

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. Albert D. Berry
Harbor Cleaners
2180 North Hercules Avenue
Clearwater, Florida 33763

Re: Facility No.: 1030381-002

Dear Mr. Berry:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 2, 2002.

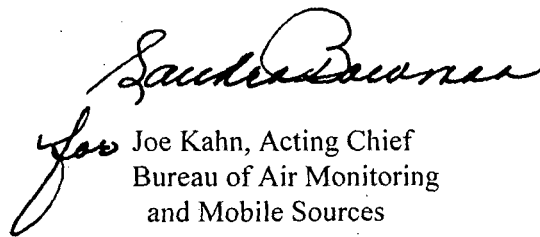
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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 97-00

SOC 4

Compliance I N

NORTH HERCULES DRY CLEANERS
2180 NO. HERCULES AVE
CLEARWATER, FL 33763
727-734-4445

12-7-02

ATT:

I have sold this business as of November
22, 2002. Please remove me from the Air
General Permit List.

Thank you.

Albert D. Beony

AIRS ID # 1030381

New Owner.
HARBOR CLEANERS
QUICK'S DRY CLEANING
2180 N. HERCULES AVE
CLEARWATER, FL. 33763
RONALD QUICK

RECEIVED

DEC 12 2002

BUREAU OF AIR REGULATION

FEB 14 2002

BEST AVAILABLE COPY

Bureau of Air Monitoring
& Mobile Sources

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

February 7, 2002

Attention: Dotty Diltz, Chief Bureau of Air Monitoring
and Mobile Sources.

Gentlemen,

Re: Airs ID # 1030381001AG

I am in receipt of your certified mail regarding the Title V General Air Permits and would like to inform you that I no longer own Harbor Cleaners.

The new owners, who bought Harbor Cleaners in December of 2000, are Albert and Theresa Berry and their address is:

A & T Berry Inc.
2180 Hercules Avenue
Clearwater, FL 33763

Please update your records and be guided accordingly.

Sincerely,



Sossie Akhtar

BEST AVAILABLE COPY

RECEIVED

NORTH HERCULES DRY CLEANERS
2180 NO. HERCULES AVE
CLEARWATER, FL 33763
727-734-4445

12-7-02

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New Owner.
HARBOR CLEANERS
QUICK'S DRY CLEANING
2180 N. HERCULES AVE
CLEARWATER, FL. 33763
RONALD QUICK

Inactivate Pat,
1030381- Please send
002 a copy to
~~Pat~~ Pineleaf Co.
Thank you
Barb

RECEIVED

DEC 12 2002

BUREAU OF AIR REGULATION



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.

RECEIVED
DEC 13 2012
Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#1030381

HARBOR CLEANERS
ALBERT D BERRY
2180 N HERCULES AVE
CLEARWATER FL
33763

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

1030381-002

page 14

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

Date Control Device Installed should
be blank.

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: _____

RECEIVED

JAN - 2 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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):	A + T BERRY INC.		
2. Site Name (For example, plant name or number):	HARBOR CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	1969 SUNSET PT RD		
City:	County:	Zip Code:	
CLEARWATER	PINELLAS	34765	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030381-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ALBERT D. BERRY	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	A + T BERRY INC.		
Street Address:	2180 N. HERCULES AVE		
City:	County:	Zip Code:	
CLEARWATER	PINELLAS	33763	
8. Responsible Official Telephone Number:			
Telephone:	(727) 734 4445	Fax:	(727) 734-4445

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	AS ABOVE		
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? [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")
<u>APR - 1990</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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")
<u>MAY - 1986</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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?

[27.1] 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? 1

For each boiler, indicate its horsepower (HP) rating: 10

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 1030381.
- 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.

ALBERT D. BERRY

Print name of responsible official

Albert D. Berry

Signature

12-29-01

Date

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

OFFICIAL USE

7000 2870 0000 7027 4558

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Receipt
 Postmark Here

Total F 10 AIRS ID # 1030381001AG

Sent To ALBERT D BERRY
 HARBOR CLEANERS
 Street, 2180 N HERCULES AVE
 CLEARWATER FL 33763
 City, Sta

PS Form 3800, May 2000

See Reverse for Instructions

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:
 10 AIRS ID # 1030381001AG
 ALBERT D BERRY
 HARBOR CLEANERS
 2180 N HERCULES AVE
 CLEARWATER FL 33763

70002870000070274558
 2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) AL BERRY B. Date of Delivery 2/6/02
 C. Signature *AL BERRY* Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

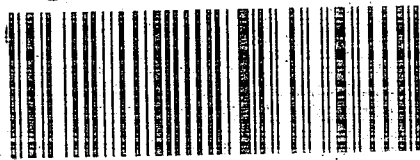
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

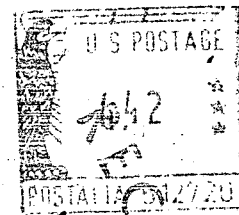
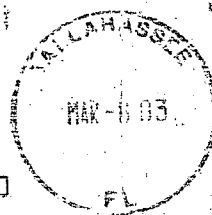
CERTIFIED MAIL

MS# 5510 MC Acct # 0021

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

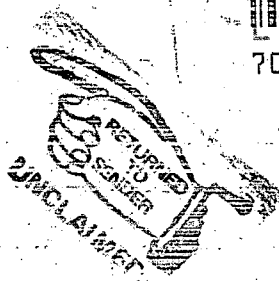


7001 0320 0001 7976 7680



RECEIVED
MAR 17 2003
Bureau of Air Monitoring
& Mobile Sources

Handwritten: *WJW 3-10*



Do NOT Remove Label

AIRS-ID#1030381
HARBOR CLEANERS
ALBERT D BERRY
2180 N HERCULES AVE
CLEARWATER FL
33763

0 MAR 2003

2 MAR 2003

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#1030381

HARBOR CLEANERS
 ALBERT D BERRY
 2180 N HERCULES AVE
 CLEARWATER FL
 33763

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 7680

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark here

AIRS ID#1030381

HARBOR CLEANERS
 ALBERT D BERRY
 2180 N HERCULES AVE
 CLEARWATER FL
 33763

See back for instructions

7001 0320 0001 7976 7680

CERTIFIED MAIL

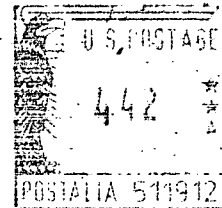
MS# 5540 MC Acct # 5524

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

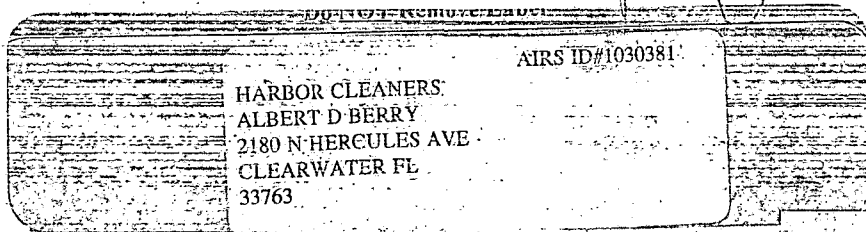


7001 0320 0001 7976 6768

FOR REASON SHOWN



Refused

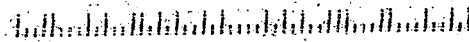


Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED

33763+2299/2400



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:

HARBOR CLEANERS
ALBERT D BERRY
2180 N HERCULES AVE
CLEARWATER FL
33763

AIRS ID#1030381

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X
 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

2. Article Number (Copy from service label)

7001 0320 0001 7976 6768

RS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Postmark
(Here)

Sent To

 Street, Apt. No.
or PO Box No
City, State, Zip

 HARBOR CLEANERS
ALBERT D BERRY
2180 N HERCULES AVE
CLEARWATER FL
33763

AIRS ID#1030381

PS Form 3800

7001 0320 0001 7976 6768