

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 14 2009
Bureau of Air Monitoring
& Mobile Sources

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):	MIKE PAGE, INC.
2. Site Name (For example, plant name or number):	CASSAT PLANT
3. Hazardous Waste Generator Identification Number:	CERTIFICATE # 767; FACILITY ID 9500610; STM 55623
4. Facility Location: Street Address: 950 CASSAT AVENUE City: JACKSONVILLE, FL County: DUVAL	Zip Code: 32205
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0310471-003

Responsible Official

6. Name and Title of Responsible Official: Name: MICHAEL E. PAGE	Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: MIKE PAGE, INC. Street Address: 950 CASSAT AVENUE City: JACKSONVILLE, FL County: DUVAL	Zip Code: 32205
8. Responsible Official Telephone Number: Telephone: (904) 403-4448	Fax: (904) 899-4927

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SCOTT SMITH, MANAGER
10. Facility Contact Address: Street Address: 950 CASSAT AVENUE City: JACKSONVILLE, FL County: DUVAL	Zip Code: 32205
11. Facility Contact Telephone Number: Telephone: (904) 482-6577 (904) 786-8520	Fax: (904) 899-4927

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

** SEE ATTACHED ADDENDUM TO REGISTRATION FORM.*

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/ <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? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

90 [~~120~~] 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>
(NONE REQUIRED) <input 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

*SEE
 ATTACHED
 ADDENDUM
 TO
 REGISTRATION
 FORM

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 AIR5 ID# 03/0471.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

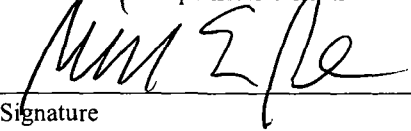
Responsible Official Certification

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.

MICHAEL E. PAGE

Print name of responsible official



Signature

4/30/09

Date

** APPENDUM TO ORIGINAL
REGISTRATION FORM DATED 05/14/09*

Incomplete Registration Form AIRS ID# 0310471-003-AG, MIKE PAGE INC
d.b.a. CASSAT PLANT, 950 CASSAT AVE, JACKSONVILLE, FL 32205-4806

From: **Dibble, Dickson** (Dickson.Dibble@dep.state.fl.us)

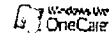
Sent: Fri 5/15/09 9:30 PM

To: michaelpage@hotmail.com

Cc: Ajhar, Rebecca (Rebecca.Ajhar@dep.state.fl.us)

Attachments:

image001.jpg (2.0 KB), image002.gif (0.1 KB), 0310471-03-AGMikePageIncdbaCassatPlant.pdf (590.4 KB)



Dear Mr. Page,

It was a pleasure to talk with you yesterday regarding the renewal of your Perchloroethylene Dry Cleaner Air General Permit Notification/Registration form.

Specifically, I am in need of the following information in order to consider the complete registration. I have attached a copy (pdf file) of your registration form and have **highlighted** the areas in need of additional information. They are listed below:

5/18/09

Page 15 – Question #1.(a) - Date of Machine & Date control device installed

Page 16 - Question #4 - Control Technology required

Question #5 – Steam & Hot water generating units

Mr. Dibble

Answers written in an attached form.

Thank you for your attention to this matter.

If you have any questions, comments or concerns please send e-mail or call.

Have a great weekend!

Dickson E. Dibble

*Thanks
Michael Page*

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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Bureau of Air Monitoring
& Mobile Sources

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<u>1997</u>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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>
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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 | <input checked="" type="checkbox"/> |
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I will promptly notify the Department of any changes to the information contained in this notification.

MICHAEL E. PAGE

Print name of responsible official



Signature

4/30/09

Date

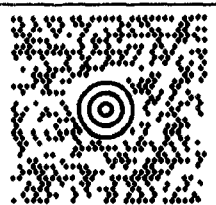
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CDC SHIPPING DEPARTMENT
(904) 354-3800
W & O SUPPLY
3485 EVERGREEN AVE
JACKSONVILLE FL 32206

LTR 1 OF 1

SHIP TO:
AIR GENERAL PERMITS SECTION
DICKSON DIBBLE/DEPT ENV PROTECTION
MS5510
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399

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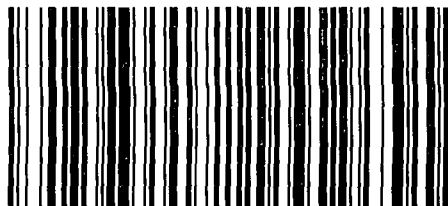
FL 323 0-01



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BILLING: P/P

Invoice No.: M PAGE

WS 11.0.15 LP2844 90.0A 04/2009



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