

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 7, 2001

Mr. Abdul Jiwa
Bay Pointe Cleaners
5065-34th Street South
St. Petersburg, Florida 33711

Re: Facility No.: 1030307-002

Dear Mr. Jiwa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 5, 2001.

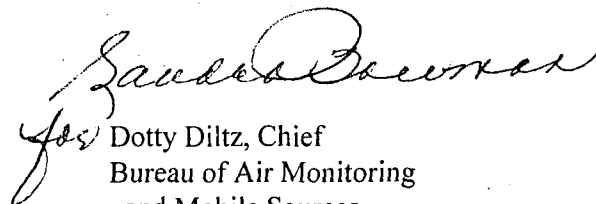
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL - 5 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):	K. J. LIMITED INC.
2. Site Name (For example, plant name or number):	BAY POINTE CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 152767786
4. Facility Location: Street Address: City: _____ County: _____ Zip Code: _____	5065 - 34 th Street South, ST PETERSBURG FL Pinellas, 33711
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030307-003

Responsible Official

6. Name and Title of Responsible Official: Name: _____ Title: _____	ABDUL TIWA OWNER / OPERATOR
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: _____ County: _____ Zip Code: _____	5065 - 34 th St. South, ST PETERSBURG - FL Pinellas, 33711
8. Responsible Official Telephone Number: Telephone: (____) _____ - _____ Fax: (____) _____ - _____	(727) 867-0123 () - X

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ABDUL K. TIWA
10. Facility Contact Address: Street Address: City: _____ County: _____ Zip Code: _____	5065 - 34 th Street South, ST PETERSBURG - FL PINELLAS, 33711
11. Facility Contact Telephone Number: Telephone: (____) _____ - _____ Fax: (____) _____ - _____	(727) 867-0123 () - X

Facility Information

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

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

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")
1979	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? N/A

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?

120 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".)

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

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.

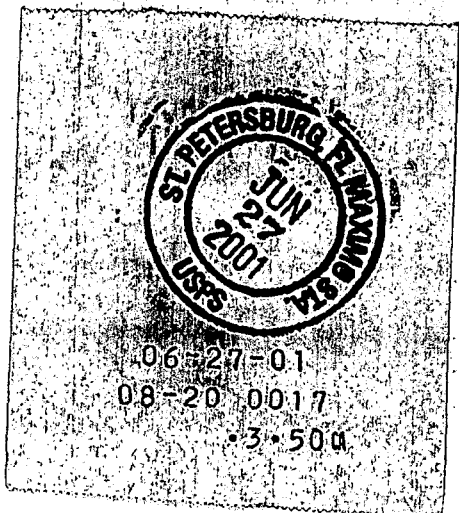
I will promptly notify the Department of any changes to the information contained in this notification.

ABDUL K. DUNE
Print name of responsible official

[Signature]
Signature

June 12, 01
Date

- Re Notifying -



ABDUL K. DUNE

RECEIVED

JUL - 5 2001

BAYPOINTE CLEANERS

5065 34TH Street South
St. Petersburg, Florida 33711

Bureau of Air Monitoring
& Mobile Sources

(727) 867 0123

July 3, 2001

Mr. Rick Butler
General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS.5510
Twin Towers Office Building
2600 Blair Street Road
Tallahassee, Florida 32399-2400

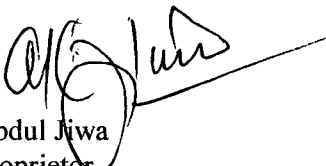
Re: Title V Air General Permit for Perchloroethylene Drycleaning

Dear Mr. Butler,

I thank you for taking the time to talk over the phone this afternoon regarding your letter of June 29, 2001. As instructed, I am enclosing the copy of the forms, which were sent to your office on June 27, 2001. A copy of the post office receipt of the first mailing is on the last page of the form being resent.

Do not hesitate to contact me if any further information is required regarding the forms.

Sincerely,


Abdul Jiwa
Proprietor

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete item 1.
- Complete items 2, 3, 4, and 5.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MR ABDUL JIWA
5065 - 34 STREET SOUTH
ST PETERSBURG FL 33711

4a. Article Number

7099 3400 0000 1449 6059

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

7-2-01

5. Received By: (Print Name)

Mr. A. J. Iwa

6. Signature: (Addressee or Agent)

X *Abdul Jiwa*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

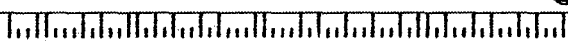
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD MS5510
TALLAHASSEE FLORIDA 32399-2400

ATT: SANDRA BOWMAN

Bureau of Air Monitoring
& Mobile Sources

JUL - 5 '20
RECEIVED

01



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: AIRS ID# 1030307 1stC	Postmark Here

Sent To: **BAY POINTE CLEANERS**
5065 34th Street South
ST PETERSBURG, FL 33711

Street, Apt. 1
or PO Box N
City, State, Z

PS Form 3811, August 2001

7232 3938 0002 2510 7004

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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>M. Smith</i></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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> AIRS ID# 1030307 1stC BAY POINTE CLEANERS 5065 34th Street South ST PETERSBURG, FL 33711 </div>	<p>3. Service Type</p> <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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; display: inline-block; padding: 5px;">7004 2510 0002 3938 7232</div>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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. •

Bureau of Air Quality
and Mobile Sources
Control
DAPM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

FEB 9 2005

RECEIVED



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

7000 0520 0020 9373 2019

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
AIRS ID # 1030307		
<input checked="" type="checkbox"/> BAY POINTE CLEANERS ABDUL JIWA 5065 34TH STREET SOUTH ST PETERSBURG FL 33711		(by mailer) _____ _____

Instructions

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

COMPLETE THIS SECTION ON DELIVERY

- 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 # 1030307
 BAY POINTE CLEANERS
 ABDUL JIWA
 5065 34TH STREET SOUTH
 ST PETERSBURG FL
 33711

2. Article Number (Copy from service label)

7000 0520 0020 9373 2019

A. Received by (Please Print Clearly)

[Signature]

B. Date of Delivery

2/16/02

C. Signature

[Signature]

- Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes
 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 •

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

U.S. Bureau of Air Monitoring
& Mobile Sources

FEB 18 2001

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445784 FEB 5 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# 1030307 1stC BAY POINTE CLEANERS 5065 34th Street South ST PETERSBURG, FL 33711

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

Printed on recycled paper.

RECEIVED
 FEB 10 2005
 COMM-FIN SERVICES

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458663 FEB 6 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# 1030307 10 BAY POINTE CLEANERS 5065 34th Street South ST PETERSBURG, FL 33711

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

Printed on recycled paper.

BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434477 DEC192003

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

1030308 CLARK GAMBLE CARRIAGE CLEANERS INC 5675 SEMINOLE BLVD SEMINOLE FL 33772

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

*Bureau of Air Mailings
& Mobile Services*
 DEC 23 2003
 10:00 AM
 1000



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435298 JAN15 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

1030307 ABDUL JIMA BAY POINTE CLEANERS 5065 34TH STREET SOUTH ST PETERSBURG FL 33711
--

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

X



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

February 01, 2002

Jiwa Enterprises, Inc.
5065 34th Street South
St. Petersburg, FL 33711

To Whom It May Concern:

We are returning your check, #1201 for the following reasons.

Check not signed

Wrong Payee

Other-Please Supply More Information So We May Properly Deposit Your Check.

Please call (850) 488-2400 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann R. Sullivan".

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/bp

cc: reading file

"More Protection, Less Process"

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~ESTABL JAN 28 2002~~
414325 FEB 20 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

Do **NOT** Remove Label

AIRS ID # 1030307
BAY POINTE CLEANERS
ABDUL JIWA
5065 34TH STREET SOUTH
ST PETERSBURG FL
33711

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