



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

June 20, 2007

Mr. Max Lee
Oldfield Cleaners
4193-1 Oldfield Crossing Drive
Jacksonville, Florida 32223

Re: Facility No.: 0310547-001

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 15, 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
MISSION FEE DATES
SOC REPORTS
COMP. STATUS - SNC MNC IN

RECEIVED
JUN 15 2007
Mobile Spill

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):	OLDFIELD CLEANERS INC.
2. Site Name (For example, plant name or number):	OLDFIELD CLEANERS
3. Hazardous Waste Generator Identification Number:	0002 - 7809 - 83
4. Facility Location: Street Address: H193-1 OLDFIELD CROSSING DR. City: JACKSONVILLE County: DUVAL Zip Code: 32223	
Facility Identification Number (DEP Use ONLY - do not fill in)	

Responsible Official

0310547-001

6. Name and Title of Responsible Official: Name: MAX LEE Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: H193-1 OLDFIELD CROSSING DR. City: JACKSONVILLE County: DUVAL Zip Code: 32223
8. Responsible Official Telephone Number: Telephone: (904) 262-4345 Fax: () - N/A

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: () -

RECEIVED
 JUN 13 2007
 Bureau of Air Monitoring
 & Mobile Sources

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")
	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
	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:

N/A

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/ <u>None required</u>	
	Existing/ <u>New</u>	RC/CA/ <u>None required</u>	
	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?

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)

Pat.
Take AIRS
ID for this
one is

0310547-
001

~~PENDING~~
need first
page (pg 14)
to complete
form. Bill
Coffman contact
will have
oversee submit
page -

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 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 Permits(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 0002-7809-83
- 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.

MAX P. LEE
Print name of responsible official

Max C. Lee
Signature

6/10/07
Date

Bowman, Sandy

From: Bowman, Sandy

Sent: Wednesday, June 13, 2007 1:42 PM

To: 'Coffman, Bill'

Hi Bill,

In today's mail was a registration form for a drycleaner without the first page. The return address on the envelope is:

Oldfield Cleaners, Inc
4193-1 Oldfield Crossing Dr.
Jacksonville , FL 32223

Do you by chance have a telephone number for this facility? I need to contact the RO about submitting the missing page. The signature page identifies the RO as Max Lee.

Thanks for any assistance you can give me. Thanks and take care!

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

6/13/2007

Bowman, Sandy

From: Coffman, Bill [COFFMAN@coj.net]
Sent: Thursday, June 14, 2007 9:43 AM
To: Bowman, Sandy
Subject: RE:

Hiya Sandy

I called and informed Mr. Lee that his AGP permit application was incomplete (first page, 14 was missing). He promised to send it today. The information he provided 4193-1 Oldfield Jacksonville FL 32223 is correct Ph # is 904-262-4345

Hope this is what you need
Mr. Bill

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Wednesday, June 13, 2007 1:42 PM
To: Coffman, Bill
Subject:

Hi Bill,

In today's mail was a registration form for a drycleaner without the first page. The return address on the envelope is:

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Thanks for any assistance you can give me. Thanks and take care!

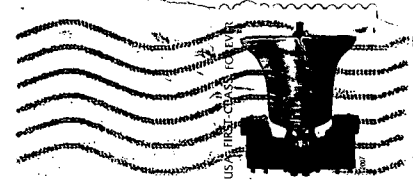
Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

6/14/2007

Oldfield Cleaners, Inc.
4193-1 Oldfield Crossing Dr.
Jacksonville, FL 32223

JACKSONVILLE FL 322

12 JUN 2007 PM 6 T



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES MS 5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

3239906542

