

**General Permit Scanning Submission Form  
Case File Completeness Verification**

Case File ID Number: 001011-002 CD/C

**To be filled in by Customer:**

✓	<b>The following sections are included in this case file:</b>
✓	1. Acknowledgement Letter
	Document Date: <u>12/3/2008</u>
✓	2. General Permit Registration
	Document Date: <u>10/31/2008</u>
	3. Correspondence (attachments, envelopes, mailing receipts)
	Document Date:
	4. Fee Acknowledgement
	Document Date:

1  
4  
5

**Customer Verification:**

The above checked sections are included in this case file:

Customer Signature: *PL Grant* **DEC 03 2008**

**To be filled in by Scan Operator:**

✓	<b>The following sections were scanned for this case file:</b>
	1. Acknowledgement Letter
	2. General Permit Registration
	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: *K. Carr* **DEC 10 2008**  
Date Scanned: \_\_\_\_\_



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

December 3, 2008

Mr. Jarod Amburgey  
Cranes Cleaners  
411 Northeast 23<sup>rd</sup> Avenue  
Gainesville, Florida 32609

Re: Facility No.: 0010111-002

Dear Mr. Amburgey:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 31, 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.

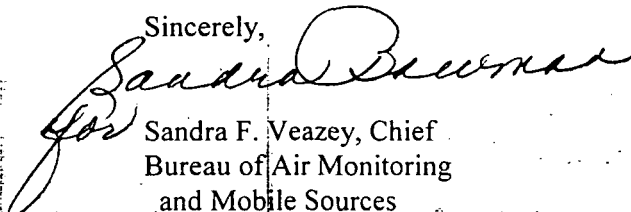
For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such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

SEV/pg

cc: Mr. Rick Banks, Northeast District

BEST AVAILABLE COPY

NO ACTIVITY FOR FACILITY  
EMISSION FEE DATES 3/18-2004  
VER ~~SEE~~ REPORTS  
COMP. STATUS - SNC MNC IN

TRPT-FR File Review-9/14/2008-MAC-

Insp Alachua Co - NED - R Banks

**EXPRESS<sup>®</sup>**  
**MAIL**  
STATES POSTAL SERVICE

U.S. POSTAGE  
PAID  
GAINESVILLE, FL  
32601  
DEC 30 08  
AMOUNT  
**\$12.60**  
000 4793-04



**EXPRESS**  
**MAIL**  
UNITED STATES POSTAL SERVICE<sup>®</sup>

Addressee Copy  
Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 32607	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 1.00
Date Accepted 10/20/08	Scheduled Date of Delivery Month Day Year 10 20 08	Return Receipt Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM Military	COD Fee Insurance Fee \$ \$
Flat Rate <input type="checkbox"/> or Weight lbs. 2.11 ozs.	Int'l Alpha Country Code	Total Postage & Fees \$ 2.00
	Acceptance Emp. Initials	

DELIVERY (POSTAL SERVICE USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
CUSTOMER USE ONLY		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee knows that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Mailer Signature		

FROM: (PLEASE PRINT) PHONE (352) 376-0550  
Bert...  
Crane Oil Field  
411 NE 228th St  
Gainesville, FL 32605

TO: (PLEASE PRINT) PHONE  
Bert...  
General...  
411 NE 228th St  
Gainesville, FL 32605

FOR PICKUP OR TRACKING  
Visit [www.usps.com](http://www.usps.com)  
Call 1-800-222-1811

ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES.)  
32605  
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

## BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORMRECEIVED  
OCT 31 2008  
Bureau of Air Monitoring  
& Mobile Sources

## 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):		
Jerry and Eva Lee Amburgey Blvd. Est. Inc		
2. Site Name (For example, plant name or number):		
Cranes Cleaners		
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:		
Street Address: 411 NE 23 Ave		
City: Gadsden		County: Alachua
		Zip Code: 32609
5. Facility Identification Number (DEP Use ONLY do not fill in)		
0010111-002		

## Responsible Official

6. Name and Title of Responsible Official:		
Name: Jerod Amburgey		Title:
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address: Same as above		
City:		County:
		Zip Code:
8. Responsible Official Telephone Number:		
Telephone: ( 352 ) 316-0156		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: ( ) -

850-488-0114

BEST AVAILABLE COPY

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [ 2 ]

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")
1996	Existing/New	RC/CA/None required	Same
1980	Existing/New	RC/CA/None required	Installed Pres Conversion Kit in 1998 not in use at this time
	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? [ 3 ]

How many dryers/reclaimers do you have on-site? [ 10 ]

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?

[ 240 ] 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: [ ] Did not keep records: [ ]

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening \_\_\_\_\_)

### BEST AVAILABLE COPY

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".)

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

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  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) \_\_\_\_\_

#### 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

**BEST AVAILABLE COPY****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.*

Jacod Amburgey  
Print name of responsible official

[Signature]  
Signature

10-1-08  
Date

FDEP-Northeast District Office  
Attn: Marc Lovallo  
7825 Baymeadows Way  
Suite B200  
Jacksonville, Florida 32256-7590

CHECK MAILED TO MARC LOVALLO (11/5/08).

FINE FOR OPERATING W/O A PERMIT, WAS  
MAILED TO AIR GENERAL PERMITS IN ERROR  
W/ APPLICATION.

R. Dibble





411 N.E. 23rd Avenue  
Gainesville, Florida 32609  
Telephone: 352-376-0156



GAINESVILLE,  
FLORIDA

16510

63-68/631

10-29-08

PAY TO THE ORDER OF Dept of Environmental Protection 300.00  
Three hundred & 00/100 DOLLARS

CRANE'S CLEANERS

*Erica La Amburg*

MEMO

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

⑈016510⑈ ⑆063100688⑆ 9300037001⑈

Crane's Cleaners  
411 NE 23rd Ave  
Gainesville, FL 32609

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