



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 13, 1996

Mr. Emory Robinson, Jr.  
Suburbia One Hour Cleaners  
2564 Edgewood Avenue West  
Jacksonville, Florida 32209

Re: Facility I.D. No. 0310419

Dear Mr. Robinson:

The Department has reviewed your notification form to operate a perchloroethylene dry cleaning facility with a general permit pursuant to Section 62-213.300, Florida Administrative Code. In accordance with the information included in your notification form, it appears that your facility is exempt from this air general permit requirement.

An exemption from this air general permit requirement does not necessarily exempt you from all Department permits. Please contact your nearest DEP district or local program office to determine if any other permits are required. You may also contact the Small Business Assistance Program at 800/722-7457.

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	EMORY ROBINSON JR.				
2. Site Name (For example, plant name or number):	SUBURBIA ONE HOUR CLEANERS				
3. Hazardous Waste Generator Identification Number:	NONE - DRY STORE. PICK UP STATION				
4. Facility Location: Street Address:	2564 EDGEWOOD AVE. W				
City:	JACKSONVILLE	County:	DUVAL	Zip Code:	32209
5. Facility Identification Number (DEP Use):	NONE - DRY STORE. A PICK UP STATION				

## Responsible Official

0310419

6. Name and Title of Responsible Official:	EMORY ROBINSON JR. OWNER				
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	2564 EDGEWOOD AVE W				
City:	JACKSONVILLE	County:	DUVAL	Zip Code:	32209
8. Responsible Official Telephone Number: Telephone:	(904) 768 7970	Fax:	( ) NONE		

## 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:	( ) -		

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**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source       New small area source

Existing large area source       New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### 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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

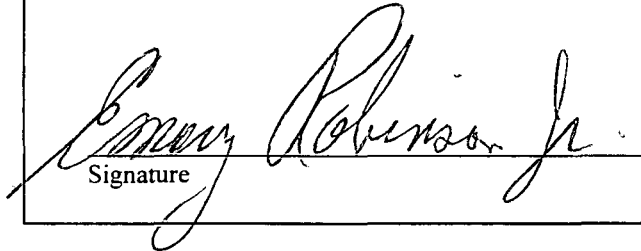
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

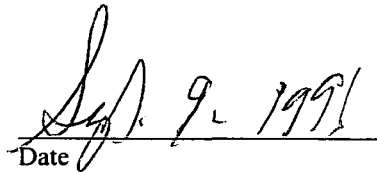
No air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

  
Signature

  
Date

MAIL