



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 18, 2007

Mr. George Makhlof
Beach Cleaners
12777-1 Atlantic Boulevard
Jacksonville, Florida 32225

Re: Facility No.: 0310378-003

Dear Mr. Makhlof:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 17, 2007.

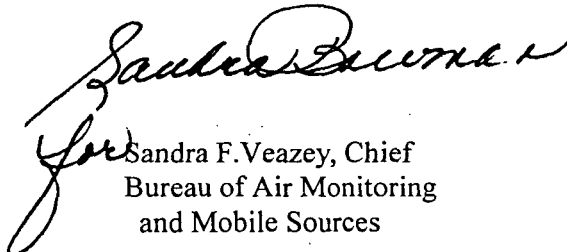
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Wayne Tutt, Duval County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 196-2004
SOC REPORTS 4
COMP. STATUS - SNC MNC

Insp - Invs 2 - compliance inspection
walkthrough 5/24/2004
Insp - Duval Co - WtuH

Bowman, Sandy

From: Coffman, Bill [COFFMAN@coj.net]
Sent: Tuesday, August 12, 2008 2:51 PM
To: Bowman, Sandy
Subject: Dry Cleaner (0310378)

Sandy

D&A dba Beach Cleaners has changed ownership and replaced

The PERC machine with a new Hydrocarbon one. Facility ID 0310378

Thanks

Your Pal Bill

RECEIVED
 APR 17 2007
 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):			
D&A DRY CLEANERS INC			
2. Site Name (For example, plant name or number):			
D.B. BEACH CLEANERS			
3. Hazardous Waste Generator Identification Number:			
SAFETY-KLEEN CORP			
4. Facility Location:			
Street Address:			
City:	JAX 12777-1	County:	DAVAL
	ATLANTA BLVD	Zip Code:	32225
Facility Identification Number (EPA USEPA 600/4-91-010)			

0310378-003

Responsible Official

6. Name and Title of Responsible Official:			
Name:	GEORGE MARHLUF	Title:	owner
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address: 9534 Bent Oak Court			
City:	9534 BENT OAK CT	County:	DAVAL
	SAX	Zip Code:	32257
8. Responsible Official Telephone Number:			
Telephone:	(904) 344-5487	Fax:	(904) 220-1293

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	()	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")
<u>Unknown</u> ✓	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

68.6 gallons (You must fill this in)

(b) If less than 12 months, how many? 4 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 _____)

MACHINE ↑ TYPE

MULT-MATIC

VALORE
(DATE MISSING)
1988.

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?

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.

GEO RGE MAKHLUF
Print name of responsible official


Signature

4-16-2007
Date

BEST AVAILABLE COPY



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DELIVERY OFF/PICKUP

NO ENVELOPE

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 32225	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	Rate \$
Date In 4/16/07	Time In <input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 14.40	
Mo. Day Year 4 16 07	Military <input type="checkbox"/>	Return Receipt Fee	
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
Weight 3 lbs.	Int'l Alpha Country Code	COD Fee \$	Insurance Fee \$
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials LCK	Total Postage & Fees \$ 14.40	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt #	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

FROM: (PLEASE PRINT) PHONE (904) 220-1293

D & B DRY CLEANERS INC
D.B.A. BEACH CLEANERS
12777-1 ATLANTA FLD BLVD
TALLAHASSEE FL 32225

CUSTOMER USE ONLY	
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is received. 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.
Federal Agency Acct. No. or Postal Service Acct. No.	
<input type="checkbox"/> NO DELIVERY Weekend <input type="checkbox"/> Holiday	Customer Signature

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

EMS

PRESS HARD. You are making 3 copies.

NO POSTAGE
TO: (PLEASE PRINT) PHONE

600 BLAIR STONE R.
TALLAHASSEE FL 32309-2100

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