

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

November 7, 2008

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Ivan Karagyozov Lazy Bee, Incorporated 8465 – 4th Street, North Saint Petersburg, Florida 33702

Re: Facility No.: 1030408-004

Dear Mr. Karagyozov:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 6, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

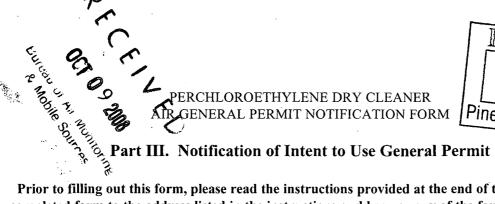
and Mobile Sources

SFV/pg

cc: Mr. Gary Robbins, Pinellas County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 17 2006
SOC REPORTS COMP. STATUS NO MNC IN

Insp-FR-File Review-9/34/2018-SNC facility Lid not Renewits permit Insp-Anellas Co- & Lobbins



1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):



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.

	LAZY BEE, INC.
2.	Site Name (For example, plant name or number):
	LAZY BEE, INC.
3.	Hazardous Waste Generator Identification Number:
	91565
4.	Facility Location: LAZY BEE, Two. Street Address: 8465 - 4TH ST.N.
	Street Address: 8463 - 474 ST.N. City: St. PETERSBURG County: PINELLAS Zip Code: 33708
	City: ST. PETERSBURG County: PINELLAS Zip Code: 3370%
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	1030408-004
	ponsible Official
ľ	Name and Title of Responsible Official:
Nar	TVAN KARAGYOZOV Title: OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: LAZY BEE, INC. Street Address: 8465 - 4 TH ST.N.
	City: St. PETERSBURGCounty: PINELLAS Zip Code: 33702
8.	Responsible Official Telephone Number:
	Telephone: (727) 577 - 3114 Fax: (727) 579 - 7276
Fac	ility 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: () -
<u> </u>	

DEP Form No. 62-213.900(2)

Facility Name and Location

DEP Form No. 62-213.900(2)

Facility Information

.(a) DRY-TO-DRY M	ACHINES ONL	Y	
łow many dry-to-dry ma	ichines do you hav	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following informatio	n:
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")
15 - JUNE - 96	Existing/Ne	ROCA/None required	
	Existing/Ne	ew RC/CA/None required	· .
	Existing/Ne	ew RC/CA/None required	.
CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
fow many dryers/reclain	ners do you have o	on-site? [_O]	•
mit. If the transfer mach 993, it is a NEW unit (r	ine was purchased no units purchased		
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 K		RC/CA/None required efrigerated condenser CA =	carbon adsorber
(a) How much perchlo	EY: $RC = r$	efrigerated condenser CA = have you used within the last 12 m	
(a) How much perchlo	EY: RC = r roethylene (perc) ns (You must fill	efrigerated condenser CA = have you used within the last 12 m this in)	
2.(a) How much perchlo [EY: RC = r roethylene (perc) ns (You must fill nths, how many?	efrigerated condenser CA = have you used within the last 12 m this in)	nonths?
2.(a) How much perchlo [EY: RC = r roethylene (perc) ns (You must fill nths, how many?	efrigerated condenser CA = have you used within the last 12 m this in) months New owner: Did not kee	p records: []
2.(a) How much perchlo [EY: RC = r roethylene (perc) ns (You must fill nths, how many?	efrigerated condenser CA = have you used within the last 12 m this in) [] months	p records: []

DEP Form No. 62-213.900(2) Effective: 2/24/99

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".)			
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 [] 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 No such units on-site OR			
How many boilers do you have on-site? []			
For each boiler, indicate its horsepower (HP) rating: []			
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 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			

DEP Form No. 62-213.900(2)

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. **Responsible Official Mailing Address** Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

DEP Form No. 62-213.900(2)

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
[X]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \[\int 0.30408 - 003 \]
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notij statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
IVA	ne of responsible official
Signatur	10-3-2008 Date

RECEIVED AND SOURCE SOU

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
LAZY BEE, INC.		
2. Site Name (For example, plant name or number):		
LAZY BEE, INC.		
3. Hazardous Waste Generator Identification Number:		
91565		
4. Facility Location: LAZY BEE, Two. Street Address: 8465 4TH ST.N.		
Street Address: 8465 4TH ST.N.		
City: ST. PETERSBURG County: PINELLAS Zip Code: 3370%		
5. Facility Identification Number (DEP Use ONLY - do not fill in):		
Responsible Official	·	
6. Name and Title of Responsible Official:		
Name: IVAN KARAGYOZOV Title: OWNER		
7. Responsible Official Mailing Address:		
Organization/Firm: LAZY BEE, INC. Street Address: 8465 - 4 TH 5T, N.		
City: ST. PETERSBURGCounty: PINELLAS Zip Code: 33702		
8. Responsible Official Telephone Number:		
Telephone: (727) 577 - 3114 Fax: (727) 579 - 7276		
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:	į	
11. Facility Contact Telephone Number:		
Telephone: () - Fax: () -		

DEP Form No. 62-213.900(2)

Facility Name and Location

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following informat	ion:
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")
15 - JUNE - 96	Existing/Ne	RCCA/None required	·
	Existing/No	ew RC/CA/None required	***************************************
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		,
How many dryers/reclaim	ers do you have	on-site? [O]	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general 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 K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
2.(a) How much perchlor	roethylene (perc)	have you used within the last 12	months?
[<u>15</u>] gallon	ns (You must fil	this in)	
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	s: New owner: [] Did not ke	eep records: []
		New store: [] New mach	ine []

DEP Form No. 62-213.900(2) Effective: 2/24/99

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)			
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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 No such units on-site OR			
How many boilers do you have on-site? [1]			
For each boiler, indicate its horsepower (HP) rating: [] []			
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)			
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(d) Carbon adsorber exhaust perc concentration monitoring			
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DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)	
Please indica	ate with an "X" the appropriate selection:	
[<u>X</u>]	I hereby surrender all existing DEP air permithis notification form; the permit number(s) = 1030408 - 003	its authorizing operation of the facility indicated in are
	No DEP air permits currently exist for the opform.	peration of the facility indicated in this notification
Responsible	Official Certification	
this notif statemen maintain comply v I will pro	ification. I hereby certify, based on information into made in this notification are true, accurate an the air pollutant emissions units and air pollutwith all terms and conditions of this general percomptly notify the Department of any changes to me of responsible official	tion control equipment described above so as to mit as set forth in Part II of this notification form.

Instructions for Completing Part III of Notification Form

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Department of Environmental Protection
2600 Blair Stone Road
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Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

Dibble, Dickson

From:

Robbins, Gary W [grobbins@co.pinellas.fl.us] Monday, October 06, 2008 11:55 AM

Sent:

To:

Dibble, Dickson

Subject:

Lazy Bee Inc., 1030408

Attachments:

20081006115319902.pdf

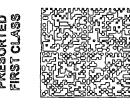


2008100611531990 2.pdf (605 KB)...

Dick, I could not determine if this was sent to you.



300 South Garden Avenue Clearwater, Florida 33756 TEMP--RETURN SERVICE



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Mr. Dick Dibble General Permit Section Bureau of Air Monitoring and Mobile Sources MS 5510 2600 Blair Stone Road Tallahassee, FL 32399-2400

1*05011 32399

LAZY BEE, INC. 8465 - 4TH ST. N. SAINT PETERSBURG FLORIDA - 33702



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General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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