

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 26 2008

Received
2/15/2008
[Signature]

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):	Sand Key CLEANERS - MR. ABDELAHAD ZEIRO		
2. Site Name (For example, plant name or number):	Sand Key Cleaners		
3. Hazardous Waste Generator Identification Number:	SAFETY KLEEN. - SCR 000075150		
4. Facility Location:	Street Address: 1261 GULF BOULEVARD # 122		
	City: CLEARWATER	County: Pinellas	Zip Code: 33767
5. Facility Identification Number (DEP Use ONLY; - do not fill in):	1030444-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: ABDELAHAD ZEIRO Title: OWNER			
7. Responsible Official Mailing Address:	Organization/Firm: SAME			
	Street Address:	City:	County:	Zip Code:
8. Responsible Official Telephone Number:	Telephone: (727) 596-8300 Fax: () N/A			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	George ZEIRO			
10. Facility Contact Address:	SAME			
	Street Address:	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: () SAME Fax: () N/A			

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>Aug 1993</u>	Existing/ <u>New</u>	<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 N/A

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?

[39] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] 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".)

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

How many boilers do you have on-site?

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

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) ELECTRIC

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.

ABD ELAHAD ZEIRI
Print name of responsible official


Signature

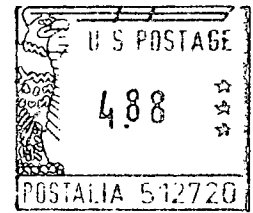
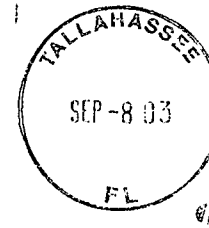
01.25.2001
Date

REGISTERED MAIL™

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400
5510 5521



7003 0500 0004 0144 4138



RECEIVED
SEP 16 2003
Bureau of Air Monitoring
& Mobile Sources

RETURNED TO SENDER
Refused
9-10-03
ATTEMPTED NOT KNOWN
NO SUCH NUMBER
ROUTE NO 6751 CARR/INITIALS DATE

TO 1030444001AG
SAND KEY CLEANERS
RUTH GRAYES
1261 GULF BLVD
CLEARWATER FL 33767

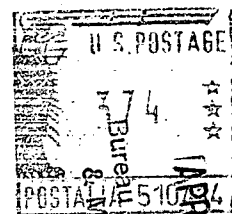
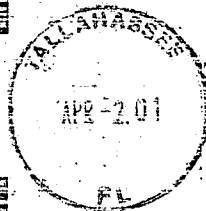
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

550304
MS5510

CERTIFIED

Z 210 661 237

MAIL



RECEIVED

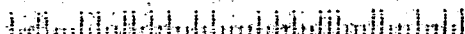
Refused

AIRS ID # 1030444

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

RETURN TO
NOT DELIVER
AS ADDRESSED
UNABLE TO FORWARD

ATTEMPT
NO SEC
RTE NO 6258



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:

SAND KEY CLEANERS
 RUTH GRAVES
 1261 GULF BLVD
 CLEARWATER FL 33767

AIRS ID # 1030444

2. Article Number (Copy from service label)

Z 210 661 237

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____ 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

Domestic Return Receipt

102595-99-M-1789

Z 210 661 237

US Postal Service

Receipt for Certified Mail

No insurance coverage provided.

Do not use for International Mail (See reverse)

Se
 S SAND KEY CLEANERS AIRS ID # 1030444
 R RUTH GRAVES
 T 1261 GULF BLVD
 CLEARWATER FL 33767

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

9876 5432 1098 7654 3210 9876 5432 1098 7654 3210

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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: *Received Oct 03 - 11:00 AM*

Total P TO 1030444001AG

Sent To SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER, FL 33767

Street A or PO Box
City, State

PS Form 3800, June 2002 See Reverse for Instructions

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>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery <i>9-10-03</i></p> <p>C. Signature <i>[Signature]</i> <input checked="" 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>1. Article Addressed to:</p> <p>TO 1030444001AG SAND KEY CLEANERS RUTH GRAVES 1261 GULF BLVD CLEARWATER, FL 33767</p>	<p>3. Service Type <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>2. Article Number <i>(Transit)</i> 7003 0500 0004 0144 4138</p>	
PS Form 3811, March 2001	Domestic Return Receipt 102595-01-M-1424

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459070 FEB21 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

Bureau & Mobile Source
FEB 22 2006

AIRS ID# 1030444 1st
SAND KEY CLEANERS
1261 Gulf Blvd
CLEARWATER, FL 33767

Printed on recycled paper.

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446666 FEB16 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

Bureau & Mobile Source
FEB 17 2005

AIRS ID# 1030444 1stC
SAND KEY CLEANERS
1261 Gulf Blvd
CLEARWATER, FL 33767

Printed on recycled paper.

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437582 MAR12 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~~
MAR 18 2004

Bureau of Air Monitoring
Mobile Sources

Do NOT Remove Label

ID# 1030444
ABDELAHAO ZEIRO
SAND KEY CLEANERS
1261 GULF BOULEVARD #122
CLEARWATER, FL 33767

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414392 FEB22 2002

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

4

Do **NOT** Remove Label

AIRS ID # 1030444
 SAND KEY CLEANERS
 ABDELAHAD ZEIRO
 1261 GULF BOULEVARD #122
 CLEARWATER FL
 33767

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



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.

TOTAL AMOUNT DUE: \$50.00

423325 FEB21 2003

Do **NOT** Remove Label

AIRS ID#1030444
 SAND KEY CLEANERS
 ABDELAHAD ZEIRO
 1261 GULF BOULEVARD #122
 CLEARWATER FL
 33767

RECEIVED
 FEB 28 2003
 Bureau of Air Mobility Services
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

7003 0500 0004 0144 9836

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	<i>Postmark Here</i> <i>OS</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 1030444

ABDELAHAO ZEIRO
SAND KEY CLEANERS
1261 GULF BOULEVARD #122
CLEARWATER, FL 33767

PS Form 3800, 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:

WRONG

AIRS ID # 1090442

PAVEL TORRAL
SAND KEY CLEANERS
1261 GULF BOULEVARD #122
CLEARWATER, FL 33767

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 9836

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] 3/19/04

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

UNITED STATES POSTAL SERVICE

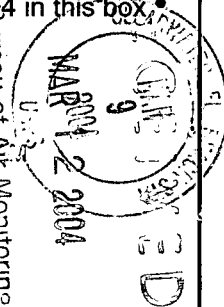


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

Bureau of Air Monitoring
& Mobile Sources

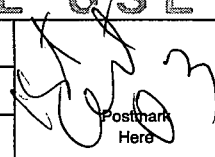


7003 2260 0003 5650 9967

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)		

Total Postage ID# 1030444

Sent To
 ABDELAHAO ZEIRO
 SAND KEY CLEANERS
 Street, Apt. No.,
 or PO Box No. 1261 GULF BOULEVARD #122
 CLEARWATER, FL 33767
 City, State, ZIP+

PS Form 3800, 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:

ID# 1030444
 ABDELAHAO ZEIRO
 SAND KEY CLEANERS
 1261 GULF BOULEVARD #122
 CLEARWATER, FL 33767

2 Article Number
(Transfer from service label)

7003 2260 0003 5650 9967

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent

Addressee

B. Received by (*Printed Name*)

A. Zeiro

C. Date of Delivery

2-6-04

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

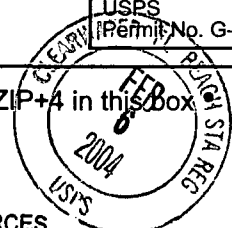


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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 9 2004

RECEIVED



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

OFFICIAL USE

7001 0320 0001 7976 6713

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

AIRS ID#1030444

Sent To **SAND KEY CLEANERS**
ABDELAHAP ZEIRO
 Street, Apt. No. **1261 GULF BOULEVARD #122**
 or PO Box No. **CLEARWATER FL**
 City, State, ZIP **33767**

PS Form 3800, January 2001

Postmark Here

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#1030444

SAND KEY CLEANERS
ABDELAHAP ZEIRO
1261 GULF BOULEVARD #122
CLEARWATER FL
33767

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Service Type	
<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.
4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

2 Article Number (Copy from service label)

7001 0320 0001 7976 6713

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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 1 0 2003

RECEIVED



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

7000 0600 0026 4128 6187

[Redacted area]

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

AIRS ID # 1030444

Total F SAND KEY CLEANERS

Recipient ABDELAHAP ZEIRO

Street, A 1261 GULF BOULEVARD #122

City, Sta CLEARWATER FL 33767

PS Form 3800, February 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

DELIVERY

- 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 # 1030444
 SAND KEY CLEANERS
 ABDELAHAP ZEIRO
 1261 GULF BOULEVARD #122
 CLEARWATER FL
 33767

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

2/9/02

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

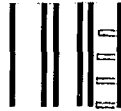
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

700006000002641286187

2. Article Number (Copy from service label)

UNITED STATES POSTAL SERVICE



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

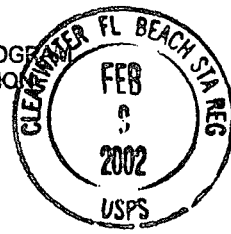
RECEIVED

FEB 11 2002

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

Bureau of Air Monitoring
& Mobile Sources

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



23999-2400

