

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

June 20, 2006

Mr. Geoffrey Wheeler
CO Jelliff Corporation
1351 Northeast 51st Street
Pompano Beach, Florida 33064

Re: Facility No.: 0112662-001

Dear Mr. Wheeler:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on April 26, 2006.


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. Cliff Bittle, Broward County

"More Protection, Less Process"

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EMISSION FEE DATES
NO ACTIVITY FOR FACILITY...✓.....
SOC REPORTS

COMPLIANCE STATUS

INSP - Broward LEO - CB

RECEIVED

APR 26 2006

Bureau of Air Monitoring
& Mobile Sources

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

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):	CO JELLIFF CORP		
2. Site Name (For example, plant name or number):	CO JELLIFF CORP		
3. Hazardous Waste Generator Identification Number:	01397		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1351 NE 51 ST STREET	POMPANO BEACH	BROWARD 33064
5. Facility Identification Number (DEP Use ONLY do not fill in)	0112662-001		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	GEOFFREY WHEELER	PRESIDENT
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	CO JELLIFF CORP	1351 NE 51 ST ST.
	City:	County: Zip Code:
	POMPANO BEACH	BROWARD 33064
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(954) 427 9300	(954) 427 9309

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. 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.

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface: area)			
x ≤ 1.21 m ²	BRANSON 1977	NEW EXISTING	N/A
x > 1.21 m ²		NEW/EXISTING	
Batch Cold		NEW/EXISTING	
In-line		NEW/EXISTING	

2. (a) What was the total amount of halogenated solvents used in the latest 12 months?

[55] 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. (a) Please indicate which of the following halogenated solvents are used at your facility.

[X] perchloroethylene

[] methylene chloride

[] trichloroethylene

[] 1,1,1-trichloroethane

[] carbon tetrachloride

[] chloroform

(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by (choose one):

[] complying with an alternative solvent emission limit

[] implementing a control device combination/work practice standards

[X] meeting an idling emission limit/work practice standards

OR

[] meeting the requirements for **batch cold cleaning machines**

4. If you choose to implement a control device combination, please select the appropriate controls from the list provided below. Indicate with an "X" all controls that apply to your facility. (Refer to paragraph (5)(c)1.-4.).

- | | |
|---|---|
| <input type="checkbox"/> 1.0 freeboard ratio | <input type="checkbox"/> carbon adsorber |
| <input type="checkbox"/> dwell time | <input type="checkbox"/> reduced room draft |
| <input type="checkbox"/> working mode cover | <input type="checkbox"/> super-heated vapor |
| <input type="checkbox"/> freeboard refrigeration device | |

5. 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:

ALL FACILITIES

- | | |
|--|-------------------------------------|
| (a) Estimates of monthly halogenated solvent consumption | <input checked="" type="checkbox"/> |
| (b) Inspection records | <input type="checkbox"/> |
| (h) Remedial action log | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (g) Solvent content records | <input type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

- | | |
|-------------------------------|--------------------------|
| (c) Temperature monitoring | <input type="checkbox"/> |
| (f) Dwell time records | <input type="checkbox"/> |
| (i) Control device monitoring | <input type="checkbox"/> |

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|---|-------------------------------------|
| (j) Log of solvent additions and removals | <input checked="" type="checkbox"/> |
| (d) Idling emission concentration monitoring | <input type="checkbox"/> |
| (k) Monthly emissions calculations | <input type="checkbox"/> |
| (l) Rolling 3-month average emissions calculations* | <input type="checkbox"/> |
| (m) Cleaning capacity calculations* | <input type="checkbox"/> |

* Only for facilities meeting the alternative emission limitation standards*

6. 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:

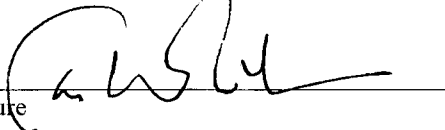
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Gregory W. W. W.
Print name of responsible official


Signature

4/17/2006
Date

Instructions for Completing Part III of Notification Form

The Halogenated Solvent Degreasing 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 halogenated solvent degreasing 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.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. If the halogenated solvent cleaning machine was initially purchased from manufacturer prior to or on November 29, 1993, it is an **EXISTING** unit. If the machine was initially purchased from the manufacturer after November 29, 1993, it is **NEW** unit. For each machine located at the facility, select the appropriate machine type and enter the date the degreasing machine was initially purchased from the manufacturer in the dd-mm-yy format (for example, 04-JUL-95). If you do not know the exact date of purchase, but can confirm that it was before November 29, 1993, enter 29-NOV-93. Identify each machine as either new or existing. If control equipment has been installed on that machine, enter the date of installation in that column (or N/A if not applicable). You should also indicate which control equipment is present in Question 4. Complete the table for all machines located at the facility. Submit additional copies of this page of the form as needed to characterize all equipment.
2. (a) Enter the total amount, in gallons, of halogenated solvents purchased during the preceding twelve months.
(b) If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent purchases and the reason for this discrepancy (for example, opening a new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. (a) Indicate with an "X" all halogenated solvents used at your facility.
(b) In this statement, you must indicate with an "X" how you intend to comply with the requirements of this general permit. Only one option may be selected. If selecting the control device combination option, go to question No. 4. Otherwise, proceed directly to the Equipment Monitoring and Recordkeeping information section (question No. 5).
4. If implementing a control device combination option with work practice standards, indicate all control technology required on degreasing machines.
5. **Equipment Monitoring and Recordkeeping Information**
Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".
6. **Surrender of Existing DEP Air Permit(s)**
Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s), listing the DEP air permit numbers, or whether no such permit(s) exist with an "X".

Responsible Official Certification

This statement must be both printed and signed by the person named on page 19, Field 6, of this form.



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

June 9, 2006

Mr. Geoffrey Wheeler
CO Jelliff Corporation
1351 Northeast 51st Street
Pompano Beach, Florida 33064

Re: Facility No.: 0112662-001

Dear Mr. Wheeler:

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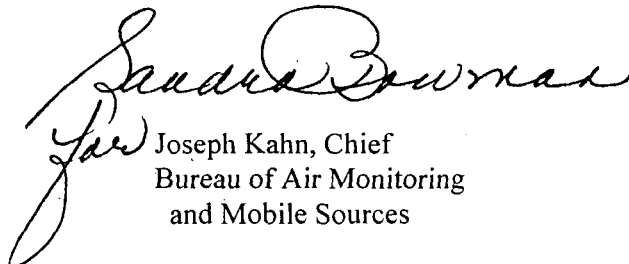
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Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466721 JAN 22 2007

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 0112662
CO JEFFLIFF CORP
1351 NE 51st St
POMPANO BEACH, FLORIDA 33064

Bureau of Air Monitoring
& Mobile Sources

JAN 05 2007

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


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C.O. JELLIFF CORPORATION

34469

OUR REF. NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
033405	AIRS ID 0112662	12/27/2006	50.00	50.00	0.00	50.00

★ ★
★ ★
★ ★



PITNEY BOWES

1690 U.S. POSTAGE PB 55
2712 \$ 00.39 DEC 29 2006
1055 MAILED FROM ZIP CODE

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53088
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TITLE V - General Permit
Receipts
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