



# Department of Environmental Protection

00/0089

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

August 26, 1996

Mr. Greg Johnson  
Quality Cleaners  
of Gainesville, Inc.  
4116 Northwest 16 Boulevard  
Gainesville, Florida 32605

Dear Mr. Johnson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

Please note that in November 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 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

cc: Mr. Rick Banks, Northeast District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

## General Permit Scanning Submission Form Case File Completeness Verification

Case File ID Number: 0010089-001 D/C

**To be filled in by Customer:**

✓	<b>The following sections are included in this case file:</b>
✓	1. Acknowledgement Letter
	Document Date: <u>8/26/1996</u>
✓	2. General Permit Registration
	Document Date: <u>8/12/1996</u>
✓	3. Correspondence (attachments, envelopes, mailing receipts)
	Document Date: <u>8-29-01, 4-17-97</u>
	4. Fee Acknowledgement
	Document Date:

1  
9  
1  
12

**Customer Verification:**

The above checked sections are included in this case file:

Customer Signature: R Grant OCT 20 2008

**To be filled in by Scan Operator:**

✓	<b>The following sections were scanned for this case file:</b>
✓	1. Acknowledgement Letter
✓	2. General Permit Registration
✓	3. Correspondence (attachments, envelopes, mailing receipts)
	4. Fee Acknowledgement

**Scan Operator Verification:**

The above checked sections were scanned for this case file:

Scan Operator Signature: [Signature]  
Date Scanned: 11-21-08 NOV 21 2008

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	QUALITY CLEANERS OF GAINESVILLE, INC.
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	FLD 981027329
4. Facility Location: Street Address: City:                      County:                      Zip Code:	4116 NW 16th BLVD GAINESVILLE                      ALACHUA                      32605
5. Facility Identification Number (DEP Use):	0010089

Responsible Official

6. Name and Title of Responsible Official:	GREG JOHNSON
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:    County:    Zip Code:	SAME AS ABOVE
8. Responsible Official Telephone Number: Telephone:                      Fax:	(352) 376-7662                      (352) 377-5909

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:	( ) - SAME                      ( ) -

RECEIVED

AUG 12 1996

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		01-10-96							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

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

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

### 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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No 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.*

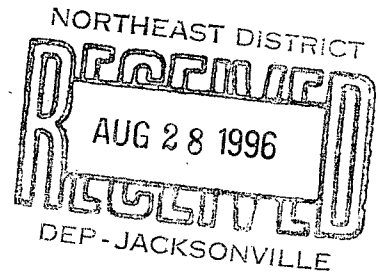
  
Signature

8-8-96  
Date

NED

~~ALB~~

0010089



Spoke to Terri 8-22.  
Store should be  
classified as a new  
large source

p. 13 6 - title should be  
added

p. 14 1(a) - date control  
device installed should  
be added

1(c) should not be  
marked

3. new large area  
source should be  
marked

p. 15 4. new large should  
be marked

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	QUALITY CLEANERS OF GAINESVILLE, INC.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 981027329		
4. Facility Location:	Street Address: 4116 NW 16th BLVD City: GAINESVILLE County: ALACHUA Zip Code: 32605		
5. Facility Identification Number (DEP Use):	0010089		

## Responsible Official

6. Name and Title of Responsible Official:	GREG JOHNSON <i>title</i> CO-OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: SAME AS ABOVE City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (352) 376-7662 Fax: (352) 377-5909		

## 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: ( ) - SAME Fax: ( ) -		

RECEIVED

AUG 12 1996

Bureau of Air Monitoring  
& Mobile Sources



### Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	01-10-96	1-10-96						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed  *MM*

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

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

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source  *←*

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt  
No such units on-site

**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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

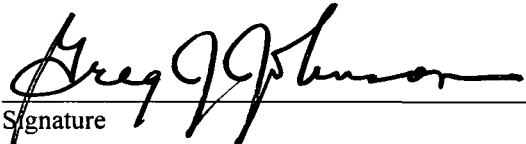
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

No 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.*

  
Signature

8-8-96  
Date



*File*

*Sandy,  
This is the one  
that needs a new  
AIRS #.*

February 18, 1997

Department of Environmental Protection  
Dry Cleaning Registration  
2600 Blair Stone Road, MS 4525  
Tallahassee, FL 32399-2405

TO WHOM IT MAY CONCERN:

Please be advised that all dry cleaning and laundry equipment have been removed from the following locations:

Facility ID # 9500432

Quality Cleaners  
4116 NW 16th Blvd.  
Gainesville, FL 32605

(Account # 38644)

*AIRS # 0010090*

Facility ID # 9501231

Quality Cleaners  
1240 NW 76th Blvd.  
Gainesville, FL 32606

(Account # 38644)

*AIRS # 0010089*

**Our NEW PLANT is located at:**

Quality Cleaners  
11 NE 23rd Avenue  
Gainesville, FL 32609-3642

Phone (352) 379-5600

FAX (352) 379-5550

Please send any forms needed to register our new location.

Thank you,

Greg Johnson  
President

**Five Locations to Serve You**

CORPORATE OFFICE: 11 NE 23rd Avenue Gainesville, FL 32609 (352) 379-5600 Fax (352) 379-5550  
THE MARKETPLACE • NEWBERRY SQUARE • NORTHWOOD VILLAGE • HUNTER'S CROSSING

**Bowman, Sandy**

---

**From:** GJJ1950@aol.com  
**Sent:** Wednesday, August 29, 2001 2:17 PM  
**To:** Bowman, Sandy  
**Subject:** RE: Title V Air General Permit

Dear Sandy:

We recently received renewal forms for 2 of our stores which are no longer plants. These accounts should be closed:  
AIRS ID # 0010090  
AIRS ID # 0010089

Thanks,

Greg Johnson

0010089



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 20, 1997

Quality Cleaners of Gainesville  
4116 Northwest 16 Boulevard  
Gainesville, Florida 32605

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez  
Administrator  
Mobile Source Control Section  
Bureau of Air Monitoring and  
Mobile Sources

HE\sb

Enclosure

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

0010089

Spoke to Terri 8-22.  
Store should be  
classified as a new  
large source

p. 13 6 - title should be  
added

p. 14 1(a) - date control  
device installed should  
be added

1(c) should not be  
marked

3. new large area  
source should be  
marked

p. 15 4. new large should  
be marked

Z 210 662 513

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 0010089001AG
GREG JOHNSON
QUALITY CLEANERS OF GAINESVILLE
4116 NW 16TH BLVD
GAINESVILLE FL 32605

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:

10 AIRS ID # 0010089001AG
GREG JOHNSON
QUALITY CLEANERS OF GAINESVILLE
4116 NW 16TH BLVD
GAINESVILLE FL 32605

2. Article Number (Copy from service label)

Z 210 662 513

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Teresa Roberson 6/8/99

C. Signature Teresa Roberson

X [Signature] Agent Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Table with 2 columns: Fee Type, Amount. Rows include Certified Fee, Special Delivery Fee, Restricted Delivery Fee, Return Receipt Showing to Whom & Date Delivered, Return Receipt Showing to Whom, Date, & Addressee's Address, TOTAL Postage & Fees, Postmark or Date.

PS Form 3800, April 1995

Domestic Return Receipt

102595-99-M-1789

P 265.302 331

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0010089
QUALITY CLEANERS OF GAINESVILLE
GREG JOHNSON
4116 NW 16TH BLVD
GAINESVILLE FL 32605

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addresssee's Address
Restricted Delivery

Consult postmaster for fee.

Table with 2 columns: Fee Type, Amount. Rows include Certified Fee, Special Delivery Fee, Restricted Delivery Fee, Return Receipt Showing to Whom & Date Delivered, Return Receipt Showing to Whom, Date, & Addressee's Address, TOTAL Postage & Fees, Postmark or Date.

PS Form 3800, April 1995

3. Article Addressed to:

AIRS ID#: 0010089
QUALITY CLEANERS OF GAINESVILLE
GREG JOHNSON
4116 NW 16TH BLVD
GAINESVILLE FL 32605

4a. Article Number

265-302-331

4b. Service Type

- Registered Certified
Express Mail Insured
Return Receipt for Merchandise COD

7. Date of Delivery

2/13

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

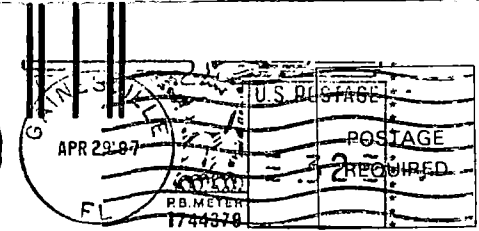
X Teresa Roberson

PS Form 3811, December 1994

Domestic Return Receipt

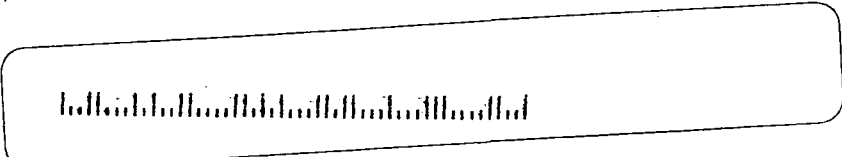
Thank you for using Return Receipt Service.





TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315-3070



**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

269844

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**

**Do NOT Remove Label**

0010089

QUALITY CLEANERS OF GAINESVILLE  
4116 NW 16th BLVD  
GAINESVILLE, FL 32605

**FOR GOVERNMENT USE ONLY**  
Org: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj: 002273

RECEIVED  
MAIL ROOM  
MAY - 6 97