

ORIGINAL FAX REC'D 6/24/08

RECEIVED
JUN 25 2008
Bureau of Air, Water,
& Mobile Source

PERCHLOROETHYLENE DRY CLEANER
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): <i>Robin Walker Rene Cleaners Rene Dry Cleaners</i>			
2. Site Name (For example, plant name or number): <i>Rene Cleaners</i>			
3. Hazardous Waste Generator Identification Number: <i>ID# 0190049</i>			
4. Facility Location: Street Address: City: <i>Middleburg</i> County: <i>Clay</i> Zip Code: <i>32068</i>			
5. Facility Identification Number (DEP Form ID# 2-00-0015) <i>0190049-003</i>			

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Mrs Robin Walker</i> Title: <i>Owner</i>	
7. Responsible Official Mailing Address: Organization/Firm: <i>Rene Cleaners</i> Street Address: <i>Middleburg 2710 Blanding Blvd #18</i> City: <i>Middleburg</i> County: <i>Clay</i> Zip Code: <i>32068</i>	
8. Responsible Official Telephone Number: Telephone: <i>(904) 282-1397</i> Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Robin Walker (Owner)</i>	
10. Facility Contact Address: Street Address: City: <i>2710</i> County: <i>Clay</i> Zip Code: <i>32068</i>	
11. Facility Contact Telephone Number: Telephone: <i>(904) 282-1397</i> Fax: () -	

Facility Information

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

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

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")
1987	Existing/New	RC/CA/None required	same
	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?

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 _____)

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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <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 2 3

For each boiler, indicate its horsepower (HP) rating: 10 15 20

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

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 ID # 0190049
- 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.

Robin Walker
Print name of responsible official

Robin Walker
Signature

6/24/08
Date



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: JUNE 24, 2008

TO: ROBIN WALKER

PHONE: (904) 382-1397

FAX: (904) 291-1967

FROM: Dickson E. Dibble

PHONE: (850) 921-9586

Division of Air Resources Management
Bureau of Air Monitoring & Mobile Sources

FAX: (850) 922-6979

Air General Permitting

RE: TITLE V PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT

CC: _____

Total number of pages including cover sheet: 20

Message

ROBIN-
CALL ME IF YOU HAVE ANY
PROBLEMS

Dick Dibble

If there are any problems with this fax transmittal, please call the above phone number.

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

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Post Office To Addressee

Here:

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 32068	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Def. Day	Postage \$ 16.50
Date Accepted MAY 21 2008	Scheduled Date of Delivery Month: JUN Day: 24	Return Receipt Fee \$
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. 1.54 ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
	Int'l Alpha Country Code	Total Postage & Fees \$ 16.50
		Acceptance Emp. Initials [Signature]

DELIVERY (POSTAL 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 checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature [Signature]
Mo. Day			

CUSTOMER USE ONLY

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 judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE: 202-922-9528

General Manager
Bureau of Air Mail Operations
Sources, Mississio
Environmental Control
Data Project

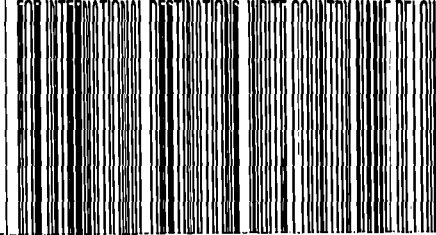
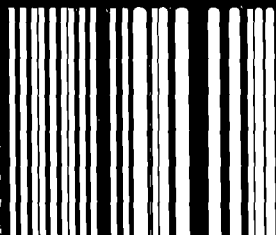
TO: (PLEASE PRINT) PHONE: 202-922-9528

General Manager
Bureau of Air Mail Operations
Sources, Mississio
Environmental Control
Data Project

ZIP + 4 (U.S. ADDRESSES ONLY; DO NOT USE FOR FOREIGN POSTAL CODES.)

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FOR PICKUP OR TRACKING



Cradle to Cradle Certification is awarded to products that pursue an innovative vision of ecologically-intelligent design that eliminates the concept of waste. This USPS packaging has been certified for its material content, recyclability, and manufacturing characteristics.

Please recycle.

PRESS HARD. YOU ARE MAKING 3 COPIES.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Robin Walker Rene Cleaners Rene Dry Cleaners
2. Site Name (For example, plant name or number):
Rene Cleaners
3. Hazardous Waste Generator Identification Number:
ID# 0190049
4. Facility Location:
Street Address:
City: middleburg County: clay Zip Code: 32068

Responsible Official	
0190049-003	
6. Name and Title of Responsible Official:	
Name: Mr. Robin Walker Title: Owner	
7. Responsible Official Mailing Address:	
Organization/Firm: Rene Cleaners	
Street Address: 2710 Blanding Blvd #18	
City: middleburg County: clay Zip Code: 32068	
8. Responsible Official Telephone Number:	
Telephone: (904) 282-1397 Fax: () -	

Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
Robin Walker (Owner)	
10. Facility Contact Address:	
Street Address:	
City: 2710 County: clay Zip Code: 32068	
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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:

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<u>1987</u>	<u>Existing</u>	<u>RC/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? 0

How many dryers/reclaimers do you have on-site? 0

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:

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_____	Existing/New	RC/CA/None required	_____
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*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

15 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 _____)

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

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Large Area Source

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- 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

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 ID # 0190049
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Responsible Official Certification

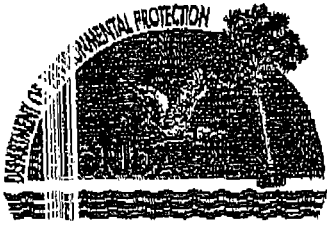
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I will promptly notify the Department of any changes to the information contained in this notification.

Robin Walker
Print name of responsible official

Robin Walker
Signature

6/24/08
Date



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottiramp
Lt. Governor

Michael W. Sole
Secretary

FAX TRANSMITTAL SHEET

DATE: JUNE 24, 2008

TO: ROBIN WALKER

PHONE: (904) 382-1397

FAX: (904) 291-1967

FROM: Dickson E. Dibble

PHONE: (850) 921-9586

Division of Air Resources Management
Bureau of Air Monitoring & Mobile Sources

FAX: (850) 922-6979

Air General Permitting

RE: TITLE V PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT

CC: _____

Total number of pages including cover sheet: 20

Message

ROBIN -
CALL ME IF YOU HAVE ANY
PROBLEMS -

Dick Dibble

|| there are any problems with this fax transmittal, please call the above phone number.

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

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