

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 Sends completed form to the address listed in the instructions and keep a convent the form Sends completed form to the address listed in the instructions and keep a convent the form Sends completed form to the address listed in the instructions and keep a convent the form Sends completed form to the address listed in the instructions and keep a convent to the form Sends completed form to the address listed in the instructions and keep a convent to the sends convent to the sends convent to the address listed in the instructions and keep a convent to the sends conv completed form to the address listed in the instructions and keep a copy of the form for your files.

	icinty Name and Location			
1.	Facility Owner/Company Name (Name of co	orporation, agency, or indiv	idual owner):	14.3%
	RED/JD INC.			
2.	Site Name (For example, plant name or num	ber):		
	d/b/a Savelberg	Cleaners		
3.	Hazardous Waste Generator Identification Nu	ımber:		
	FLD 980847214			
4.	Facility Location: Street Address: 520 Sawgrass City: Coun Ponte Vedra Beach	Village Drive ty: St. Johns	Zip Code:	32082
5	Pacility Identification Number (DEP Use ON	-Y-do not fill in		
6.	Name and Title of Responsible Official: Maren E. Gulla	Title: _{Pres}	.ident	
	Karen d. Garka	Pres	raciic	
7.	Responsible Official Mailing Address: Organization/Firm: Savelberg Cles Street Address: 520 Sawgrass City: Ponte Vedra Beach County:	aners Village Drive	Zip Code:	32082
	Responsible Official Mailing Address: Organization/Firm: Savelberg Cles Street Address: 520 Sawgrass	aners Village Drive		32082
8.	Responsible Official Mailing Address: Organization/Firm: Savelberg Cleastreet Address: 520 Sawgrass City: Ponte Vedra Beach County: Responsible Official Telephone Number: Telephone: (904) 285 - 5644 cility Contact (If different from Responsible County)	aners Village Drive St. Johns Fax: (Zip Code:	32082
8.	Responsible Official Mailing Address: Organization/Firm: Savelberg Cles Street Address: 520 Sawgrass City: Ponte Vedra Beach County: Responsible Official Telephone Number: Telephone: (904) 285 - 5644	aners Village Drive St. Johns Fax: (Zip Code:	32082
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Savelberg Cleastreet Address: 520 Sawgrass City: Ponte Vedra Beach County: Responsible Official Telephone Number: Telephone: (904) 285 - 5644 cility Contact (If different from Responsible County)	aners Village Drive St. Johns Fax: (Zip Code:	32082
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

ror each dry-to-dry mach	ine on-site, please	provide the following informati	on:
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")
01 May 1985	Existing/New	RC/CA/None required	CA SAME (replaced v RC 06 Sept. 1995
	Existing/New	RC/CA/None required	·
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE KI	EY: RC = refi	rigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have on-	-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased fi o units purchased a	rom the manufacturer between I fter September 22, 1993 are alle	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, wwed to operate under this general
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased fi o units purchased a or machine on-site, p	rom the manufacturer between]	December 9, 1991 and September 22, owed to operate under this general
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ne was purchased fit o units purchased a er machine on-site, purchased a status (circle one)	rom the manufacturer between I fter September 22, 1993 are all please provide the following in Control Device Required*	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ne was purchased fit of units purchased a er machine on-site, status (circle one) Existing/New 1	for the manufacturer between I fter September 22, 1993 are all please provide the following in Control Device Required* (circle one)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ne was purchased fit of units purchased a er machine on-site, purchased a creation of the control of the	fter September 22, 1993 are alleplease provide the following information of the control Device Required* (circle one) RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ne was purchased fit of units purchased a per machine on-site, pur	rom the manufacturer between I fter September 22, 1993 are alle please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer	exas purchased find units purchased a per machine on-site, proceed a per machine on-site, procedure (circle one) Existing/New Description of the company of the company of the circle one of th	rom the manufacturer between I fter September 22, 1993 are alle please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer PCONTROL DEVICE KE	exas purchased find units purchased a per machine on-site, proceed a per machine on-site, procedure (circle one) Existing/New Description of the company of the company of the circle one of th	rom the manufacturer between I fter September 22, 1993 are alle please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = we you used within the last 12 news to the control of the	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer PCONTROL DEVICE KE	ne was purchased find units purchased a per machine on-site, proceed a per machine on-site, procedure (circle one) Existing/New I be a sisting/New I be a sistence in the siste	rom the manufacturer between I fter September 22, 1993 are alle please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required igerated condenser CA = ve you used within the last 12 m is in)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer PCONTROL DEVICE KE 2.(a) How much perchlor [2]9 gallon (b) If less than 12 mon	ne was purchased find units purchased a per machine on-site, proceed to units purchased a per machine on-site, procedure (circle one) Existing/New I will be a serious find the control of the circle one in the	rom the manufacturer between I fter September 22, 1993 are alle please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required igerated condenser CA = ve you used within the last 12 m is in)	December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer PCONTROL DEVICE KE 2.(a) How much perchlor [2]9 gallon (b) If less than 12 mon	exas purchased for units purchased a per machine on-site, programmed for machine on-site, prog	rom the manufacturer between I fter September 22, 1993 are alle please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required igerated condenser CA = ve you used within the last 12 n is in) months	December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber precords: []

DEP Form No. 62-213.900(2) Effective: 2/24/99

 What is the facility's source classification based or Indicate with an "X". Select one classification of 	n the definitions found in section (3) of Part II?				
Small Area Source					
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)				
Large Area Source X					
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)				
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?				
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 X	New machines at large area source Refrigerated condenser []				
5. A facility which contains non-exempt emissions use Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following (see attached memo for the criteria).				
All steam and hot water generating units exempt No such units on-site	CX OR				
How many boilers do you have on-site?					
For each boiler, indicate its horsepower (HP) rating:	لاالا				
What type of fuel do you use? [X] propane [No. 2 fuel [No. 6 fuel					
6. Equipment Monitoring and Recordkeeping Inform	ation				
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases/solvent and	ddition log X				
(b) Leak detection inspection and repair	[X]				
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction plan	[x_]				

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7. Surrender	of Existing DEP Air Permit(s)				
Please indica	te with an "X" the appropriate selection:				
ليا	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID # 1090047001AG				
	No DEP air permits currently exist for th form.	e operation of the facility indicated in this notification			
Responsible	Official Certification				
this notif statemen maintain comply w	fication. I hereby certify, based on informats made in this notification are true, accurate the air pollutant emissions units and air powith all terms and conditions of this general	efined in Part II of this form, of the facility addressed in tion and belief formed after reasonable inquiry, that the ate and complete. Further, I agree to operate and collution control equipment described above so as to permit as set forth in Part II of this notification form.			
I will pro	mply notify the Department of any change	es to the information contained in this notification.			
	en E. Gulla				
Print nan	ne of responsible official				
Signature	uin EGiOla	9-28-06 Date			

IMPORTANT

A facility is eligible to operate under a Title V Air General Permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate under the Title V Air General Permit.

NEW OWNER? If you are a NEW OWNER, please check ☑ this box and return this page with your completed Air General Permit Notification Form.

NEW RESPONSIBLE OFFICIAL? If you are a NEW RO, and/or your existing business has moved to a new location, please check ☑ this box and return this page with your completed Air General Permit Notification Form.

(Former executive vice-president and the daughter of former president)

• If you wish to continue your entitlement, please complete the enclosed Air General Permit Notification Form, making certain that it is signed by the Responsible Official (RO), properly dated and mailed to the following address:

Air General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

- If you do not wish to continue with your eligibility, please disregard this notice.
- A fee is **NOT** required with the notification form.

More Protection, Less Process
Website: www.dep.state.fl.us/air/
Printed on recycled paper.



Department of Environmental Protection

Jeb Bush Governor Twin Towers 2600 Blair Stone Road M.S. 5510 Tallahassee, Florida 32399-2400 Colleen M. Castille Secretary

To: Users of the Title V Air General Permits

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the Federal Clean Air Act, your facility is entitled to operate for no more than five (5) years with a permit under Section § 403.0872 Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

The enclosed notification form is for your convenience if you wish to maintain your eligibility. As the Responsible Official (R/O) for this facility, please complete the form, sign your name, date it, and submit it to the following address:

Air General Permits Section Bureau of Air Monitoring and Mobile Sources, MS5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

It is important to note that facilities not in compliance with the conditions of their existing Title V Air General Permit may not be eligible to use a new air general permit after the existing authority period expires. Such facilities will be required to make application for an Air Operating Permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their air general permit conditions to avoid this costly situation.

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