NO ACTIVITY FOR FACILITY
MISSION FEE DATES 97-2005
SOC REPORTS 6
COMP. STATUS-SNC MNC (N)
1/12/2006
SOCK-Statement of Compliance
Report
Tisp-Clay-NaD-Ranks



# Department of Environmental Protection

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

Colleen M. Castille Secretary

November 9, 2006

Ms. Bolika Kol Superb Cleaners, Incorporated 1177-1 Park Avenue Orange Park, Florida 32073

Re: Facility No.: 0190050-003

Dear Ms. Kol:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 4, 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,

Errin Pichard, Acting Chief Bureau of Air Monitoring

and Mobile Sources

EP/pg

cc: Mr. Rick Banks, Northeast District

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NEW R/O

# RECEIVED

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

OCT 0 4 2006

# Part III. Notification of Intent to Use General Permit Mobile Sources

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):  |   |  |  |
| Superb Cleaners, INC.   |   |  |  |
| 2. Site Name (For example, plant name or number):   |   |  |  |
| Same as above   |   |  |  |
| 3. Hazardous Waste Generator Identification Number:   |   |  |  |
| 10-50-00318   |   |  |  |
| 4. Facility Location:   | <u> </u>  |  |  |
| Street Address: 1177-1 PARK Avenue  |   |  |  |
| City: Orange Park County: C1  |   |  |  |
| 5. Facility Identification Number (DEP, Use ONLY - do not I   |   |  |  |
|   | 19 50050EUE   |  |  |
|   |   |  |  |
| Responsible Official  |   |  |  |
| 6. Name and Title of Responsible Official:  | TH. 0   |  |  |
| Name: Bolika Kol (A5 of 9/30/06)  | Title: President  |  |  |
| 7. Responsible Official Mailing Address:  |   |  |  |
|   | ~ ~ .   |  |  |
|   | THC.  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave.  | Zin Code -  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay   | Zin Code -  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number:  | Zip Code: 32073   |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay   | Zin Code -  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number: Telephone: (904)269-5269   | Zip Code: 32073   |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number:  | Fax: (904)262-0567  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number: Telephone: (904)269-5269  Facility Contact (If different from Responsible Official)  | Fax: (904)262-0567  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number: Telephone: (904)269-5269  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant material)   | Fax: (904)262-0567  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number: Telephone: (904)269-5269  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant material)  10. Facility Contact Address:                    | Fax: (904)262-0567  |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number: Telephone: (904)269-5269  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant material)  10. Facility Contact Address: Street Address:    | Fax: (904)262-0567  anager):                                      |  |  |
| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County: Clay  8. Responsible Official Telephone Number: Telephone: (904)269-5269  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant material)  10. Facility Contact Address:                    | Fax: (904)262-0567  |  |  |
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| Organization/Firm: Superb Cleaners, Street Address: 1177-1 PARK Ave. City: ORANGE PARK County:  8. Responsible Official Telephone Number: Telephone: (904)269-5269  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant m.)  10. Facility Contact Address: Street Address: City: County: | Fax: (904)262-0567  anager):                                      |  |  |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### 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<br>(circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|   |                        |                                       |   |  |  | 08-Dec-91                                  | Existing/Nev           | v (R)/CA/None required                | Same_   |
|   | Existing/Nev           | RC/CA/None required                   |   |  |  |  |                        |                                       |   |
|   | Existing/Nev           | RC/CA/None required                   |   |  |  |  |                        |                                       |   |
| *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber   |                        |                                       |   |  |  |  |                        |                                       |   |
| 1.(b) TRANSFER MAC  | HINES ONLY             |                                       |   |  |  |  |                        |                                       |   |
| How many washers do yo  | ou have on-site?       |                                       |   |  |  |  |                        |                                       |   |
| How many dryers/reclaim   | . 🔺                    | n-site?                               |   |  |  |  |                        |                                       |   |
| If the transfer hackine was purchased from the hanufacturer 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<br>(circle one) | Control Device Required* (circle one) | Date Control Device Installed<br>(if already included at time of<br>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?  |                        |                                       |   |  |  |  |                        |                                       |   |
| [ 60 ] 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 e          | expected obelims  |  |  |  |                        |                                       |   |

DEP Form No. 62-213.900(2) Effective: 2/24/99

| 3. V  | What is the facility's source classification based or<br>Indicate with an "X". Select one classification or |  |  |  |  |
|---|---|--|--|--|--|
|   | Small Area Source   |  |  |  |  |
|   | Dry-to-dry machines only on-site  Transfer only on-site  Both machine types on-site                         | (used less than 140 gallons of perc per year)<br>(used less than 200 gallons of perc per year)<br>(used less than 140 gallons of perc per year)  |  |  |  |
|   | Large Area Source   |  |  |  |  |
|   | Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site                           | (used 140 - 2,100 gallons of perc per year)<br>(used 200 - 1,800 gallons of perc per year)<br>(used 140 - 1,800 gallons of perc per year)  |  |  |  |
|   | What control technology is required on machines (Indicate with an "X".)                                     | pursuant to section (5) of Part II of this notification form?  |  |  |  |
|   | 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 []  |  |  |  |
| Rul   |   | units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following (see attached memo for the criteria).   |  |  |  |
|   | steam and hot water generating units exempt such units on-site  | OR   |  |  |  |
| Ho  | w many boilers do you have on-site?   |  |  |  |  |
| For   | each boiler, indicate its horsepower (HP) rating:   | <b>15</b>  |  |  |  |
| Wh  | at type of fuel do you use?    Propane   No. 2 fuel   No. 6 fuel  | Name of the second seco |  |  |  |
| 6. E  | quipment Monitoring and Recordkeeping Inform  | nation   |  |  |  |
| Che   | ck 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 a   | 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 |   |  |  |  |  |
| (c)   | (c) Refrigerated condenser temperature monitoring   |  |  |  |  |
| (d)   | Carbon adsorber exhaust perc concentration mon  | itoring  |  |  |  |
| (e)   | Startup, shutdown, malfunction plan   | $\checkmark$   |  |  |  |

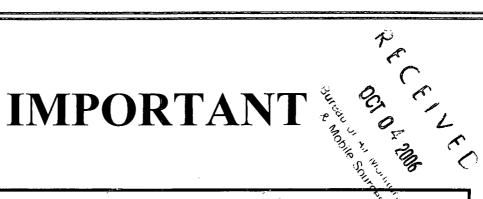
DEP Form No. 62-213.900(2)

Effective: 2/24/99

## 

DEP Form No. 62-213.900(2)

Effective: 2/24/99



A facility is eligible to operate under a Title V Air General Permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate under the Title V Air General Permit.

NEW OWNER? If you are a NEW OWNER, please check ☑ this box and return this page with your completed Air General Permit Notification Form.

NEW RESPONSIBLE OFFICIAL? If you are a NEW RO, and/or your existing business has moved to a new location, please check ☑ this box and return this page with your completed Air General Permit Notification Form.

• If you wish to continue your entitlement, please complete the enclosed Air General Permit Notification Form, making certain that it is signed by the Responsible Official (RO), properly dated and mailed to the following address:

Air General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

- If you do not wish to continue with your eligibility, please disregard this notice.
- A fee is **NOT** required with the notification form.

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Website: www.dep.state.fl.us/air/
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## Department of Environmental Protection

Jeb Bush Governor

Twin Towers 2600 Blair Stone Road M.S. 5510 Tallahassee, Florida 32399-2400 Colleen M. Castille Secretary

To: Users of the Title V Air General Permits

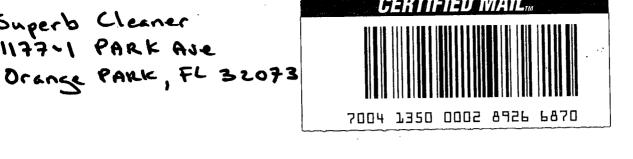
Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the Federal Clean Air Act, your facility is entitled to operate for no more than five (5) years with a permit under Section § 403.0872 Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

The enclosed notification form is for your convenience if you wish to maintain your eligibility. As the Responsible Official (R/O) for this facility, please complete the form, sign your name, date it, and submit it to the following address:

Air General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

It is important to note that facilities not in compliance with the conditions of their existing Title V Air General Permit may not be eligible to use a new air general permit after the existing authority period expires. Such facilities will be required to make application for an Air Operating Permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their air general permit conditions to avoid this costly situation.





Air General Permits Section Bureau of Air Monitoring and Mobile Sources, MS5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Superb Cleaner 1177-1 PARK Ave

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 466037 DEC14286

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

#### **TOTAL AMOUNT DUE: \$50.00**

AIRS ID# 190050
SUPERB CLEANERS INC
1177-1 Park Avenue
ORANGE PARK, FLORIDA
32073

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FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273