

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 9, 2004

Mr. David J. Bard  
Golden Eagle Cleaners  
5711-14 Bowden Road  
Jacksonville, Florida 32216

Re: Facility No.: 0310372-003

Dear Mr. Bard:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 15, 2004.

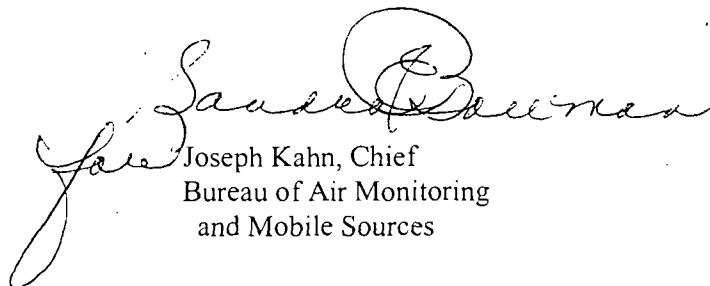
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 96-2000  
SOC REPORTS 4  
COMPLIANCE STATUS IN 7/30/2001

1/28/2004 Call for David Bond and he was not in - should be in afternoon.  
9:40A

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
D.E.P.

2003 DEC 31 PM 3:22

Part III. Notification of Intent to Use General Permit

STORAGE TANK  
REGULATION

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):	Golden Eagle Cleaners Inc.
2. Site Name (For example, plant name or number):	Golden Eagle Cleaners
3. Hazardous Waste Generator Identification Number:	LESQG
4. Facility Location: Street Address: 5711-14 Bowden Rd. City: Jacksonville County: Duval Zip Code: 32216	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	

RECEIVED  
JAN 15 2004  
Bureau of Air Monitoring  
& Mobile Sources

0310372-003

Responsible Official

6. Name and Title of Responsible Official: Name: DAVID J. BARD Title: President	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 5711-14 Bowden Rd. City: Jacksonville County: Duval Zip Code: 32216	
8. Responsible Official Telephone Number: Telephone: (904) 731-0505 Fax: (904) 731-2225	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

RECEIVED  
D.E.P.

2003 DEC 31 PM 3: 22

STORAGE TANK  
REGULATION

**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>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	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 45 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><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?  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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

RECEIVED  
D.E.P.  
2003 DEC 31 PM 3:22  
STORAGE TANK  
REGULATION

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.*

DAVID J. BARD  
Print name of responsible official

David J. Bard  
Signature

Dec 29 2003  
Date

I spoke with Mr. David Bard, president of Golden Eagle Cleaners and he stated that the dry-to-dry machine was manufactured in 1997 and it has a built-in refrigerated condenser as a control device.

Page 15

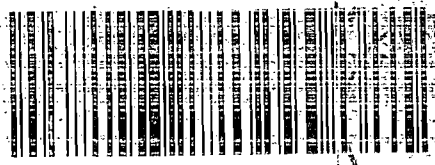
- 1.(a) New should be circled under Status for a 1997 dry-to-dry machine.  
Add Date Control Device installed on 1994 dry-to-dry machine. Add SAME if date is same as purchase date.

BEST AVAILABLE COPY

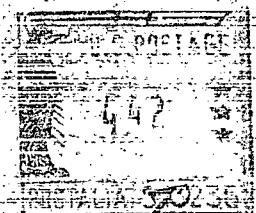
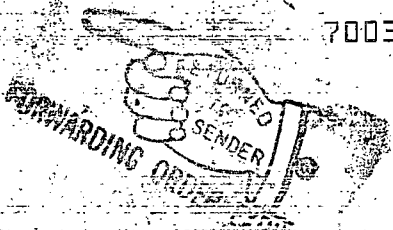
**CERTIFIED MAIL™**

MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400



7003 2260 0003 5650 7963



**RECEIVED**

FEB 11 2009

Bureau of Air, Maritime,  
& Mobile Services

*Handwritten signature*

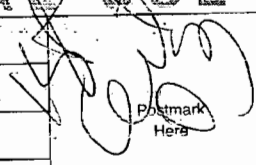
ID# 310372  
BHARAT PATEL  
DIXIE CLEANERS  
5711-14 BOWDEN AVE  
JACKSONVILLE, FL 32216



UNITED STATES POSTAL SERVICE  
INDIVISIBLE PORTION OF POLY-BLENDED CARD

SENDER'S COMPLETION 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>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  ID# 310372 BHARAT PATEL DIXIE CLEANERS 5711-14 BOWDEN AVE JACKSONVILLE, FL 32216		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:	
7003-2260-0003-5650-7963		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PS Form 3811, August 2001		Domestic Return Receipt	
102595-02-M-1540		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

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

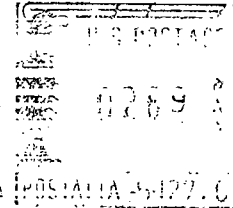
ID# 310372  
 BHARAT PATEL  
 DIXIE CLEANERS  
 5711-14 BOWDEN AVE  
 JACKSONVILLE, FL 32216

PS Form 3811, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7963

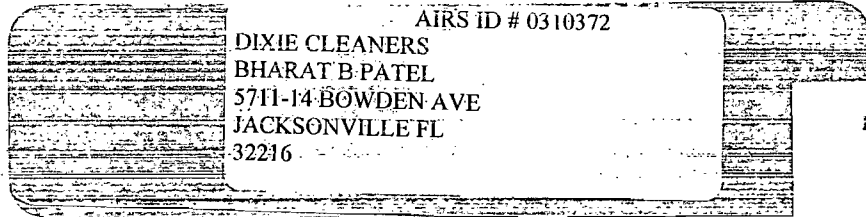
BEST AVAILABLE COPY

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



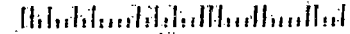
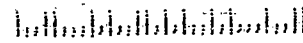
RETURN SERVICE REQUESTED

Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
DEC 26 2001



DIXIE711 322163475 1901 12/19/01  
RETURN TO SENDER  
DIXIE CLEANERS  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

32216403 32393/2400

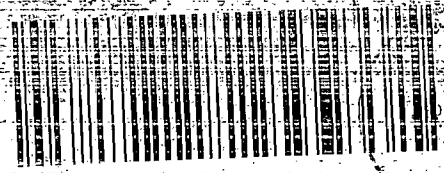


MC# 5510 MC-Acct # 5521

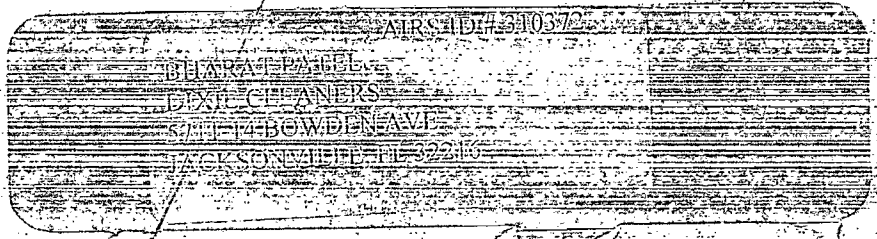
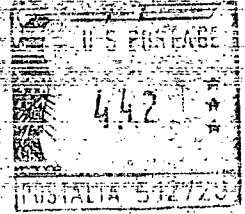
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

*WAT*  
*1637* *WD*

**CERTIFIED MAIL™**



7003 0500 0004 0144 9451 FL



722 0500 39



BUREAU OF AIR MAILING  
2001

MAY 15 2001

RECEIVED

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION FOR 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>		A. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:  BHARAT PATEL DIXIE CLEANERS 5711-14 BOWDEN AVE JACKSONVILLE, FL 32216		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number: 7003 0500 0004 0144 9461 (Transfer from service label)		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here <i>Dud Cr</i> <i>2003</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 310372	
BHARAT PATEL DIXIE CLEANERS 5711-14 BOWDEN AVE JACKSONVILLE, FL 32216	
PS Form 3800, June 2002	

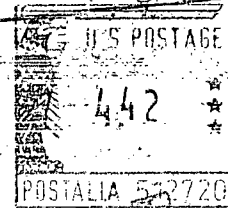
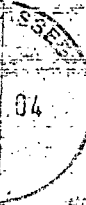
7003 0500 0004 0144 9461

MS# 5510 MC Acct # 5521

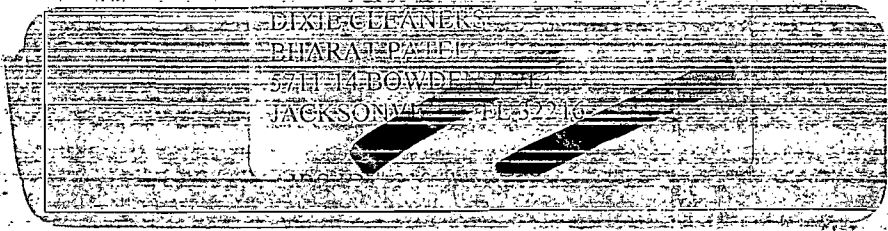
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400



7003 2260 0003 5650 8410



RETURN TO  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD  
TALLAHASSEE, FL 32399-2400



*Handwritten initials and scribbles*

Area of full monitoring  
at multiple sources

APR 14 2004

RECEIVED



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. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>ARTS ID# 5T0372          DIXIE CLEANERS          BHARAT PATEL          5711-14 BOWDEN AVE          JACKSONVILLE, FL 32216</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>Service type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  <input type="checkbox"/> Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number:          (Transfer from service label)</p>	<p>7003 2260 0003 5650 8410</p>
<p>Return Receipt</p>	<p>102595-02-M-1540</p>

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	303 Postmark Here 
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To

Street, Apt. No., or PO Box No. ARTS ID# 5T0372  
 DIXIE CLEANERS  
 BHARAT PATEL  
 5711-14 BOWDEN AVE  
 JACKSONVILLE, FL 32216

City, State, ZIP# 0310372

7003 2260 0003 5650 8410

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

447440 FEB 28 2005

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

*Bowden*

AIRS ID# 310372    10 <del>GOLDEN EAGLE</del> CLEANERS 5711-14 Bowden Ave JACKSONVILLE, FL 32216
---

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

*Printed on recycled paper.*

RECEIVED  
FEB 28 2005  
Bureau of  
& Mobile Sources

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Total P: AIRS ID# 310372 1stC

Sent To: GOLDEN EAGLE CLEANERS

5711-14 Bowden Ave

JACKSONVILLE, FL 32216

Street, A,  
or PO Box

City, State

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3530

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
 DEPT. OF ENVIRONMENTAL PROTECTION  
 MAIL STATION 5510  
 2600 BLAIR STONE ROAD  
 TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
 MAR 3 2005

AIRS ID# 310372 1stC





**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 310372 1stC  
 GOLDEN EAGLE CLEANERS  
 5711-14 Bowden Ave  
 JACKSONVILLE, FL 32216

7004 2510 0002 3939 3530

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *David Bond* Agent Addressee

B. Received by (Printed Name)

*David Bond*

C. Date of Delivery

*3-1-05*

D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

*P.O. Box 23791  
 JAX FL 32241*

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

Restricted Delivery? (Extra Fee)

 Yes