

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 11, 2000

Mr. Chris Goodwin  
Silver Hanger Cleaners  
305 East Blanding Boulevard  
Orange Park, Florida 32073

Re: Facility No.: 0190054-002

Dear Mr. Goodwin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 10, 2000.

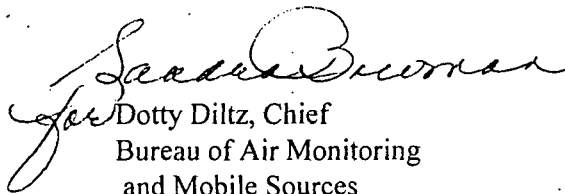
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

"More Protection, Less Process"

Printed on recycled paper.

0190054-002

p 15 1(a) "New" should be circled under  
Status

RECEIVED

AUG 31 2000

Bureau of Air Monitoring  
& Mobile Sources

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):	G S & G CLEANERS INC		
2. Site Name (For example, plant name or number):	SILVER HANGER CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLO 984 249 862		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	305 E BLANDING BLVD	ORANGE PARK	CLAY 32073
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0190054-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	PHYLLIS GOODWIN	PRESIDENT
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	SILVER HANGER	305 E BLANDING BLVD
	City:	County: Zip Code:
	ORANGE PARK	CLAY 32073
8. Responsible Official Telephone Number:	Telephone:	Fax: ( ) -
	(904) 272 0054	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CHRIS GOODWIN		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	305 E BLANDING BLVD	ORANGE PARK	CLAY 32073
11. Facility Contact Telephone Number:	Telephone:	Fax: ( ) -	
	(904) 272 0054	( ) -	

**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")
<u>12/92</u>	Existing/New	<u>RC</u> /CA/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?

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?

45 gallons (You must fill this in)

(b) If less than 12 months, how many? 7 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><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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?

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

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.*

Phyllis Goodwin  
Print name of responsible official

Phyllis Goodwin  
Signature

8/24/00  
Date

NEW OWNERSHIP

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GS+G CLEANERS INC.		
2. Site Name (For example, plant name or number):	SILVER HANGER CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 984 249 862		
4. Facility Location: Street Address:	305 E BLANDING BLVD	City:	ORANGE PARK
		County:	CLAY
		Zip Code:	32073
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0190054-002		

RECEIVED  
AUG 10 2 00  
Bureau of Air Monitoring  
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name:	CHRIS GOODWIN	Title:	
7. Responsible Official Mailing Address: Organization/Firm:	SILVER HANGERS	Street Address:	305 E BLANDING BLVD
		City:	ORANGE PARK
		County:	CLAY
		Zip Code:	32073
8. Responsible Official Telephone Number: Telephone:	(904) 272-0054	Fax:	( )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	PHYLLIS GOODWIN		
10. Facility Contact Address: Street Address:	305 E BLANDING BLVD		
		City:	ORANGE PARK
		County:	CLAY
		Zip Code:	32073
11. Facility Contact Telephone Number: Telephone:	(904) 272-0054	Fax:	( )

Facility Information

00 AUG 4 PM 1 28

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

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

STATE OF FLORIDA  
DEP - NE DISTRICT  
JACKSONVILLE

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")
12/92	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?

[ 45 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 7 ] 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  STATE OF FLORIDA  
SOUTH FLORIDA DISTRICT  
1990 AUG 1 PM 1:28
- 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>       | <u>New machines at small area source</u>                   |
| (NONE REQUIRED) <input checked="" type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>       | <u>New machines at large area source</u>                   |
| Carbon adsorber <input type="checkbox"/>            | Refrigerated condenser <input type="checkbox"/>            |
| 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

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

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
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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.*

CHRIS GOODWIN  
Print name of responsible official

Chris Goodwin  
Signature

8/2/2000  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0190054  
 SILVER HANGER CLEANERS  
 CHRIS GOODWIN  
 305 E BLANDING BLVD  
 ORANGE PARK FL  
 32073

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273

423151 FEB 18 2003  
 RECEIVED  
 FEB 21 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

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# 190054 10  
 SILVER HANGER CLEANERS  
 305-E Blanding Blvd  
 ORANGE PARK, FL 32073

FOR GOVERNMENT USE ONLY  
 ORG.: 37550101000 EO: A1  
 FUND: 20-2-035001  
 OBJECT: 002273

444307 JAN 21 2005



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413403 JAN22 2002

4

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0190054  
SILVER HANGER CLEANERS  
CHRIS GOODWIN  
305 E BLANDING BLVD  
ORANGE PARK FL  
32073

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

434039 DEC 9 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

190054  
CHRIS GOODWIN  
SILVER HANGER CLEANERS  
305 E BLANDING BLVD  
ORANGE PARK FL 32073

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

X



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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7001 0320 0001 7976 5358

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

AIRS ID#0190054

S SILVER HANGER CLEANERS  
 CHRIS GOODWIN  
 S 305 E BLANDING BLVD  
 O ORANGE PARK FL  
 C 32073

PS (for instructions)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <b>Phyllis Goodwin</b> B. Date of Delivery <b>2-7-03</b></p> <p>C. Signature <b>Phyllis Goodwin</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0190054</p> <p>SILVER HANGER CLEANERS          CHRIS GOODWIN          305 E BLANDING BLVD          ORANGE PARK FL          32073</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Copy from service label)</p> <p style="text-align: center;">7001 0320 0001 7976 5358</p>	
<p>PS Form 3811, July 1999 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>	