PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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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):				
	DIVINE INTERVENTION, INC.				
2.	Site Name (For example, plant name or number):				
	JET CLEAN	IERS			
3.	Hazardous Waste Generator Ide	ntification Numbe	r:		
	FLD01050a				
4.	Facility Location: 1346 Street Address:	GANDY	ST.		_
	City: TOCKEANIUL	4 E County:	DUVAL	Zip Code: 3220	8
5.	Facility Identification Number (DEP Use ONLY -	do not fill in):	211194761	703
			関連情報と	CUCCO S	
	ponsible Official				
	Name and Title of Responsible			22-2-2-1	
Nar	ne: GENOVEVA A.	THOMAS	Title:	PRESIDENT	
7.	Responsible Official Mailing Ac	ldress:			
	Organization/Firm: Street Address:				
	Organization/Firm: Street Address: City:	County:		Zip Code:	
8.	Street Address: City: Responsible Official Telephone	County:			
8.	Street Address: City:	County:	Fax:	Zip Code: (904)683 1797	
	Street Address: City: Responsible Official Telephone	County: Number:			
Fac	Street Address: City: Responsible Official Telephone Telephone: (904)329-	County: Number: O N Responsible Office	cial)		
Fac	Street Address: City: Responsible Official Telephone Telephone: (904)329- ility Contact (If different from	County: Number: O N Responsible Office	cial)		
Fac 9.	Street Address: City: Responsible Official Telephone Telephone: (904)329- ility Contact (If different from	County: Number: O N Responsible Office	cial)		
Fac 9.	Street Address: City: Responsible Official Telephone Telephone: (904)329- ility Contact (If different from Name and Title of Facility Contact	County: Number: O N Responsible Office	cial)		
Fac 9.	Street Address: City: Responsible Official Telephone Telephone: (904)329- ility Contact (If different from Name and Title of Facility Contact Facility Contact Address:	County: Number: O N Responsible Office	cial)		
Fac 9.	Street Address: City: Responsible Official Telephone Telephone: (904)329- ility Contact (If different from Name and Title of Facility Contact Facility Contact Address: Street Address:	County: Number: O) Responsible Officact (For example, part of the county: County:	cial) olant manager):	(904)683 1797	

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 09-14-2001 Existing CA/None required SAME 12.31.2002 CA/None required Existing New 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (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? [3] months Did not keep records: [Check why it is less than 12 months: New owner: [\ \ New store: New machine

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Unopened store [] (date of expected opening

3. What is the facility's source classification based on the defi Indicate with an "X". Select one classification only.)	nitions found in section (3) of Part II?
Small Area Source	
Transfer only on-site (used le	ess than 140 gallons of perc per year) ess than 200 gallons of perc per year) ess than 140 gallons of perc per year)
Large Area Source []	
Transfer only on-site (used 2	40 - 2,100 gallons of perc per year) 00 - 1,800 gallons of perc per year) 40 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant (Indicate with an "X".)	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 [X]
Existing machines at large area source Carbon adsorber Refrigerated condenser []	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall Rule 62-213.300, F.A.C. Verify that all steam and hot water geriteria or that no such units exist on-site (see attached memo	generating units on-site meet the following exemption
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [<u>80</u>] [_	<i>H</i>][<i>P</i>]
What type of fuel do you use? [] No. 2 fuel oil [] No. 6 fuel oil	[] natural gas [] No. 4 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accorda	ance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition le	og [X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[_X _]
(d) Carbon adsorber exhaust perc concentration monitoring	[X]
(e) Startup, shutdown, malfunction plan	[X]

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

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Main Office: 1346 Gandy Street • Jacksonville, FL 32208 • 768-1067

February 27, 2009

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



Attention

Mr. Dick Dibble

Please be advised of the closing of one of our dry cleaning facilities. The location of the now closed plant is Jet Cleaners, 6855-24 Wilson Blvd., Jacksonville, Fl 32210. The AIRS #0310366 applies to this location.

This location was sold to Bubbles Dry Cleaner on July 13, 2007 as a operating plant. Bubbles Dry Cleaners operated the plant for approximately 1 month and stopped cleaning clothes there, thus effectively becoming a drop location. Bubbles operated this location until late last year either October or November at which time the Landlord evicted Bubbles for non payment of rent. Bubbles prior to eviction had removed some equipment however its my understanding the dry cleaning machine remained in the building.

Jet Cleaners now is under operation as Divine Interventions. Inc. DBA Jet Cleaners, 1346 Gandy St., Jacksonville, FL. 32208. The owner is Genoveva A. Thomas who also is responsible official and facility contact.

William N. Thomas

Previous owner

1020-1 N. Edgewood Ave. Phone: 783-9558 7900-34 103rd. St. Phone: 772-6681

6855-24 Wilson Blvd. Phone: 772-6630 3000-61 Dunn Ave. Phone: 764-4106 8299-1 W. Beaver St. Phone: 786-7440 JET CHEANERS
1346 GANDY ST
JACKSONVILLE FL
32208





GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE
SOURCES MS 5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR ROAD
TALLAHASSEE, FL 32399-2400
ATTENTION DICK DIBBLE

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