

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

August 3, 2006

Mr. John Wang  
Maxcare Cleaners, Incorporated  
11325 Starkey Road  
Largo, Florida 33773

Re: Facility No.: 1030310-003

Dear Mr. Wang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 2006.

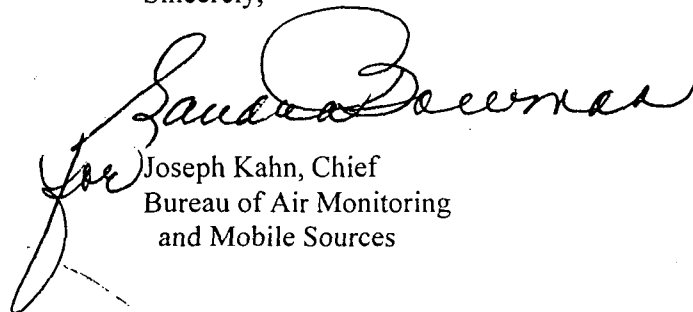
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

COMP. STATUS - SNC MNC (IN)

EMISSION FEE DATES ..... 796-2005

NO ACTIVITY FOR FACILITY.....

SOC REPORTS... 6.....

6/26/2006

Insp - Pinellas Co - CR  
Insp - INS 2 - Compliance Inspection  
Walkthrough Report

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
BUREAU OF AIR QUALITY  
& NUCLEAR SAFETY  
FEB 29 2006

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): Maxcare Cleaners, Inc.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: GAD981269095
4. Facility Location: Street Address: 11325 Starkey Road City: Largo County: Pinellas Zip Code: 33773
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030310-003

Responsible Official

6. Name and Title of Responsible Official: Name: John Wang Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 11325 Starkey Road City: Largo County: Pinellas Zip Code: 33773
8. Responsible Official Telephone Number: Telephone: (727) 377 - 8433 Fax: (227) 397 - 8433

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: ( ) -



**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")
8/04	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?

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".)

- |   |   |
|---|---|
| <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 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 Renotify permit.
- 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.*

John Wang  
Print name of responsible official

[Signature]  
Signature

6/26/06  
Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



# GP/GPV Facility Permit Update

**Facility Name:** Maxcare Cleaners  
**Doing Business as:**  
**Mail Address:** 11325 Starkey Road, Largo, FL  
**Contact Name:** John Wannng  
**Phone Number:** 397-8433  
**Air Permit No:** 1030310-002-AG  
**ARMS No:** 1030310  
**Expiration Date:** 08/03/06  
**Emission Unit Description:** Existing, Small Perchloroethylene Dry Cleaner with 1 Dry-to-dry machine with no required controls. An exempt 10 HP, propane fired boiler is on-site  
  
**Inspector:** Jeffrey Morris  
**Comments:** Original notification mailed to Bruce Thomas on: June 26, 2006

RECEIVED  
 JUN 29 2006  
 Bureau of Air Monitoring  
 & Mobile Sources

<b>Facility Status</b>	<input type="checkbox"/>	<b>Existing Source</b>
	<input type="checkbox"/>	<b>New Source</b>
<b>Permit Renewal</b>	<input type="checkbox"/>	Inspector discussed with owner. Instructed owner to mail notification.
	<input checked="" type="checkbox"/>	Collected during inspection. AQ mailed original notification to DEP.
<b>New Notification</b>	<input type="checkbox"/>	Inspector discussed with owner. Instructed owner to mail notification.
	<input type="checkbox"/>	Collected during inspection. AQ mailed original notification to DEP.
<b>Business no longer operating equipment</b>	<input type="checkbox"/>	Inspector discussed with owner. Instructed owner to mail rescind letter.
	<input type="checkbox"/>	Instructed owner to disconnect equipment from power. Follow-up inspection has been scheduled.
	<input type="checkbox"/>	Inspector discussed with owner. Owner plans to keep or sell equipment.
<b>Out of business</b>	<input type="checkbox"/>	Rescind letter not forthcoming.
	<input type="checkbox"/>	Instructed owner to mail rescind letter
	<input type="checkbox"/>	Instructed owner to apply for standard permits
<b>Facility exceeds usage limits</b>	<input type="checkbox"/>	Owner has initiated standard permit application.
<b>Administrative Corrections</b>	<input type="checkbox"/>	(a) Any change in name of the responsible official or facility address or phone number;
	<input type="checkbox"/>	(b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form; and
	<input type="checkbox"/>	(c) Any other similar minor administrative change at the facility. <b>Explain below: ( i.e. Company Name change)</b>
<i>Within 30 days of any changes requiring corrections to information contained in this notification form, the responsible official shall notify the Department in writing. Such changes shall include:</i>		

# Instructions Page

(Do not print or mail)

<b>This referral was copied to:</b>			
✓	Gary Robbins	<a href="mailto:grobbs@co.pinellas.fl.us">grobbs@co.pinellas.fl.us</a>	SC 570-4422 or (727) 464-4422
	Matt McCann	<a href="mailto:mmccann@co.pinellas.fl.us">mmccann@co.pinellas.fl.us</a>	SC 570-4422 or (727) 464-4422
	Wayne Martin	<a href="mailto:wmartin@co.pinellas.fl.us">wmartin@co.pinellas.fl.us</a>	SC 570-4422 or (727) 464-4422
	Louis Fernandez	<a href="mailto:Louis.Fernandez@dep.state.fl.us">Louis.Fernandez@dep.state.fl.us</a>	(813) 744-6100 ext.126
✓	Bruce Thomas	<a href="mailto:Bruce.Thomas@dep.state.fl.us">Bruce.Thomas@dep.state.fl.us</a>	SC 278-1344

## **Inspector Instructions:**

- Print page one of this form, and copy to permit file (double sided, short side)
- Email copy of this form to DEP contact, and copy Program Manager and Supervisor
- Create a project tracking record for any follow-up actions required (follow-up inspections etc.)

## **Instructions to DEP:**

- Update records in ARMS and contact facility inspector if you have questions.
- Copy Pinellas County on any letters sent to the facility regarding their permit.

Pinellas County, Air Quality Division  
300 South Garden Avenue  
Clearwater, Florida 33756  
Attn: Gary Robbins

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467357 JAN18 2007

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# 1030310  
MAXCARE CLEANERS, INC ✓  
11325 Starkey Road  
LARGO, FLORIDA 33773

Bureau of All Monitors  
& Mobile Software

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

JAN 23 2007

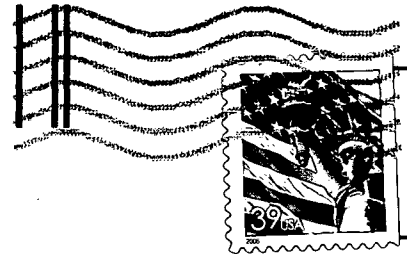
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

MAXCARE CLEANERS, INC.  
11325 Starkey Rd.  
Largo, FL 33773  
727) 397-8433

ST PETERSBURG FL 337

16 JAN 2007 PM 3



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