

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Dixie Mart Inc.
2. Site Name (For example, plant name or number): Dixie Service Cleaners # 4
3. Hazardous Waste Generator Identification Number: FLD 984 - 238 - 006
4. Facility Location: Street Address: 220 South Tyndall Pkw. City: Parker County: BAY FL. Zip Code: 32404
5. Facility Identification Number (DEP Use): 0050067

Responsible Official

6. Name and Title of Responsible Official: SOMERS DEAN III V.P.
7. Responsible Official Mailing Address: Organization/Firm: P.O. Box 1000 Street Address: Dixie Service Inc. City: Opelika AL. County: Lee Zip Code: 36803-1000
8. Responsible Official Telephone Number: Telephone: (334) 749 - 8383 Fax: (334) 745 - 0683

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): "MANAGER" - BARBARA BOYD
10. Facility Contact Address: Street Address: 220 South Tyndall Pkw City: Parker FL. County: BAY Zip Code: 32404
11. Facility Contact Telephone Number: Telephone: (904) 769 - 0444 Fax: () - NONE

RECEIVED

SEP 3 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	#1	11/20/86	-						
(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?

238.50 gallons *through Aug. '96*

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

N/A

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.

James Dean III
Signature *V.P.*

8/30/96
Date

0050067

P. 14

1. (a) add date control device installed
1. (c) should not be marked
3. existing large area source should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Dixie Mart Inc.
2. Site Name (For example, plant name or number):	Dixie Service Cleaners # 4
3. Hazardous Waste Generator Identification Number:	FLD 984-238-006
4. Facility Location: Street Address:	220 South Tyndall Pkw.
City:	Parker
County:	BAY
State:	FL
Zip Code:	32404
5. Facility Identification Number (DEP Use):	0050067

Responsible Official

6. Name and Title of Responsible Official:	Somers Dean III	K.P.
7. Responsible Official Mailing Address: Organization/Firm:	P.O. Box 1000	
Street Address:	Dixie Service Inc.	
City:	Opelika	Al.
County:	Lee	
Zip Code:	36803-1000	
8. Responsible Official Telephone Number: Telephone:	(334) 749-8383	Fax: (334) 745-0683

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	"Manager" - BARBARA BOYD	
10. Facility Contact Address: Street Address:	220 South Tyndall Pkw	
City:	Parker	
State:	FL	
County:	BAY	
Zip Code:	32404	
11. Facility Contact Telephone Number: Telephone:	(904) 769-0444	Fax: () - NONE

RECEIVED

SEP 1 1993

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	#1	11/20/86							
(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 *through Aug. '96'*

(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

James Dean III
V.P.

Date

8/30/96



DIXIE SERVICE, INC.

HUGH D. WHATLEY, PRES.

DIXIE SERVICE OF GA., INC.—DIXIE MART, INC./FLA.

SOMERS DEAN, III, V. PRES.

October 28, 1996

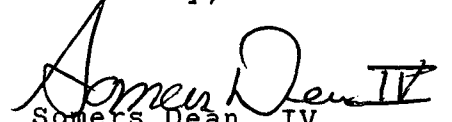
Ms. Benz
General Permits Section
Bureau of Air Monitoring and
Mobile Sources, MS 5510
Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Dear Ms. Benz:

Enclosed is a corrected Air Management Form. While meeting with Charles Norman, we found a mistake in our perc purchases. In our company formula, we add new purchases and subtract old ones. This particular location was not subtracting the year old purchases. This in turn showed a larger quantity of perc being purchased than was actually purchased.

I contacted our supplier and went back and made all the necessary corrections on our perc purchases report. Mr. Norman sent me a new form and I have filled it out correctly. Please accept my apologies for any inconvenience. If you have any questions or problems, please give me a call at 334-749-8383.

Sincerely,


Somers Dean, IV
Director of Operations

SD/tf

Enclosure

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Dixie MART Inc.
2. Site Name (For example, plant name or number):	Dixie Service Cleaners #4
3. Hazardous Waste Generator Identification Number:	FLD 984-238-006
4. Facility Location: Street Address:	220 South Tyndall Pkwy
City:	PARKER
County:	BAY FL.
Zip Code:	32404
5. Facility Identification Number (DEP Use):	XXXXXXXXXX

Responsible Official

0050067

6. Name and Title of Responsible Official:	SOMERS DEAN III V.P.
7. Responsible Official Mailing Address: Organization/Firm:	Dixie Service Inc.
Street Address:	P.O. Box 1000
City:	Opelika, AL
County:	Lee
Zip Code:	36803-1000
8. Responsible Official Telephone Number: Telephone:	(334) 749-8383
Fax:	(334) 745-0683

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Manager Barbara Boyd
10. Facility Contact Address: Street Address:	220 South Tyndall Pkwy
City:	PARKER
County:	BAY
Zip Code:	32404
11. Facility Contact Telephone Number: Telephone:	(904) 769-0444
Fax:	() - N/A

RECEIVED

OCT 31 1996

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>									
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(9) w/ no controls									
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(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?

98.5 gallons *end of July '96*

(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:

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

Equipment Monitoring and Recordkeeping Information

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I will promptly notify the Department of any changes to the information contained in this notification.


Signature

10/25/96
Date

0050067

NWB
on

P. 14

1. (a) add date control device installed

1. (c) should not be marked

3. existing large area source should be marked

1. Facility	D
2. Site No	D
3. Haza	F
4. Faci Stre City	
5. Fa	

r):	
Code:	32404
	0067

2/24/97

Talked to Bubba Dean
told what needed to be
changed & to send change to
me
Should be large emitting,
Lee

6. 1	
7. Responsible Official Mailing Address:	
Organization/Firm:	P.O. Box 1000
Street Address:	Dixie Service Inc.
City:	Opelika, AL
County:	Lee
Zip Code:	36803-1000
8. Responsible Official Telephone Number:	
Telephone:	(334) 749 - 8383
Fax:	(334) 745 - 0683

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County:	Bay
Zip Code:	32404
11. Facility Contact Telephone Number:	
Telephone:	(904) 769 - 0444
Fax:	() - NONE

RECEIVED

SEP 5 1996

CORRECTED PERMIT

1/24/97

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Dixie MART Inc.
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5. Facility Identification Number (DEF Use):	0050067

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Fax:	() - N/A

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(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 *AD 1/24/97*

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

98.5 gallons *end of July '96*

Inspection conducted 1-22-97 showed 160 gals on rolling tanks. IN conversation with Mr. Dean, III on 1-29-97 he agreed. They got to change this amount. Charles M. Donnan 1-29-97

(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 *AD 1/24/97* New small area source

Existing large area source New large area source *AD 1/24/97*

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

AD
1/24/97

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

1/24/97
AD

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:

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No such units on-site

Equipment Monitoring and Recordkeeping Information

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(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

AD
1/24/97

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

1/24/97
10/28/96
Date