



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-Designee

March 4, 2007

Mr. Karam A. Toma
Park Place Cleaners
4100 Belfort Road
Jacksonville, Florida 32216

Re: Facility No.: 0310459-003

Dear Mr. Toma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 1, 2007.

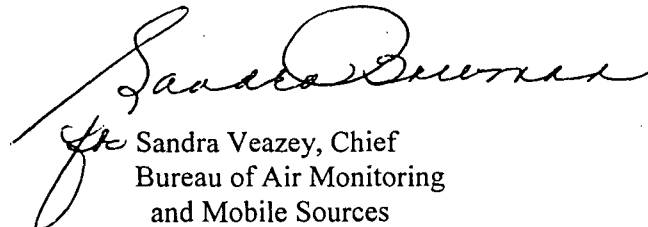
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

SV/pg

cc: Mr. Wayne Tutt, Duval County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 2000-2006
SOC REPORTS 3
COMP. STATUS - SNC MNC (IN)

INSP - IWS 2 - compliance Inspection
Walkthrough
INSP - Duval Co - W Tu H

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 01 2007
Bureau of Air Management
& Mobile Source

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): <i>KAS Cleaners / dba PARK PLACE Cleaners</i> |
| 2. Site Name (For example, plant name or number): <i>MAIN PLANT</i> |
| 3. Hazardous Waste Generator Identification Number: <i>CESQG CESQG</i> |
| 4. Facility Location: <i>4100 BELFORT ROAD</i> Street Address: City: <i>JACKSONVILLE</i> County: <i>DUVAL</i> Zip Code: <i>32216</i> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0310459-003</i> |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: Name: <i>KARAM A. TOMA</i> Title: <i>PRESIDENT</i> |
| 7. Responsible Official Mailing Address: Organization/Firm: <i>SELF</i> Street Address: <i>4100 BELFORT ROAD</i> City: <i>JACKSONVILLE</i> County: <i>DUVAL</i> Zip Code: <i>32216</i> |
| 8. Responsible Official Telephone Number: Telephone: <i>(904) 281-0064</i> Fax: () - - - |

Facility Contact (If different from Responsible Official)

| |
|--|
| 9. Name and Title of Facility Contact (For example, plant manager): <i>SAME</i> |
| 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? ONE

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>1</u> | <u>Existing</u> /New | <u>RC</u> /CA/None required | <u>SAME</u> |
| _____ | Existing/ <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing/ <u>New</u> | 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/ <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing/ <u>New</u> | RC/CA/None required | _____ |
| _____ | Existing/ <u>New</u> | 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?

135 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".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

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 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
No such units on-site

OR

How many boilers do you have on-site?

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

What type of fuel do you use?

propane

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 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.

KARAM A. TOMA
Print name of responsible official

Signature

Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

FAX TRANSMITTAL SHEET

DATE: MARCH 3, 2007

TO: MR. KARAM A TOMA

PHONE: (904) 281-0064

FAX: (904) 642-7756

FROM: DICK DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: SIGNATURE PAGE OF AIR GEN. PERMIT NOTIFICATION FORM

CC: _____

Total number of pages including cover sheet: THREE

Message

MR. TOMA,

PLEASE SIGN AND DATE "SIGNATURE PAGE"

17 AND RETURN THE "ORIGINAL" SIGNATURE, NOT A COPY,

PAGE TO THE ADDRESS I HAVE INCLUDED. THANK YOU

FOR YOUR PROMPT ATTENTION TO THIS MATTER.

Dick Dibble

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

RECEIVED
MAR 13 2007

Bureau of Air Pollution
Mobile Sources

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.

KARAM A. TOMA
Print name of responsible official

[Signature]
Signature

02-27-07
Date

ORIGINAL SIGNATURE PAGE

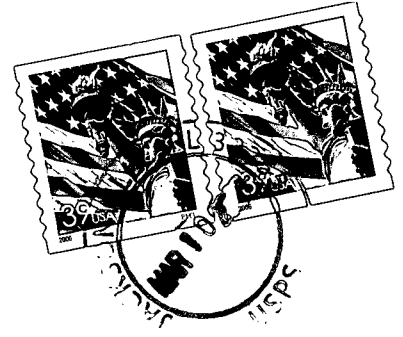
BEST AVAILABLE COPY

Mail the signed and completed page to:

Attn: Dick Dibble
Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

rk Place Cleaner
oo BelFort Rd #5
Ax. FL. 32216

BEST AVAILABLE COPY



Department of Environmental Protection
2600 Blair Stone Road
Tallahassee FL 32399-2400
Att Dick Dibble



BEST AVAILABLE COPY



USE

From

Park Place Cleaners
4100 Belfast Rd #5
JAX - FL 32216

To

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

FIRST CLASS

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: FLR000036061 0310459
CESQG

The name and address of the owner or operator;

KARAW A. TOWNE

Name of the owner or operator of the dry cleaning facility

4100 BELFORT RD SUITE 5

Mailing address of the owner or operator of the dry cleaning facility

Mailing address line 2

JACKSONVILLE FL 32216
City State Zip Code

The address (that is, physical location) of the dry cleaning facility;

SAME

Name of the dry cleaning facility

Address of the dry cleaning facility (physical location)

Address line 2

City State Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one: No Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one: No Yes

Is the Perc dry cleaning operation a major or area source?

- Major Source: Perc consumption is greater than 2100 gallons/year
 Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 120 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one: No Yes

All information contained in this statement is accurate and true.

[Signature]
Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

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

DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.

To Whom It May Concern:

K AND S CLEANERS DBA

PARK PLACE CLEANER

Name of Facility

has

just received, on 9/15/08 2008, notice of

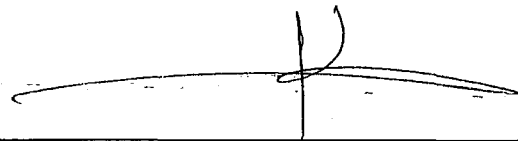
~~the need to file the attached form. Since we were~~

not aware of the ruling requiring this information

prior to the date above, please accept this

information as our attempt to remain compliant

with Local, State and federal statutes.

X 

Signature

Karan D. Tane

Print

President

Title

TRANSMISSION VERIFICATION REPORT

TIME : 03/08/2007 12:31
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME : 03/08 12:31
FAX NO./NAME : 619046427756
DURATION : 00:00:40
PAGE(S) : 03
RESULT : OK
MODE : STANDARD
ECM



Florida Department of
Environmental Protection

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

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: MARCH 3, 2007

TO: MR. KARIM A TOMA

PHONE: (904) 281-0064

FAX: (904) 642-7756

FROM: DICK DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: SIGNATURE PAGE OF AIR GEN. PERMIT NOTIFICATION FORM

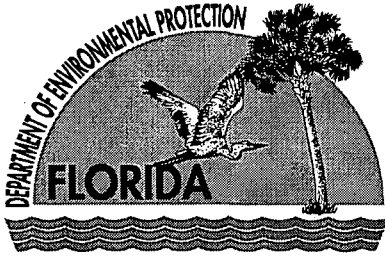
CC: _____

Total number of pages including cover sheet: THREE

Message

MR. TOMA,

PLEASE SIGN AND DATE "SIGNATURE PAGE"



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

FAX TRANSMITTAL SHEET

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TO: Mr. KARAM A TOMA

PHONE: (904) 281-0064

FAX: (904) 642-7756

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Total number of pages including cover sheet: THREE

Message

Mr. TOMA,

PLEASE SIGN AND DATE "SIGNATURE PAGE"

17 AND RETURN THE "ORIGINAL" SIGNATURE, NOT A COPY,

PAGE TO THE ADDRESS I HAVE INCLUDED. THANK YOU

FOR YOUR PROMPT ATTENTION IN THIS MATTER.

Dick Dibble

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

Mail the signed and completed page to:

Attn: Dick. Dibble
Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Park Place Cleaner
4100 Belfort Rd #5
JAX - FL - 32216



7008 0500 0001 9475 4532



0000



32399

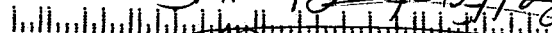
U.S. POSTAGE
PAID
JACKSONVILLE, FL
32216
SEP 26 '08
AMOUNT

\$3.12

00011714-1E

To Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring & Mobile Sources
2600 Blair Stone Rd Ms #5510
Tallahassee FL 32399-2400

3239936542 0001



~~JAX - FL - 32216~~
~~4100 Belfort Rd #5~~
~~Park Place Cleaner~~