



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 7, 2001

Mr. Gray N. Vick
Vick's Cleaners #2
2915 Navy Boulevard
Pensacola, Florida 32505

Re: Facility No.: 1130156-002

Dear Mr. Vick:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2001.

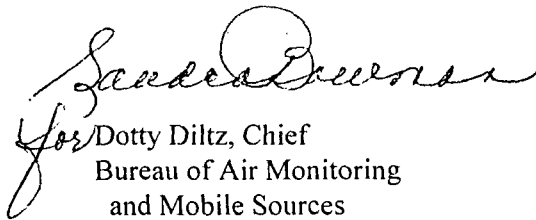
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charlie Norman, Northwest District

"More Protection, Less Process"

Fees Paid
SOC 5
Compliance IN

NWD
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JUN 20 2001

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):	VICK'S CLEANERS INC.
2. Site Name (For example, plant name or number):	VICK'S CLEANERS INC. # 2
3. Hazardous Waste Generator Identification Number:	FL0 071946958
4. Facility Location: Street Address: 300 GULF BREEZE PKWY. City: GULF BREEZE FL. County: SANTA ROSA Zip Code: 32561	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1130156-002

Bureau of Air Monitoring
& Mobile Sources

JUN 22 2001

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Responsible Official

6. Name and Title of Responsible Official: Name: GRAY N. VICK Title: VICE - PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2715 NAVY BLVD. City: PENSACOLA FL. County: ESCAMONDIA Zip Code: 32505	
8. Responsible Official Telephone Number: Telephone: (850) 432-8351 Fax: (850) 436-7546	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME
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?

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")
1996	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA/None required	SAME
	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:

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?

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 checked="" 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. (PERMIT RENEWAL)

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.

GRAY N. VICK
Print name of responsible official

Gray N. Vick
Signature

6-20-01
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422052 JAN22 2003

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
JAN 27 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#1130157
ONE HOUR MARTINIZING BECKY MAUGHON 2831 GULF BREEZE PARKWAY GULF BREEZE FL 32563

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422303 JAN28 2003

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
FEB 04 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#1130156
VICK'S CLEANERS #2 GRAY N VICK 2915 NAVY BLVD PENSACOLA FL 32505

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

413018

Do NOT Remove Label

AIRS ID # 1130156
 VICK'S CLEANERS #2
 GRAY N VICK
 2915 NAVY BLVD
 PENSACOLA FL
 32505

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

VICK'S CLEANERS, INC.

28255

Check Number: 28255
 Check Date: Jan 10, 2002

Vendor: DEPT. OF ENVIRO. PROTECTION

Check Amount: \$150.00

Item to be Paid

Discount Taken	Amount Paid
----------------	-------------

0330257 2002	50.00
1130156 2002	50.00
0330229 2002	50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 4 2004
Bureau of Env. Protection
& Natural Resources

Do NOT Remove Label

ID# 1130156
GRAY VICK
VICK'S CLEANERS #2
2915 NAVY BLVD
PENSACOLA, FL 32505

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

VICK'S CLEANERS, INC:

30838

DEPT. OF ENVIRO. PROTECTION

Check Number: 30838
Check Date: Feb 25, 2004

Check Amount: \$150.00

Item to be Paid - Description	Discount Taken	Amount Paid
1130156 2004		50.00
330257 2004		50.00
330229 2004		50.00

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. 447E04 FEB 25 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1130156 1stC VICK'S CLEANERS #2 300 Gulf Breeze Pkwy GULF BREEZE, FL 32561
--

Printed on recycled paper.

RECEIVED
 MAR 1 2005
 Bureau of Air, Munitions
& Mobile Sources

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

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. 459743 MAR 6 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1130156 10 VICK'S CLEANERS #2 300 Gulf Breeze Pkwy GULF BREEZE, FL 32561

Printed on recycled paper.

RECEIVED
 MAR 08 2006
 Bureau of Air, Munitions
& Mobile Sources

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

pd 1100 for 2/9ans

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
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U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

7001 1140 0001 7556 3760

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

[Handwritten Signature]
 Postmark Here

ID# 1130156
 GRAY VICK
 VICK'S CLEANERS #2
 2915 NAVY BLVD
 PENSACOLA, FL 32505

PS Form 3800, January 2001 See Reverse for Instructions

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:

ID# 1130156
 GRAY VICK
 VICK'S CLEANERS #2
 2915 NAVY BLVD
 PENSACOLA, FL 32505

2. Article Number
 (Transfer from service label)

7001 1140 0001 7556 3760

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee
 B. Received by (Printed Name) C. Date of Delivery
 2/7/04
 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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2004

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U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 1140 0001 7556 3944

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
 Hea

Tot ID# 1130157

Sen BECKY MAUGHON
 ONE HOUR MARTINIZING
 Street or P.O. 2831 GULF BREEZE PARKWAY
 City, GULF BREEZE, FL 32563

PS Form 3800, January 2001

See Reverse for Instructions

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:


ID# 1130157
 BECKY MAUGHON
 ONE HOUR MARTINIZING
 2831 GULF BREEZE PARKWAY
 GULF BREEZE, FL 32563

2. Article Number
(Transfer from service label)

7001 1140 0001 7556 3944

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)  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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

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For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
Sent To AIRS ID# 1130156 1stC VICK'S CLEANERS #2 Street, Apt. No. or PO Box No. 300 Gulf Breeze Pkwy City, State, Zi GULF BREEZE, FL 32561											
PS Form 380											

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# 1130156 1stC
 VICK'S CLEANERS #2
 300 Gulf Breeze Pkwy
 GULF BREEZE, FL 32561

 2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 0102

COMPLETE THIS SECTION ON DELIVERY

 A. Signature Agent
 Addressee

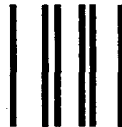
 B. Received by (Printed Name) C. Date of Delivery
 JAMES BELLARD 2-7-5

 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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

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PLEASE RETURN TO
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TALLAHASSEE FLORIDA 32399-2400

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U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage _____	Postmark Here
AIRS ID# 1.13016e+006.....2 nd Cert 05	
Sent To Street, Apt. or PO Box City, State	VICK'S CLEANERS #2 300 Gulf Breeze Pkwy GULF BREEZE, FL 32561 1130156-002
<small>PS Form 3811, January 2004</small>	

7004 2510 0002 3939 4971

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ 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: <div style="text-align: center; font-size: 1.5em; font-weight: bold;">130156</div> AIRS ID# 1.13016e+006.....2 nd Cert 05 VICK'S CLEANERS #2 300 Gulf Breeze Pkwy GULF BREEZE, FL 32561	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> <i>Sandy French</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> B. Received by (Printed Name) _____ C. Date of Delivery <div style="text-align: right; font-size: 1.2em; font-weight: bold;">3/4/05</div> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 2510 0002 3939 4971	

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

BUREAU OF AIR MAIL
& MOBILE SOURCES

MAR 17 2005

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