

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 29, 2001

Mr. Bruce A. Heath
Heath Cleaners
3695 54th Avenue, North
Saint Petersburg, Florida 33714

Re: Facility No.: 1030330-002

Dear Mr. Heath:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 27, 2001.

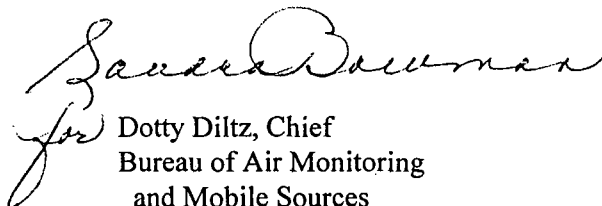
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Printed on recycled paper.

Fees Paid 96-00
SOC 5
Test compliance IN

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Bruce & Sandra Heath
HEATH DRY CLEANERS
3695 54th Ave. North
St. Petersburg, Florida 33714
(813) 526-3478

Bureau of Air Monitoring
& Mobile Sources

APR 8 2002

RECEIVED

April 4, 2002

Miss Sandy Bowman
Title V General Permits Office
Bureau of Air Monitoring & Mobile Sources MSS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL. 32399-2400

Dear Miss Bowman,

As we are retiring and closing our store we wish to rescind our Title V General Permit. Our last day of business will be April 15, 2002. (AIRS ID #1030330)

Thank you.

Bruce Heath
Bruce Heath



OUR REPUTATION IS SPOTLESS!

1030330-002

page 15

1.(a) None Required should be circled under
Control Device Required.

page 17

Responsible official sign and date for
changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
SEP 27 2001

RECEIVED

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): BRUCE A. HEATH
2. Site Name (For example, plant name or number): HEATH CLEANERS
3. Hazardous Waste Generator Identification Number: FLD - 047-945-530
4. Facility Location: Street Address: 3695 54 th AVE N. City: ST PETERSBURG County: PINELLAS Zip Code: 33714
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030330-002

Responsible Official

6. Name and Title of Responsible Official: Name: BRUCE A. HEATH Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (727) 526-3478 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: () - 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")
09 DEC 91	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".)

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: 15

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.

BRUCE A. HEATH
Print name of responsible official

Bruce A. Heath
Signature

9-20-01
Date

BEST AVAILABLE COPY



Bruce & Sandra Heath
HEATH DRY CLEANERS
3695 54th Ave. North
St. Petersburg, Florida 33714
(813) 526-3478

DEPT. OF AIR MONITORING
& MOBILE SOURCES

RECEIVED
APR 8 2002

copy
mailed 4/8/2002
To: Matt McLean

April 4, 2002

Miss Sandy Bowman
Title V General Permits Office
Bureau of Air Monitoring & Mobile Sources MSS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL. 32399-2400

Dear Miss Bowman,

As we are retiring and closing our store we wish to rescind our Title V General Permit. Our last day of business will be April 15, 2002. (AIRS ID #1030330)

Thank you.

Bruce Heath
Bruce Heath



OUR REPUTATION IS SPOTLESS!



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413951 FEB11 2002

X

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# 1030330
HEATH CLEANERS BRUCE A HEATH 3695 54TH AVE NORTH ST PETERSBURG FL 33714

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413959 FEB11 2002

X

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

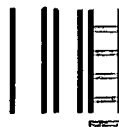
AIRS ID # 1030372
PALMS CLEANERS PETER R SWANSON 7923 11TH AVE SO ST PETE FL 33707

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
<div style="float: left; width: 20px; text-align: right;">7000 0520 0020 9373 1869</div> <div style="float: right; width: 20px; text-align: left;">1869 9373 0020 0520 7000</div>		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 1030330		
Rt	HEATH CLEANERS	
	BRUCE A HEATH	
St	3695 54TH AVE NORTH	
	ST PETERSBURG FL	
Cl	33714	
PS Form 3800, February 2000 See reverse for instructions		

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE	THIS SECTION ON DELIVERY
<p>SE</p> <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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 1030330</p> <p>HEATH CLEANERS BRUCE A HEATH 3695 54TH AVE NORTH ST PETERSBURG FL 33714</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: right;"><i>2/9/02</i></p> <p>C. Signature</p> <p><input checked="" type="checkbox"/> <i>B. Heath</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>3. Service Type</p> <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> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p><i>7000 0520 0020 9373 1869</i></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail
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• Sender: Please print your name, address, and ZIP+4 in this box •

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400