



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 18, 2002

Mr. Kenneth Schumann
Tabor Cleaners
945 Huntley Avenue
Dunedin, Florida 34698

Re: Facility No.: 1030397-002

Dear Mr. Schumann:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 12, 2002.

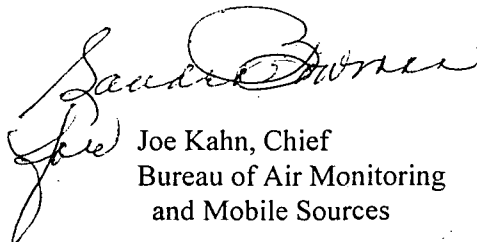
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Gary Robbins, Pinellas County

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

Printed on recycled paper.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

NOV 12 2002

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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):	KENNETH SCHUMANN / B.A.B. CLEANERS INC.		
2. Site Name (For example, plant name or number):	TABOR CLEANERS		
3. Hazardous Waste Generator Identification Number:	EPA ID# FLD 984 194 308		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	945 HUNTLEY AVE	DUNEDIN	PINELLAS 34698
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030397-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:			
	KENNETH SCHUMANN	PRESIDENT B.A.B. CLEANERS INC.			
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City:	County:	Zip Code:
	B.A.B. CLEANERS INC.	945 HUNTLEY AVE	DUNEDIN	PINELLAS	34698
8. Responsible Official Telephone Number:	Telephone:	Fax:			
	(727) 733-0959	() -			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME 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")
10/91	Existing/New	RC/CA/None required	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? []

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

N/A

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")
N/A	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	N/A
	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?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] months * WAITING FOR PERMIT PRIOR TO OPERATING.

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: 0 1 5

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.

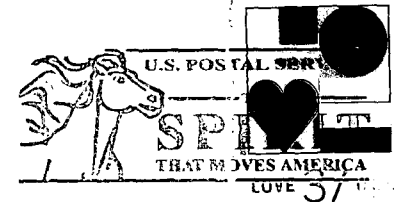
I will promptly notify the Department of any changes to the information contained in this notification.

KENNETH SCHUMANN
Print name of responsible official


Signature

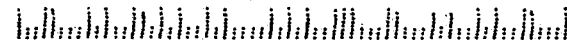
11/6/02
Date

KENNETH SCHOMBAW
945 HUNTLEY AVE
DUNEDIN, FL, 34698

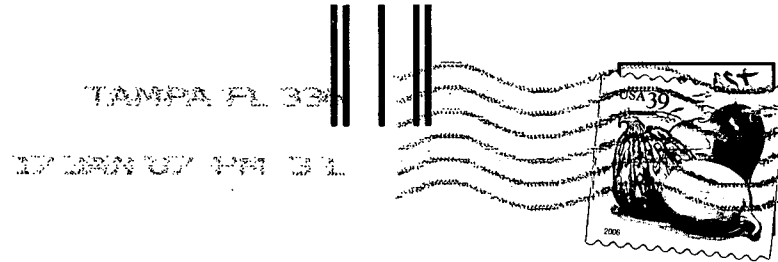


GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES MS5510
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD.
TALLAHASSEE, FL, 32399-2400

32399-2400

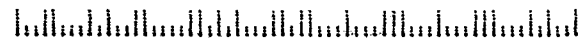


Bay Area Business Owners, Inc
945 Hentley Ave
Dunedin FL 34698



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

32315+3070-70 8099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

467401 JAN19 2007

Do NOT Remove Label

AIRS ID# 1030397
B. A. B. CLEANERS INC
945 Huntley Ave
DUNEDIN, FLORIDA 34698

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

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457670 JAN 6 2006

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

1030397 10
TABOR CLEANERS
945 Huntley Ave
DUNEDIN, FL 34698

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
JAN 9 2 35
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To AIRS ID#1.0304e+006.....2 nd Cert 05 TABOR CLEANERS Street, Apt. No.; or PO Box No. 945 Huntley Ave City, State, ZIP+4 DUNEDIN, FL 34698	
PS Form 3800, July	

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:

1030397

 AIRS ID#1.0304e+006.....2nd Cert 05
 TABOR CLEANERS
 945 Huntley Ave
 DUNEDIN, FL 34698

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 7903

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 XAL FOR SO EXP: VIO Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/4/05

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

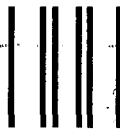
3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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 •

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

U.S. MAIL
Mobile Sources

MAR 7 2005
RECEIVED

32399+2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447598 FEB25 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# 1030397 1stC
TABOR CLEANERS
945 Huntley Ave
DUNEDIN, FL 34698

Printed on recycled paper.

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

RECEIVED
MAR 11 2005
Bureau of Air Mail
& Mobile Services

7004 2510 0002 3939 0768

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark
Here

Total Postage: AIRS ID# 1030397 1stC
 Sent To: TABOR CLEANERS
 Street, Apt. N or PO Box No: 945 Huntley Ave
 City, State, Z: DUNEDIN, FL 34698

PS Form 3811, June 2002

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:

AIRS ID# 1030397 1stC
 TABOR CLEANERS
 945 Huntley Ave
 DUNEDIN, FL 34698

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

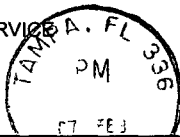
- A. Signature Agent
 Kenneth Schomann Addressee
- B. Received by (*Printed Name*) C. Date of Delivery
 KENNETH SCHOMANN 2/7/09
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (*Extra Fee*) Yes

7004 2510 0002 3939 0768

UNITED STATES POSTAL SERVICE



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

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

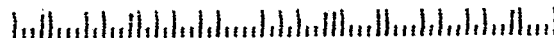
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

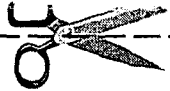
Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED

32399+2400





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436777 FEB 27 2004

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 27 2004
Bureau of Air Monitoring
& Noise Sources

Do **NOT** Remove Label

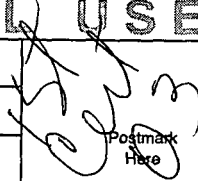
ID# 1030397
KENNETH SCHUMANN
TABOR CLEANERS
945 HUNTLEY AVENUE
DUNEDIN, FL 34698

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)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Total Postage ID# 1030397

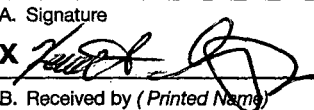
KENNETH SCHUMANN
 TABOR CLEANERS
 945 HUNTLEY AVENUE
 DUNEDIN, FL 34698

Sent To

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9844

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 1030397 KENNETH SCHUMANN TABOR CLEANERS 945 HUNTLEY AVENUE DUNEDIN, FL 34698 </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5650 9844</p>	

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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 9 2004



 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422854 FEB12 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

AIRS ID#1030397

TABOR CLEANERS
KENNETH SCHUMANN
945 HUNTLEY AVENUE
DUNEDIN FL
34698

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)

7001 0320 0001 7976 6881

OFFICIAL USE

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

Postmark
 Here

AIRS ID#1030397

Sent To **TABOR CLEANERS**
KENNETH SCHUMANN
 Street, Apt. No or PO Box No. **945 HUNTLEY AVENUE**
 City, State, ZIP **DUNEDIN FL 34698**

PS Form 3800

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#1030397

TABOR CLEANERS
KENNETH SCHUMANN
945 HUNTLEY AVENUE
DUNEDIN FL
34698

COMPLETE THIS SECTION ON DELIVERY

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

2/7/03

C. Signature

Kenneth Schumann

Agent
 Addressee

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

3. Service Type

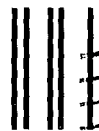
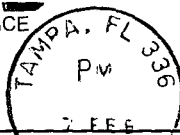
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0001 7976 6881

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 •

DAPM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Source

FEB 10 2003

RECEIVED

