



Department of Environmental Protection

0010090

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 26, 1996

Mr. Greg Johnson
Quality Cleaners
of Gainesville II, Inc.
1240 Northwest 76 Boulevard
Gainesville, Florida 32606

Dear Mr. Johnson:

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

cc: Mr. Rick Banks, Northeast District

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

General Permit Scanning Submission Form Case File Completeness Verification

Case File ID Number: 0010098-001 D/C

To be filled in by Customer:

√	The following sections are included in this case file:
	1. Acknowledgement Letter
	Document Date: <u>8/26/1996</u>
	2. General Permit Registration
	Document Date: <u>8/12/1996</u>
	3. Correspondence (attachments, envelopes, mailing receipts)
	Document Date: <u>fax - 4/17/1997 - 8/29/2001</u>
	4. Fee Acknowledgement
	Document Date:

1
5
1
1
8

Customer Verification:

The above checked sections are included in this case file:

Customer Signature: PR Grant OCT 20 2008

To be filled in by Scan Operator:

√	The following sections were scanned for this case file:
1	1. Acknowledgement Letter
2	2. General Permit Registration
3	3. Correspondence (attachments, envelopes, mailing receipts)
	4. Fee Acknowledgement

Scan Operator Verification:

The above checked sections were scanned for this case file:

Scan Operator Signature: Jacob R NOV 21 2008
Date Scanned: 11-21-08

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	QUALITY CLEANERS OF GAINESVILLE II, INC
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	FLD 982116980
4. Facility Location: Street Address: City: County: Zip Code:	1240 NW 76th BLVD GAINESVILLE ALACHUA 32606
5. Facility Identification Number (DEP Use):	0010090

Responsible Official

6. Name and Title of Responsible Official:	GREG JOHNSON <i>Full</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	QUALITY CLEANERS 4116 NW 16th BLVD. GAINESVILLE ALACHUA 32605
8. Responsible Official Telephone Number: Telephone: Fax:	(352) 376-7662 (352) 377-5909

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	DANNY THOMAS
10. Facility Contact Address: Street Address: City: County: Zip Code:	1240 NW 76th Blvd GAINESVILLE ALACHUA 32606
11. Facility Contact Telephone Number: Telephone: Fax:	(352) 332-7662 (352) 331-9741

RECEIVED

AUG 12 1996

Bureau of Air Monitoring
& Mobile Sources

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		12-01-86							
(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.


Signature


Date

00/0090

p. 13 6 - add title (owner)

p. 14 1 (a) - add date control
device installed

1 (c) - should not be
marked

Bowman, Sandy

From: GJJ1950@aol.com
Sent: Wednesday, August 29, 2001 2:17 PM
To: Bowman, Sandy
Subject: RE: Title V Air General Permit

Dear Sandy:

We recently received renewal forms for 2 of our stores which are no longer plants. These accounts should be closed:
AIRS ID # 0010090
AIRS ID # 0010089

Thanks,

Greg Johnson



File

Sandy,
This is the one
that needs a new
AIRS #.

February 18, 1997

Department of Environmental Protection
Dry Cleaning Registration
2600 Blair Stone Road, MS 4525
Tallahassee, FL 32399-2405

TO WHOM IT MAY CONCERN:

Please be advised that all dry cleaning and laundry equipment have been removed from the following locations:

Facility ID # 9500432

Quality Cleaners
4116 NW 16th Blvd.
Gainesville, FL 32605

(Account # 38644)

AIRS # 0010090

Facility ID # 9501231

Quality Cleaners
1240 NW 76th Blvd.
Gainesville, FL 32606

(Account # 38644)

AIRS # 0010089

Our NEW PLANT is located at:

Quality Cleaners
11 NE 23rd Avenue
Gainesville, FL 32609-3642

Phone (352) 379-5600

FAX (352) 379-5550

Please send any forms needed to register our new location.

Thank you,

Greg Johnson
President

Five Locations to Serve You

CORPORATE OFFICE: 11 NE 23rd Avenue Gainesville, FL 32609 (352) 379-5600 Fax (352) 379-5550
THE MARKETPLACE • NEWBERRY SQUARE • NORTHWOOD VILLAGE • HUNTER'S CROSSING

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2.
- 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.

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#: 0010090
 QUALITY CLEANERS OF GAINESVILLE II
 GREG JOHNSON
 4116 NW 16TH BLVD
 GAINESVILLE FL 32605

4a. Article Number

P 265-302-342

4b. Service Type

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

7. Date of Delivery

2/18

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Terrell Rob...*

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 265 302 342

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0010090
 QUALITY CLEANERS OF GAINESVILLE II
 GREG JOHNSON
 4116 NW 16TH BLVD
 GAINESVILLE FL 32605

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

2/13/97

PS Form 3800, April 1995

Z 210 662 510

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

10 AIRS ID # 0010090001AG
GREG JOHNSON
QUALITY CLEANERS
4116 NW 16TH BLVD
GAINESVILLE FL 32605

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

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:

10 AIRS ID # 0010090001AG
GREG JOHNSON
QUALITY CLEANERS
4116 NW 16TH BLVD
GAINESVILLE FL 32605

COMPLETE THIS SECTION ON DELIVERY

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

Teresa Roberts 6/8/01

C. Signature

X Teresa Roberts Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

RECEIVED

JUN 11 2001

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 210 662 510

8

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

269553

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

0010090

QUALITY CLEANERS OF GAINESVILLE 11
4116 NW 16th BOULEVARD
GAINESVILLE FLORIDA 32605

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

RECEIVED
MAIL ROOM
MAY 15 1997