

10 30315



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 14, 1996

Mr. David Harb
President
Bill's Cleaners
6708 Central Avenue
St. Petersburg, Florida 33707

Dear Mr. Harb:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

Please note that in November 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

cc: Mr. Louis Fernandez, Southwest District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	D. Harb's Inc		
2. Site Name (For example, plant name or number):	Bill's Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD981030471		
4. Facility Location:	6708 Central Ave		
Street Address:			
City:	St. Pete	County:	Pinellas
		Zip Code:	33707
5. Facility Identification Number (DEP Use):	1030315		

Responsible Official

6. Name and Title of Responsible Official:	David Harb/president		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	813-345-2473	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:	813-345-2473	Fax:	() -

RECEIVED

AUG 29 1996

Bureau of Air Monitoring
& Mobile Sources

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt



No such units on-site



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



(b) Leak detection inspection and repair



(c) Refrigerated condenser temperature monitoring



(d) Carbon adsorber exhaust perc concentration monitoring



(e) Instrument calibration



(f) Start-up, shutdown, malfunction plan



Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

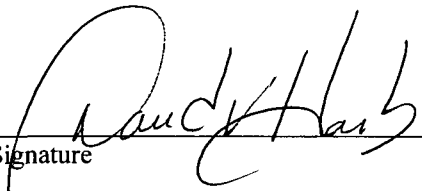
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

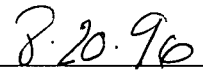
No air permits currently exist for the operation of the facility indicated in this notification form.

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.


Signature


Date

2-26-97

Sandy Bowman

(AIRS ID# 1030315 / M/S 5510)

As per our phone call this
is the information you requested.

I sold the business ~~on~~ on
Nov 8-1996 and as of that date
dry cleaning was stopped. It is now
a drop store with no cleaning being
done at this location.

Sincerely yours

D. Hsieh

President
D. Hsieh's Inc



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1, 1997. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400



(cut here)

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#: 1030315
D. HARB'S INC
DAVID HARB
6708 CENTRAL AVE
ST PETERSBURG FL 33707

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



February 25, 1997

Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Attn: Ms. Dotty Diltz

Re: AIRS ID# 7010150

Gentlemen:

We are in receipt of the Invoice for the annual permit for 1997. Please be advised that the business closed on September 13th, 1996 due to financial considerations.

We are asking, therefore, that the above referenced fee be reversed and that the permit in question be canceled.

Thank you for your prompt attention to this matter.

Yours truly,
DaNicole, Inc. d.b.a.
Eagle Cleaners


Daniel A. Graff
President

DAG/slf

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MAR 3 1997

Bureau of Air Monitoring
& Mobile Sources

2.8.97

Subject: AIRS 10# 1030315

D. Harb's Inc / DBA Billy's Clevers at
6708 Central Ave
St Pete, FL 33707

WAS sold - 8 Nov 96 -

Frank you

Doug Harb
(president)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

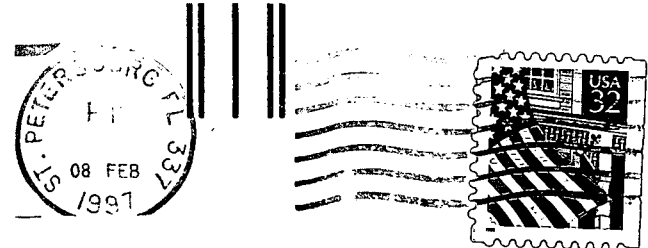
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1030315
D. HARB'S INC DAVID HARB 6708 CENTRAL AVE ST PETERSBURG FL 33707

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273



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

32315-3070



P 265 302 264

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID#: 1030315

D. HARB'S INC
DAVID HARB
6708 CENTRAL AVE
ST PETERSBURG FL 33707

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/17/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1030315
D. HARB'S INC
DAVID HARB
6708 CENTRAL AVE
ST PETERSBURG FL 33707

4a. Article Number

P265302264

4b. Service Type

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

7. Date of Delivery

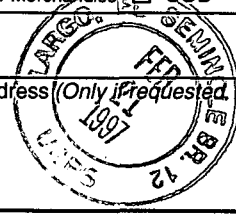
5. Received By: (Print Name)

David Harb

6. Signature: (Addressee or Agent)

X David Harb

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



PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 261

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided

AIRS ID#: 1030321
 DRIVE THRU CLEANERS OF PINELLAS INC
 MICHAEL C SHAPIRO
 2519 MCMULLEN BOOTH ROAD
 CLEARWATER FL 34621

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/17/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

I also 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:

AIRS ID#: 1030321
 DRIVE THRU CLEANERS OF PINELLAS INC
 MICHAEL C SHAPIRO
 2519 MCMULLEN BOOTH ROAD
 CLEARWATER FL 34621

4a. Article Number

P265 302 261

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2-19-97

5. Received By: (Print Name)

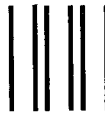
8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Michael C Shapiro*

Thank you for using Return Receipt Service.

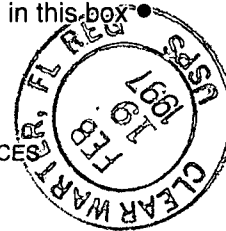
UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 MS 5510-37550 304000
 2600 BLAIR STONE ROAD
 TALLAHASSEE FL 32399-2400

Z 210 662 979



Z 210 662 979

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided

10 AIRS ID # 1030315001AG
 DAVID HARB
 BILL'S CLEANERS
 6708 CENTRAL AVE
 ST PETERSBURG FL 33707

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



REASON CHECKED

- Unclaimed - Refused _____
- Attempted Unknown _____
- Insufficient Address _____
- No Such Number / Vacant _____
- Moved Left No Address _____
- No Receptacle _____
- Fwd. Expired _____
- Carrier _____
- Deceased _____
- Date _____ Do Not Remain in This Envelope

NSN

10 AIRS ID # 1030315001AG
 DAVID HARB
 BILL'S CLEANERS
 6708 CENTRAL AVE
 ST PETERSBURG FL 33707

RECEIVED
 JUN 13 2001
 Bureau of Air Monitoring
 & Mobile Sources

PS Form 3800, April 1995

- 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:

10 AIRS ID # 1030315001AG
 DAVID HARB
 BILL'S CLEANERS
 6708 CENTRAL AVE
 ST PETERSBURG FL 33707

2210 662979

2. Article Number (Copy from service label)

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