

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 17, 2001

Mr. Albert D. Berry  
North Hercules Dry Cleaners  
2180 North Hercules Avenue  
Clearwater, Florida 33763

Re: Facility No.: 1030294-002

Dear Mr. Berry:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 13, 2001.

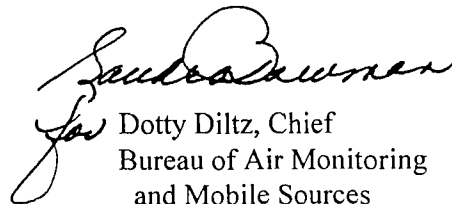
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

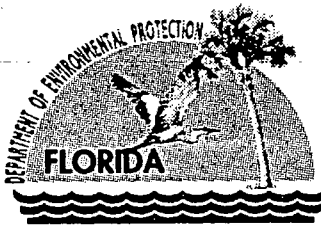
  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 13, 2002

Mr. Albert D. Berry #1030294  
2180 North Hercules Avenue  
Clearwater, Florida 33763

Dear Mr. Berry:

Thank you for your December 7 letter notifying the Department of the sale of North Hercules Dry Cleaners and Harbor Cleaners. The facility status has been changed to *inactive* in the database for both facilities.

In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), the Title V Air General Permit is **not-transferable** and **does not** follow a change in ownership of the facility. The new owner of North Hercules Dry Cleaners and Harbor Cleaners is eligible to operate under the terms of a Title V air general permit **provided** a new Perchloroethylene Dry Cleaner Air General Permit Notification Form is completed and submitted to the Department.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that an annual emissions fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that North Hercules Dry Cleaners and Harbor Cleaners each operated as a Title V general permit facility in **2002**. Therefore, the annual operation fee for which you were recently invoiced is due and payable between January 15 and March 1, 2003.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

SB/

cc: Gary Robbins, Pinellas County

"More Protection, Less Process"

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NORTH HERCULES DRY CLEANERS  
2180 NO. HERCULES AVE  
CLEARWATER, FL 33763  
727-734-4445

12-7-02

ATTN:

I have sold this business as of November  
22, 2002. Please remove me from the air  
General Permit list.

Thank you  
Albert D. Bevy

AIR ID # 1030294

RECEIVED

DEC 12 2002

BUREAU OF AIR REGULATION

New Owner  
Ronald Quich  
Quichs Dry Cleaning Inc.  
2180 N. Hercules Ave.  
Clearwater, Fl. 33763

DBA NORTH HERCULES CLEANERS



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#1030294  
NORTH HERCULES DRY CLEANERS  
ALBERT D BERRY  
2180 N HERCULES AVE  
CLEARWATER FL  
33763

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

**RECEIVED**  
**DEC 13 2002**  
Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 13 2001  
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

|  |
|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):<br>A + T BERRY INC.             |
| 2. Site Name (For example, plant name or number):<br>NORTH HERCULES DRY CLEANERS                                   |
| 3. Hazardous Waste Generator Identification Number:<br>FLD 982102865   |
| 4. Facility Location:<br>Street Address: 2180 N. HERCULES AVE<br>City: CLEARWATER County: PINELLAS Zip Code: 33763 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):<br>1030294-002                                  |

Responsible Official

|   |
|---|
| 6. Name and Title of Responsible Official:<br>Name: ALBERT D. BERRY Title: PRESIDENT  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: A + T BERRY INC<br>Street Address: 2180 N. HERCULES AVE<br>City: CLEARWATER County: PINELLAS Zip Code: 33763 |
| 8. Responsible Official Telephone Number:<br>Telephone: (727) 734-4445 Fax: ( ) -   |

Facility Contact (If different from Responsible Official)

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

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 2 ]

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") |
|--|---------------------|---------------------------------------|---|
| 01-MAY-86                                  | Existing/New        | RC/CA/None required                   | SAME  |
| 06-JUNE 89                                 | Existing/New        | RC/CA/None required                   | SAME  |
|  | 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? [ 0 ]

How many dryers/reclaimers do you have on-site? [ 1 ]

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") |
|--|---------------------|---------------------------------------|---|
| 01 MAY 86                                  | 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

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

[ 189.5 ] 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?

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

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 1030294.
- 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.*

ALBERT D. BERRY  
Print name of responsible official

Albert D. Berry  
Signature

6-9-01  
Date



# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

• If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

*SAME OWNER - CORPORATION - INSTEAD OF  
SOLE PROPRIETOR*

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

• If you **do not** wish to continue your **eligibility**, please disregard this notice.

**A&T BERRY INC.**  
**2180 NO. HERCULES AVE**  
**CLEARWATER, FL 33763**  
**727-734-4445**



*General Permits Section*  
*Bureau of air monitoring & Mobile Sources MS 5510*  
*Department of Environmental Protection*  
*2600 Blair Stone Rd.*  
*Tallahassee, Fl. 32399-2400*

32399-2400 

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412209 DEC24 2001

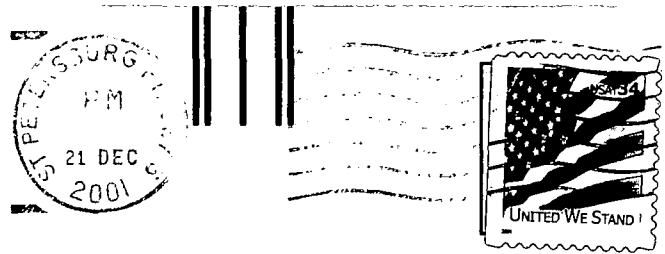
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

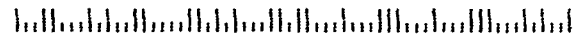
AIRS ID # 1030294  
NORTH HERCULES DRY CLEANERS  
ALBERT D BERRY  
2180 N HERCULES AVE  
CLEARWATER FL  
33763

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



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

32315+3070 99



MS# 5510 MC Acct # 5821

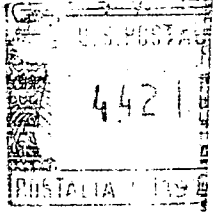
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



FOR REASON(S) SHOWN

7000 2870 0000 7027 5975



AIRS ID#1030294  
NORTH HERCULES DRY CLEANERS  
ALBERT D BERRY  
2180 N HERCULES AVE  
CLEARWATER FL  
33763

*Albert D Berry*

Bureau of Air Monitoring  
& Mobile Sources

**RECEIVED**  
FEB 12 2003

BEFORE OPENING THIS SECTION, PLACE THIS SECTION ON TOP OF ENVELOPE  
 TO THE RIGHT OF RETURN ADDRESS  
 LOCAL POST OFFICE

- 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#1030294

NORTH HERCULES DRY CLEANERS  
 ALBERT D BERRY  
 2180 N HERCULES AVE  
 CLEARWATER FL  
 33763

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

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

*7000287000070275975*

2. Article Number (Copy from service label)

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

O F F I C I A L   U S E

7000 2870 0000 7027 5975

|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

Postmark Here

*[Handwritten Signature]*

AIRS ID#1030294

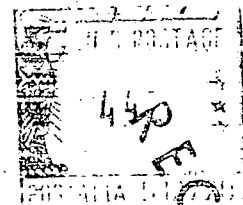
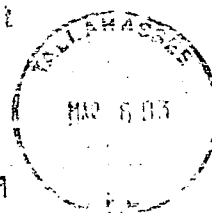
NORTH HERCULES DRY CLEANERS  
 ALBERT D BERRY  
 2180 N HERCULES AVE  
 CLEARWATER FL  
 33763

**CERTIFIED MAIL**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



7001 0320 0001 7976 3439



**RECEIVED**  
MAR 17 2003

5810  
HN  
372

UNCLAIMED

Do NOT Remove Label

—AIRS ID#1030294  
NORTH HERCULES DRY CLEANERS  
ALBERT D BERRY  
2180 N HERCULES AVE  
CLEARWATER FL

10 MAR 2003

25 MAR 2003



**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#1030294

NORTH HERCULES DRY CLEANERS  
 ALBERT D BERRY  
 2180 N HERCULES AVE  
 CLEARWATER FL  
 33763

2. Article Number  
(Transfer from service label)

7001 0320 0001 7976 3439

PS Form 3911, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

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.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL USE

|  |    |   |
|--|----|---|
| Postage  | \$ | 03<br>2nd<br>Postmark Here<br><i>more</i> |
| Certified Fee                                  |    |   |
| Return Receipt Fee (Endorsement Required)      |    |   |
| Restricted Delivery Fee (Endorsement Required) |    |   |

AIRS ID#1030294

NORTH HERCULES DRY CLEANERS  
 ALBERT D BERRY  
 2180 N HERCULES AVE  
 CLEARWATER FL  
 33763

7001 0320 0001 7976 3439

PS Form 3800, January 2001

See Reverse for Instructions