



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

April 14, 2004

Mr. Przenyslan Chylewski
Flamingo Dry Cleaners
7613-49th Street North
Pinellas Park, Florida 33781

Re: Facility No.: 1030383-003

Dear Mr. Chylewski:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 20, 2004.

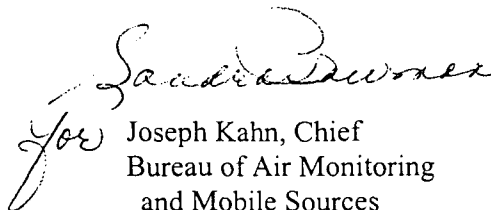
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 197-2003
SOC REPORTS 3
COMPLIANCE STATUS IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FEB 20 2004

RECEIVED

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): TONPOL ENTERPRISES INC. |
| 2. Site Name (For example, plant name or number): DBA-FLAMINGO DRY CLEANERS. |
| 3. Hazardous Waste Generator Identification Number: FLCESQG 67523 |
| 4. Facility Location: Street Address: 7613 49st. N. City: PINELLAS PARK County: PINELLAS Zip Code: 33781 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030383-003 |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: Name: PRZENYSŁAW CHYCEWSKI Title: OWNER |
| 7. Responsible Official Mailing Address: Organization/Firm: 7613 49st. N., FLAMINGO CLEANERS Street Address: 7613 49th Street North City: PINELLAS PARK County: PINELLAS Zip Code: 33781 |
| 8. Responsible Official Telephone Number: Telephone: (727) 546-7075 Fax: () - |

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: () - |

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>5/2/1998</u> | Existing <u>New</u> | <u>RC</u> <u>CA</u> 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? [_____]

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?

[50] 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: [X] 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 [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".)

- | | |
|--|--|
| <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"/> [X] |
| <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? [1]

For each boiler, indicate its horsepower (HP) rating: [20] [] []

What type of fuel do you use? [] propane [X] 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 [X]
(b) Leak detection inspection and repair [X]
(c) Refrigerated condenser temperature monitoring [X]
(d) Carbon adsorber exhaust perc concentration monitoring []
(e) Startup, shutdown, malfunction plan [X]

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
1030383-001-AG
- 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.

PRZEMYSŁAW CHYLEWSKI

Print name of responsible official


Signature

2/12/04
Date

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

9. **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.

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

7001 0500 0004 0144 7481

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

Postmark
Here

Total AIRS ID# 1030383 1stC
 FLAMINGO DRY CLEANERS

Sent To: 7613 49th Street N
 Street, or PO: PINELLAS PARK, FL 33781
 City, St:

PS Form 3800, June 2002

See Reverse for Instructions

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 •

RECEIVED
 FEB 16 2005

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

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:

AIRS ID# 1030383 1stC
 FLAMINGO DRY CLEANERS
 7613 49th Street N
 PINELLAS PARK, FL 33781

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 7481

COMPLETE THIS SECTION ON DELIVERY


A. Signature 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

| 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. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>AIRS ID# 1030383 1stC FLAMINGO DRY CLEANERS 7613 49th Street N PINELLAS PARK, FL 33781</p> </div> | <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? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p style="text-align: center; font-size: 1.2em;">7003 0500 0004 0144 7481</p> |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M</p> | |

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

AIRS ID Number: 1010383

The name and address of the owner or operator;

REMA RICHIE INC
Name of the owner or operator of the dry cleaning facility

11543 PERPETUAL DR.
Mailing address of the owner or operator of the dry cleaning facility

Mailing address line 2

ODESSA, FL FL 33550
City State Zip Code

The address (that is, physical location) of the dry cleaning facility;

MAJIK TOUCH CLEANERS
Name of the dry cleaning facility

11543 PERPETUAL DR
Address of the dry cleaning facility (physical location)

Address line 2

ODESSA, FL FL 33550
City State Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one: No Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one: No Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year
 Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 230 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one: No Yes

All information contained in this statement is accurate and true.

[Signature]
Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

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

RECEIVED
DEPT 15 2008

Bureau of Air Monitoring
& Mobile Sources

10/25/2002

**PINELLAS COUNTY
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

AIR QUALITY DIVISION
300 SOUTH GARDEN AVENUE
CLEARWATER, FLORIDA 33756

COMMISSIONERS

- Susan Latvala, Chairman
- John Morroni, Vice-Chairman
- Calvin D. Harris, Commissioner
- Karen Williams Seel, Commissioner
- Robert B. Stewart, Commissioner
- Barbara Sheen Todd, Commissioner
- Kenneth T. Welch, Commissioner

RECEIVED
FEB 20 2004
Bureau of Air Monitoring
& Mobile Sources

| | |
|-------------|----------------|
| PHONE: | (727) 464-4422 |
| FAX: | (727) 464-4420 |
| SUNCOM: | 570-4422 |
| SUNCOM FAX: | 570-4420 |

February 16, 2004

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

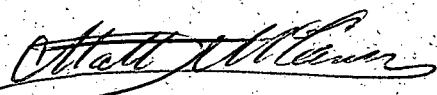
Re: Flamingo Dry Cleaners - 1030383-001-AG

Mr. Butler:

Enclosed is a Title V General Permit Notification for Flamingo Dry Cleaners, 7613 49th Street North, Pinellas Park, FL, 33781, which was recently collected due to a change in ownership. The ownership change occurred on November 19, 2003. An annual inspection by Air Quality Division Staff was performed on February 12, 2004. The case has been forwarded to our enforcement section for further action.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail.

Sincerely,



Matt McCann, Environmental Program Manager
 Air Quality Division

cc: RF, PF (103 0383)

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

7481 0144 0000 0050 0007

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

Postmark
Here

Total AIRS ID# 1030383 1stC
 FLAMINGO DRY CLEANERS

Sent To: 7613 49th Street N
 Street, or PO: PINELLAS PARK, FL 33781
 City, St

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:

AIRS ID# 1030383 1stC
 FLAMINGO DRY CLEANERS
 7613 49th Street N
 PINELLAS PARK, FL 33781

2 Article Number

(Transfer from service label)

7003 0500 0004 0144 7481

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

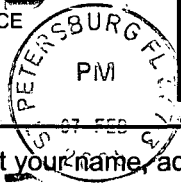
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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 •

RECEIVED
FEB 16 2005
MAIL ROOM

RECEIVED
FEB 16 2005

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445329 FEB 7 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# 1030383 10
FLAMINGO DRY CLEANERS
7613 49th Street N
PINELLAS PARK, FL 33781

Printed on recycled paper.

FOR GOVERNMENT USE ONLY
ORG.: 3755010100 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Bu.
& Mobile Source

for Air Monitoring

FEB 9 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458713 FEB 8 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

1030383 10
FLAMINGO DRY CLEANERS
7613 49th Street N
PINELLAS PARK, FL 33781

Bureau
& Mobile Sources
Monitoring

FEB 09 2006

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

Printed on recycled paper.

467515 JAN24 2007

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

Do NOT Remove Label

AIRS ID# 1030383
TON POL ENTERPRISES INC. ✓
7613 49th Street N
PINELLAS PARK, FLORIDA
33781

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.

JAN 29 2007
Mobile Sources
Air Monitoring

Majik Touch Cleaners
11543 Perpetual Drive
Odessa, Fl. 33556

CERTIFIED MAIL™



7008 1140 0000 5255 6482



UNITED STATES
POSTAL SERVICE

0000



32399

U.S. POSTAGE
PAID
ELFERS, FL
34680
DEC 11, 09
AMOUNT

\$5.32
00013997-03

RETURN RECEIPT
REQUESTED

FLORIDA DEPT. OF ENVIRONMENT
GENERAL PERMIT SECTION
BUREAU OF AIR MONITORING
2600 BAIR STONE RD, MS#5510
TALLAHASSEE, FL 32399-2400

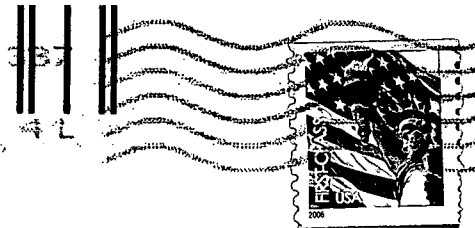
32399+6542



Tempal Enterprises Inc
7613 49th St. N
Pinellas Park, FL
33781

ST PETERSBURG FL 337

22 JAN 2007 PM 4 L



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