



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 31, 2000

Mr. Jere Smith  
Seaside Cleaners  
4740 US 19  
New Port Richey, Florida 34652

Re: Facility No.: 1010375-001

Dear Mr. Smith:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 2000.

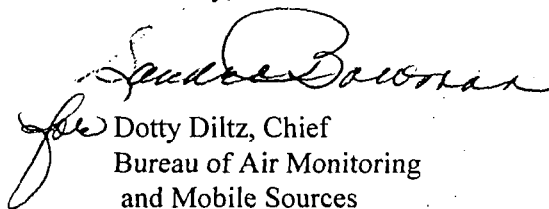
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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): <i>SEASIDE CLEANERS</i>
2. Site Name (For example, plant name or number): <i>Same</i>
3. Hazardous Waste Generator Identification Number: <i>CESQG</i>
4. Facility Location: Street Address: <i>4740 US 19</i> City: <i>New Port Richey</i> County: <i>PASCO</i> Zip Code: <i>34652</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1010345-001</i>

**Responsible Official**

6. Name and Title of Responsible Official: Name: <i>Jere Smith</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Seaside Cleaners</i> Street Address: City: <i>SAME</i> County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(727) 848-3755</i> 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**  
 SEP 25 2010  
 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")
6/93	Existing/New	RC/CA/None required	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 \_\_\_\_\_)

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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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?  2

For each boiler, indicate its horsepower (HP) rating:    3

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) electric

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.*

Jere Smith

Print name of responsible official

  
Signature

9/20/00  
Date

PREMIT  
LAST SUBMITTED:  
9/25/2001  
EXP. PERMIT:  
10/20/2005

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.

468722 FEB 8 2007

**TOTAL AMOUNT DUE: \$50.00**

*DO NOT CONTACT*

Do NOT Remove Label

AIRS ID#1010375 SEASIDE CLEANERS 4740 US 19 NEW PORT RICHEY, FLORIDA 34652	✓ FEB 12 2007 Bureau of Air W. Mobile S.
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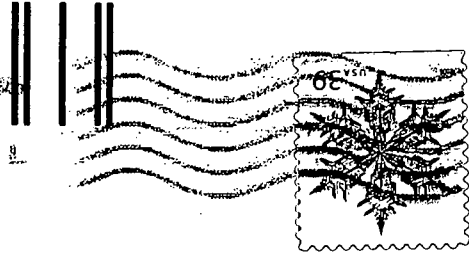
FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200
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FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
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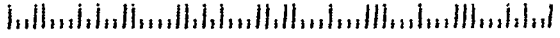
*JERE SMITH (727) 848-3755* Printed on recycled paper.

TAMPA FL 334

05 FEB 07 PM 3 L



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

323153070 5098 

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

458790 FEB 9 2006

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# 1010375 1st  
SEASIDE CLEANERS  
4740 US 19  
NEW PORT RICHEY, FL 34652

Bureau of Air Monitoring  
& Mobile Sources

FEB 13 2006

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

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

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7004 2510 0002 3939 8061

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

Sent To AIRS ID#1.01038e+006.....2<sup>nd</sup> Cert 05  
 SEASIDE CLEANERS  
 Street, Apt. No., or PO Box No. 4740 US 19  
 City, State, ZIP+4 NEW PORT RICHEY, FL 34652

PS Form 3800, Ju

**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:  
 1010375

AIRS ID#1.01038e+006.....2<sup>nd</sup> Cert 05  
 SEASIDE CLEANERS  
 4740 US 19  
 NEW PORT RICHEY, FL 34652

1010375

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature 

Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 3/17

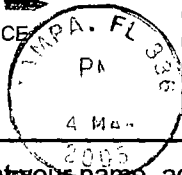
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7004 2510 0002 3939 8061**

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS 777932 and  
Permit No. G-107

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

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

RECEIVED  
MAR 7 2005  
Tallahassee, FL  
U.S. MAIL



(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448523 MAR 7 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# 1010375 1stC  
SEASIDE CLEANERS  
4740 US 19  
NEW PORT RICHEY, FL 34652

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 E.O.: AT  
FUND: 20-2-035001  
OBJECT: 002273

Air Mop  
Media Source  
MAR 9 2005  
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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	AIRS ID# 1010375 1stC
Sent To	SEASIDE CLEANERS
	4740 US 19
Street, Apt. or PO Box #	NEW PORT RICHEY, FL 34652
City, State, .	
PS Form 3800, June 2002 See Reverse for Instructions	

Postmark Here

**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# 1010375 1stC  
SEASIDE CLEANERS  
4740 US 19  
NEW PORT RICHEY, FL 34652

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Chandler*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

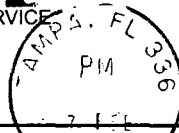
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

7004 2510 0002 3939 4551

Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail  
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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 STOP 03E10  
2600 BLAKE STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

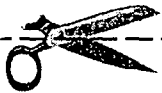
Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2005

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436251 FEB11 2004

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**TOTAL AMOUNT DUE: \$50.00**

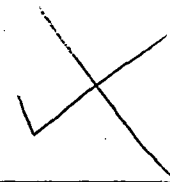
Do **NOT** Remove Label

ID# 1010375  
 JERE SMITH  
 SEASIDE CLEANERS  
 4740 US 19  
 NEW PORT RICHEY, FL 34652

Bureau of Air Monitoring  
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FEB 18 2004

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 Fund: 20-2-035001  
 Obj.: 002273

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

Postmark  
Here

ID# 1010375  
 JERE SMITH  
 SEASIDE CLEANERS  
 4740 US 19  
 NEW PORT RICHEY, FL 34652

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.

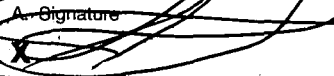
1. Article Addressed to:

ID# 1010375  
 JERE SMITH  
 SEASIDE CLEANERS  
 4740 US 19  
 NEW PORT RICHEY, FL 34652

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 2916

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) JERE SMITH C. Date of Delivery 2-7-04

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 •

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

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402963

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**

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AIRS ID # 1010375
SEASIDE CLEANERS JERE SMITH 4740 US 19 NEW PORT RICHEY FL 34652

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*1-17-01 pd*

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INSTRUCTIONS FOR PROPER HANDLING

420814 DEC18 2002

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SEASIDE CLEANERS  
JERE SMITH  
4740 US 19  
NEW PORT RICHEY FL  
34652

AIRS ID#1010375

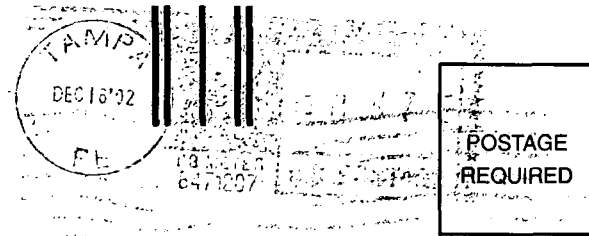
FOR GOVERNMENT USE ONLY  
Org.: 37550101000  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air  
& Mobile  
SOA  
Forces

DEC 20 2002

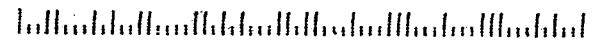
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All Pro Printing  
5132 Tampa West Blvd  
Tampa, FL 33634  
(888) 679-0255



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Tallahassee, FL 32315-3070

32315+3070 99





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412004 DEC21 2001

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**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 1010375

SEASIDE CLEANERS  
JERE SMITH  
4740 US 19  
NEW PORT RICHEY FL  
34652

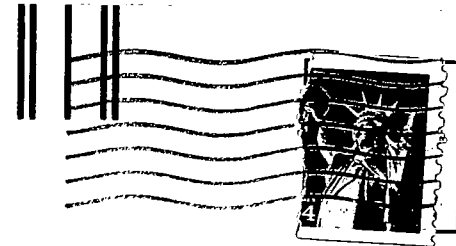
**FOR GOVERNMENT USE ONLY**

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

SEASIDE CLEANERS  
4740 US 19 N  
N.P.R., FL 34657  
(813) 848-3755



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

32315+3070 99

