SYSTEM III DRY CLEANERS PETER D JEROME 4205 LITTLE ROAD NEW PORT RICHEY FL 34655

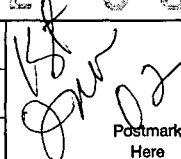
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: 12812 Fund: 20-2-035001 Obj.: 002273
--

423448 FEB 24 2003
RECEIVED
FEB 28 2003
Bureau of Air Monitoring
& Mobile Services

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 2870 0000 7027 6033

OFFICIAL USE

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Posts AIRS ID#1010333

Sent To SYSTEM III DRY CLEANERS
 PETER D JEROME
 4205 LITTLE ROAD
 Street, Apt. NEW PORT RICHEY FL
 34655
 City, State, ZIP

PS Form 3800, May 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#1010333

SYSTEM III DRY CLEANERS
 PETER D JEROME
 4205 LITTLE ROAD
 NEW PORT RICHEY FL
 34655

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 PAUL JEROME 2 8 03

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

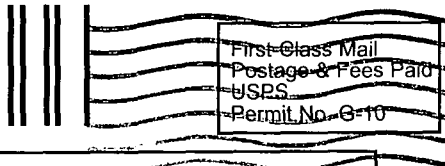
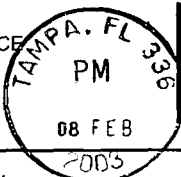
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

70002870000070276033

Best Available Copy

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

FUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2300 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED

32399/2400

