

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

Ms. Maria Bednarz  
Coin-O-Magic  
7825 - 38<sup>th</sup> Avenue North  
St. Petersburg, Florida 33710

Re: Facility No.: 1030305-002

Dear Ms. Bednarz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 14, 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,

*JD*  
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.

Free Paid  
SOC 4  
Compliance IN

1030305-002

p 15

1(a) New should be circled under  
status.

p 16

5. Add HP Rating for books.

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): JOSEF E MARIA BEDNARZ	
2. Site Name (For example, plant name or number): COIN-O-MAGIC	Coin-O-Magic Laundromat & Clea 7825 38th Ave. N Saint Petersburg, FL 33710-1107
3. Hazardous Waste Generator Identification Number: AIRS ID # 1030 30500146	
4. Facility Location: Street Address: 7825 38TH AVENUE N City: ST. PETERSBURG County: PINELLAS Zip Code: 33710	
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030305-002	

Responsible Official

6. Name and Title of Responsible Official: Name: MARIA BEDNARZ Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3930 20TH STREET N City: ST. PETERSBURG County: PINELLAS Zip Code: 33714	
8. Responsible Official Telephone Number: Telephone: (727) 527-2184 Fax: ( ) -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): MARIA BEDNARZ	
10. Facility Contact Address: Street Address: 7825 38TH AVENUE N City: ST. PETERSBURG County: PINELLAS Zip Code: 33710	
11. Facility Contact Telephone Number: Telephone: (727) 347-3315 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")
<u>2/17/97</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

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 \_\_\_\_\_
- 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.*

MARIA BEDNARZ  
Print name of responsible official

Marie Bednarz  
Signature

6-8-01  
Date

Bureau of Air Monitoring  
& Mobile Sources

JUN 14 2001

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413504 JAN25 2002

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**

X

Do **NOT** Remove Label

AIRS ID # 1030305

COIN-O-MAGIC  
MARIA BEDNARZ  
3930 20TH STREET NORTH  
ST PETERSBURG FL  
33714

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Coin-O-Magic Laundromat & Clea  
7825 38th Ave. N  
Saint Petersburg, FL 33710-1107



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

32315+3070 99





Phone 347-3315

**COIN-O-MAGIC**  
Dry Cleaning and Alterations  
Coin Laundry and Drapery Service  
Wash - Dry & Fold

7825 - 38th Avenue North  
St. Petersburg, Florida 33710



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.

436206 FEB11 2004

**TOTAL AMOUNT DUE: \$50.00**


RECEIVED  
FEB 18 2004  
Bureau of Air Mail  
& Money Orders  
Do NOT Remove Label

ID# 1030305  
MARIA BEDNARZ  
COIN-O-MAGIC 7825-38 Ave North.  
3930 20TH STREET NORTH St. Pete Fl. 33710  
ST PETERSBURG, FL 33714

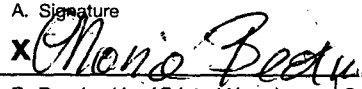
home adr. ←

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

**BEST AVAILABLE COPY**

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<b>OFFICIAL USE</b>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee _____	Postmark Here 
ID# 1030305 MARIA BEDNARZ COIN-O-MAGIC 3930 20TH STREET NORTH ST PETERSBURG, FL 33714	
PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span>	

7001 1140 0001 7556 2794

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                 ID# 1030305                  MARIA BEDNARZ                  COIN-O-MAGIC                  3930 20TH STREET NORTH                  ST PETERSBURG, FL 33714             </div> <p>2. Article Number (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION</b></p> <p>A. Signature  </p> <p>B. Received by (Printed Name) C. Date                  MARIA BEDNARZ <span style="float: right;">Del 2-7-01</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                  If YES, enter delivery address below:</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>
7001 1140 0001 7556 2794	
PS Form 3811, August 2001 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span>	

BEST AVAILABLE COPY

AL 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

RECEIVED  
FEB 11 2004  
Bureau of Air Monitoring  
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421994 JAN21 2003

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

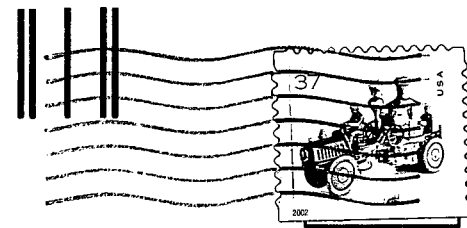
AIRS ID#1030305

COIN-O-MAGIC  
 MARIA BEDNARZ  
 3930 20TH STREET NORTH  
 ST PETERSBURG FL  
 33714

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

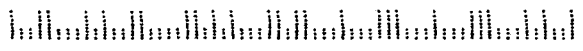
Bureau of Air Mail  
& Mobile Services  
JAN 24 2003

Coin-O-Magic Laundromat & Clea  
 7825 38th Ave. N  
 Saint Petersburg, FL 33710-1107



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

32315+3070 86



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444422 JAN12 2005

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JAN 1 4 30

Bureau of Air Monitoring  
& Mobile Sources

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AIRS ID# 1030305 10  
COIN-O-MAGIC  
7825 38th Ave  
ST PETERSBURG, FL 33710

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

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

458214 JAN19 2006

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1030305 10  
COIN-O-MAGIC  
7825 38th Ave  
ST PETERSBURG, FL 33710

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

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Bureau of Air Monitoring  
& Mobile Sources  
JAN 23 2006