



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 25, 1996

Ms. Joyce Anderson
General Manager
Stemroz Enterprises, Inc
1760 Main Street
Sarasota, Florida 34236

Re: Facility I.D. No. 1150080

Dear Ms. Anderson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November 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,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

1150080



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 20, 1997

Stemroz Enterprises
1760 Main Street
Sarasota, Florida 34236

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

HE\sb

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Stemroz Enterprises Inc
2. Site Name (For example, plant name or number): Michael the Cleaner
3. Hazardous Waste Generator Identification Number: 982155913
4. Facility Location: Street Address: 3432 CLARK Rd City: SARASOTA County: SARASOTA Zip Code: 34231
5. Facility Identification Number (DEP Use): 1150080

Responsible Official

6. Name and Title of Responsible Official: Joyce Anderson General Manager
7. Responsible Official Mailing Address: Organization/Firm: Stemroz Enterprises Inc Street Address: 1760 MAIN ST City: SARASOTA County: Sarasota Zip Code: 34236
8. Responsible Official Telephone Number: Telephone: (941) 953 - 4645 Fax: (941) 953 - 4645

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

AUG 30 1996

1150080

9-24 Spoke to Joyce
Anderson - she is in
charge of all
operation of the
facility.

P. 14

1. (a) add date control
device installed
1. (c) should not be marked

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		01-OCT-89							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No 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.

Joyce Anderson
Signature

Aug 20, 1996
Date

6
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

*No longer in
operation*

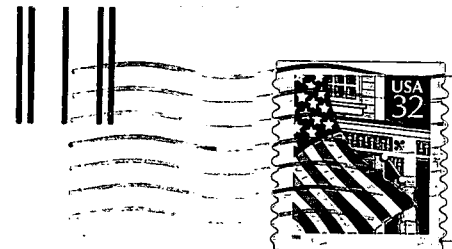
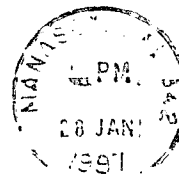
Do **NOT** Remove Label

AIRS ID# 1150080
STEMROSE ENTERPRISES INC
JOYCE ANDERSON
1760 MAIN STREET
SARASOTA FL 34236

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

3432 Clark Rd

STEMROZ ENTERPRISES, INC
1760 MAIN STREET
SARASOTA, FL 34236



*No check
was enclosed*

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

32315-3070



RECEIVED

JAN 31 1997

**Bureau of Air Monitoring
& Mobile Sources**

Z 210 662 913

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 1150080001AG
 CARLOS GARCIA
 MICHAEL THE CLEANER
 1760 MAIN STREET
 SARASOTA FL 34236

PS Form 3800, April 1995

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	

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 # 1150080001AG
 CARLOS GARCIA
 MICHAEL THE CLEANER
 1760 MAIN STREET
 SARASOTA FL 34236

2. Article Number (Copy from service label)

Z 210 662 913

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
6-12-01

C. Signature

X *Walter Nugent*
 Agent
 Addressee

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

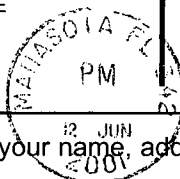
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



Postage & Fees Paid
USPS
Permit No. G-10

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

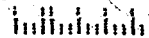
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 18 201

RECEIVED

34275+2476



P 265 302 288

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID#: 1150080
STEMROZ ENTERPRISES
JOYCE ANDERSON
1760 MAIN STREET
SARASOTA FL 34236

PS Form 3800, April 1995

Postage	\$
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	2/17/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1150080
STEMROZ ENTERPRISES
JOYCE ANDERSON
1760 MAIN STREET
SARASOTA FL 34236

4a. Article Number

P265 302 288

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-19

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Melvin Delmar*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.