



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 27, 2004

Mr. Peter C. Jackson
Jade Cleaners
15603-88th Trail North
Palm Beach Gardens, Florida 33418

Re: Facility No.: 0990431-004

Dear Mr. Jackson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 22, 2003.

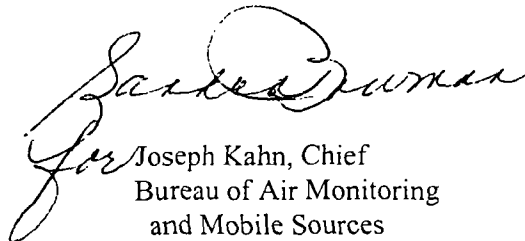
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 22 2003
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): P+D JACKSON Enterprises DBA Jade Cleaners
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 4082 PGA Blvd. (Loehmanns Plaza) City: Palm Beach Gardens County: Palm Beach Zip Code: 33410
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990431-004

Responsible Official

6. Name and Title of Responsible Official: Name: Peter C. Jackson Title: President
7. Responsible Official Mailing Address: Organization/Firm: P+D Jackson Enterprises Street Address: 15603 88th TRAIL North City: Palm Beach Gardens County: Palm Beach Zip Code: 33418
8. Responsible Official Telephone Number: Telephone: (561) 799-2858 Fax: (561) 799-2889

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Sandra Manson
10. Facility Contact Address: Street Address: 4082 PGA Blvd City: Palm Beach Gardens County: Palm Beach Zip Code: 33410
11. Facility Contact Telephone Number: Telephone: (561) 799-2858 Fax: (561) 799-2889

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>Existing</u> /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

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/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? [390] gallons (You must fill this in) (old owners #) *new owner 309 gals for 2 months Bought Business 11/7/03*

(b) If less than 12 months, how many? [2] 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

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.

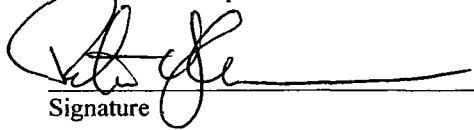
Responsible Official Certification

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.

Peter C Jackson

Print name of responsible official



Signature

12/18/03

Date

01/09/2004

Spoke with Mr. Peter Jackson, president of Jade Cleaners, and he stated the dry-to-dry machine on-site is approximately 9 years old. Mr. Jackson also indicated the dry-to-dry machine has a refrigerated condenser as a control device.

Page 15

- 1 (a) Add Date Initially purchased From Manufacturer in space provided.
RC should be circled under Control Device Required.
Add Date Control Device Installed for perchloroethylene dry-to-dry machine.

Page 16

4. New machines at large area source Refrigerated condenser should be marked for perchloroethylene dry-to-dry machines using more than 140 gallons of perchloroethylene.
5. Add horsepower for natural gas boiler.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

466232 DEC 18 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990431
P + D JACKSON ENTERPRISES
4082 PGA Blvd
PALM BEACH GARDENS,
FLORIDA 33410

Bureau of Air Mail
& Mobile Services

DEC 19 2006

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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(CUT HERE)

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

459988 MAR20 2006

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 990431
JADE CLEANERS
4082 PGA Blvd
PALM BEACH GARDENS, FL 33410

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

7004 2510 0002 3939 2030

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1 AIRS ID# 990431 1stC

JADE CLEANERS

4082 PGA Blvd

PALM BEACH GARDENS, FL 33410

St

St

or

Ci

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF ENVIRONMENTAL PROTECTION
& Mobile Sources

FEB 21 2005

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 990431 1stC
 JADE CLEANERS
 4082 PGA Blvd
 PALM BEACH GARDENS, FL 33410

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 2830

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *a M Manson* Agent AddresseeB. Received by (*Printed Name*)*A. M. MANSON*

C. Date of Delivery

*2-7-05*D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445273 FEB 4 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990431 10
JADE CLEANERS
4082 PGA Blvd
PALM BEACH GARDENS, FL 33410

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FOR GOVERNMENT USE ONLY
ORG.: 3755010100 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Monitoring
& Mobile Source

FEB 10 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER FILING

437829 MAR 25 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAR 31 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

ID# 990431
DONALD ST JOHN
JADE CLEANERS
1081 SINGER DRIVE
SINGER ISLAND, FL 33404

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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Restricted Delivery Fee (Endorsement Required)	

Postmark
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2003

Total Posts

AIRS ID # 090431

Sent To

DONALD ST JOHN
 JADE CLEANERS
 1081 SINGER DRIVE
 SINGER ISLAND, FL 33404

.....
 Street, Apt. #
 or PO Box N

 City, State, Z

7003 0500 0004 0144 5937

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 990431

DONALD ST JOHN
 JADE CLEANERS
 108 SINGER DRIVE
 SINGER ISLAND, FL 33404

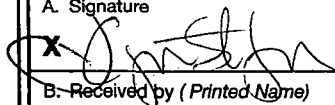
2. Article Number

(Transfer from service label)

7003 0500 0004 0144 5937

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/8/4

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 10 2004

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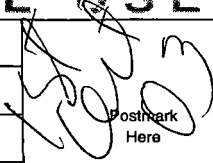
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total F ID# 990431

Sent To DONALD ST JOHN
JADE CLEANERS
Street, or PO E 1081 SINGER DRIVE
City, St SINGER ISLAND, FL 33404

7003 2260 0003 5650 0773
0595 3000 0922 3007

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

ID# 990441
 J SMITH
 BELVEDERE CLEANERS
 801 BELVADARE
 WEST PALM BEACH, FL 33401

2. Article Number

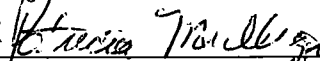
(Transfer from service label)

7003 2260 0003 5650 0773

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

PATRICIA TRULLINGER

C. Date of Delivery

2/6/04

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

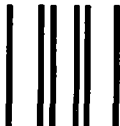
3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



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