

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 5, 2002

Mr. Wayne M. Forman
Crown Cleaners
33821 US Highway 19 North #4
Palm Harbor, Florida 34684

Re: Facility No.: 1030347-002

Dear Mr. Forman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 3, 2002.


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,


Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96-00

SOC 5

Compliance IN

Page 15

103 0347-002

1(a) Existing should be circled under Status.

Date Control Device Installed should be blank for Existing small sources.

Page 16

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

COMMENTS:

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

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):	CAWAY DRY CLEANERS INC		
2. Site Name (For example, plant name or number):	CROWN CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLDCESQG		
4. Facility Location: Street Address:	33821 US HWY 19 N		
City:	County:	Zip Code:	
PALM HARBOR FL	PINELLAS	34684	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030347-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	WAYNE M FORMAN	Title:	PRES
7. Responsible Official Mailing Address: Organization/Firm:	SAME AS #4		
Street Address:	City:	County:	Zip Code:
8. Responsible Official Telephone Number:			
Telephone:	(727) 789 3997	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:	()

RECEIVED
JAN - 3 2002
Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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")
#1 30 MAY 1989	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
_____	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

[80] 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 [X]
- 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>
(NONE REQUIRED) <input checked="" type="checkbox"/> [X] | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> [] |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/> []
Refrigerated condenser <input type="checkbox"/> [] | <u>New machines at large area source</u>
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 [X]
 No such units on-site [X]

How many boilers do you have on-site? [1]

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.

WAYNE M FORMAN

Print name of responsible official

Wayne M Forman

Signature

12/28/01

Date

Another facility that is no longer operational and will need to be inactivated.

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----

From: McCann, Matt G [mailto:mmccann@co.pinellas.fl.us]
Sent: Wednesday, July 13, 2005 11:36 AM
To: Bowman, Sandy
Cc: Robbins, Gary W; Jackson, Shea L.
Subject: Facility shutdown - Caway Dry Cleaners - 1030347-002-AG

Based on an annual July 5, 2005, inspection at Caway Dry Cleaners, Inc., dba Crown Cleaners, located at 33821 U.S. Highway 19 N, Palm Harbor, FL this facility is considered shutdown for perchloroethylene dry-to-dry operations. Inspection findings indicated that:

- 1) Mr. Wayne Forman, the responsible official, and former owner is no longer present at the facility. A different owner, Mark Zdiesynski is currently in possession of the building space.
- 2) Mr. Zdiesynski failed to notify Air Quality of new ownership when he purchased the facility in September of 2004.
- 3) During the inspection it was observed that Mr. Zdiesynski had maintained the perchloroethylene usage totals and leak detection observation records until March of 2005, when Mr. Zdiezynki purchased and installed a MJ- 500 Hydro Carbon dryer, and is using Exxon DF 2000, a hydrocarbon solvent.
The perchloroethylene equipment is no longer on the premises. Steiner-Atlantic Corp, the contractor who installed the facility's new MJ- 500 Hydro Carbon dryer, removed the perchloroethylene dryer and equipment..
- 7) The previous owner, Wayne Forman has been contacted, and Air Quality is requesting he send correspondence to rescind the permit.
- 8) Air Quality intends to deactivate this facility from its tracking files and awaits confirmation from your office that it has been deactivated in the ARMS system.

Based on the replacement of the perchloroethylene dry-to-dry equipment with hydrocarbon cleaning equipment, Caway Dry Cleaners, Inc., dba Crown Cleaners facility is considered shutdown.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422258 JAN27 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

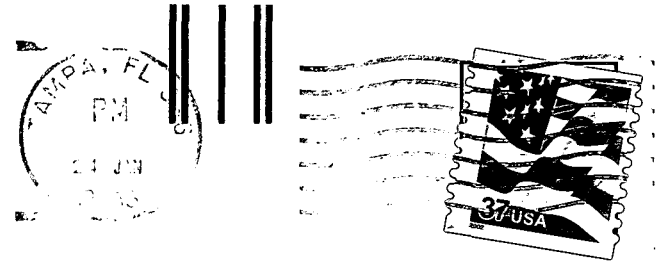
RECEIVED
FEB 03 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

<p>CROWN CLEANERS WAYNE A FORMAN 33821 US HWY 19 N PALM HARBOR FL 34684</p>	<p>AIRS ID# 1030347</p>
---	-------------------------

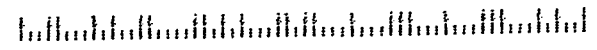
<p>FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273</p>

CROWN CLEANERS			9968
Department Of Environmental Protection		12/18/2002	
	AIRS ID# 1030347		50.00
102-000 checking Am Sout	AIRS ID# 1030347		50.00



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

32315+3070 93



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

445855 MAR 28 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# 1030347 1stC
CROWN CLEANERS
33821 US Hwy 19 N
PALM HARBOR, FL 34684

Printed on recycled paper.

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

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MAR 29 2005

RECEIVED
MAR 29 2005

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

AIRS ID# 1030347 1stC
Sent To CROWN CLEANERS
 Street, Apt. No.; or PO Box No. 33821 US Hwy 19 N
 City, State, ZIP+4 PALM HARBOR, FL 34684

PS Form 3800, June 2003

7004 2510 0002 3939 0683

SENDER: COMPLETE THIS SECTION

- 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# 1030347 1stC
 CROWN CLEANERS
 33821 US Hwy 19 N
 PALM HARBOR, FL 34684

COMPLETE THIS SECTION ON DELIVERY

A. Signature 2-8-7
 Agent
 Addressee

X *Robert M...*

B. Received by (Printed Name) C. Date of Delivery
2-7-5

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

2. Article Number (Transfer from service label) 7004 2510 0002 3939 0683

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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434713 DEC26 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

1030347
WAYNE FORMAN
CROWN CLEANERS
33821 US HWY 19 N
PALM HARBOR FL 34684

FOR GOVERNMENT-USE ONLY
Org: 37550101000 EO: A1
Fund: 20-2-035001
Obj: 902279

Bureau of Accounting
& Mailing

DEC 26 2003

CROWN CLEANERS

Department Of Environmental Protection

airs ID # 1030347

12/20/2003

11298

50.00

102-000 checking Am Sout AIRS ID# 1030347

50.00

MS# 5510 MC Acct # 5521

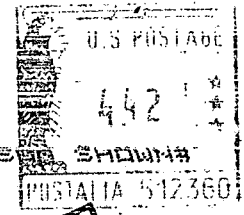
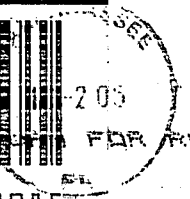
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



##REMITTANCE NUMBER##

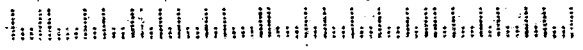
7004 2510 0002 3939 8085



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MAR 11 2005
Bureau of Air Monitoring
& Mobile Source

AIRS ID#1.03035e+006.....2nd Cert 05.
CROWN CLEANERS
33821-US Hwy 19 N
PALM HARBOR, FL 34684

32399-8542 01



SENDER COMPLETE THIS SECTION

- 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# 1.03035e+006.....2nd Cert 05
 CROWN CLEANERS
 33821 US Hwy 19 N
 PALM HARBOR, FL 34684

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) **7004 2510 0002 3939 8085**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7004 2510 0002 3939 8085

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OFFICIAL USE

Postage \$	Postmark Here 1030347-002
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To AIRS ID# 1.03035e+006.....2nd Cert 05
 CROWN CLEANERS
 Street, Apt. No., or PO Box No. 33821 US Hwy 19 N
 City, State, ZIP+4 PALM HARBOR, FL 34684