

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 29, 2002

Ms. Ken Joye
Moses Cleaners
989 South First Street
Lake City, Florida 32025

Re: Facility No.: 0230037-003

Dear Ms. Lylo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 27, 2001.

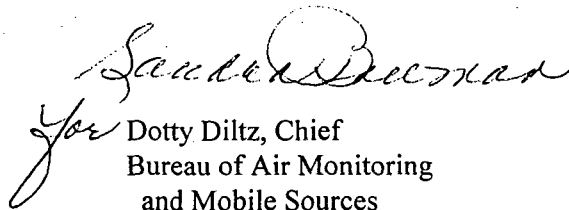
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Grant, Patricia

From: Thomas, Bruce X.
Sent: Tuesday, January 10, 2006 10:07 AM
To: Worley, Michelle
Cc: Bowman, Sandy; Grant, Patricia
Subject: Moses Cleaners (230037)

Michelle,

Moses Cleaners has notified us of a mailing address change due to 911. The new address is 587 SW Main St., Suite 100. The new address has been changed in the database.

Bruce Thomas, P.E.
Division of Air Resource Management
(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

1/10/2006

0230037-003

Page 15

4. New machines at large area source
should be marked.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

COMMENTS:

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air, Noise
& Waste Services
RECEIVED
DEC 27 2011

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):	Ken Joye
2. Site Name (For example, plant name or number):	MOSES Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	989 S 1st St Lake City
County:	Columbia
Zip Code:	32025
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0230037-003

Responsible Official

6. Name and Title of Responsible Official: Name:	Ken Joye	Title:	Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	989 S 1st St Lake City	County:	Columbia
Zip Code:	32025		
8. Responsible Official Telephone Number: Telephone:	(386) 755-0511	Fax:	() -

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:	() -		

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

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")
1997	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
1998	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
	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?

[147.8] 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 checked="" 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.

KEN JOYE
Print name of responsible official


Signature

12-13-01
Date

(CUT HERE)

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.

469376 FEB 16 2007

RECEIVED
FEB 19 2007

PERMIT EXPIRED
01/27/07

SENT NEW
FORMS OCT. 31

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

<p>AIRS ID#230037 MOSES CLEANERS INC 587 SW Main Blvd Ste 100 LAKE CITY, FLORIDA 32025</p>

<p>FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200</p>
--

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

MOSESCLEANERS@LONI.NET

KEN JOYE (386) 755-0511 Printed on recycled paper.

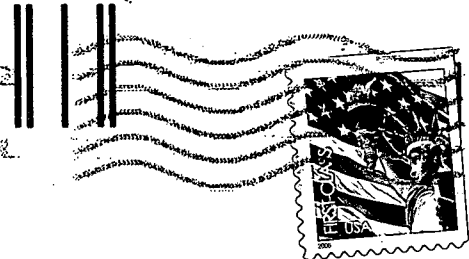
CALLED LEFT MESSAGE

<p>MOSES CLEANERS DEPARTMENT OF ENVIRONMENTAL PROTECT</p>	<p>2/14/2007</p>	<p>10467</p>
<p>FFSB-CHECKING</p>	<p>TITLE V AIR GENERAL PERMITS</p>	<p>50.00</p>

MOSES CLEANERS
587 S.W. MAIN BLVD.
SUITE 100
LAKE CITY, FLORIDA 32025

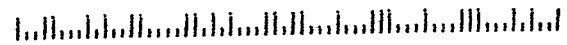
JACKSONVILLE FL 322

14 FEB 2007 PM 2 1



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

32315+3070 8099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457541 JAN 3 2006

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

230037 10
MOSES CLEANERS
989 S 1st Street
LAKE CITY, FL 32025

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

Printed on recycled paper.

CHANGE OF ADDRESS

MOSES CLEANERS
587 S.W. MAIN BLVD.
SUITE 100
LAKE CITY, FLORIDA 32025

Same location - just for 911 reasons

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											
<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</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage	\$	<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage	\$										
<p>Sent To AIRS ID#0230037.....2nd Cert 05 MOSES CLEANERS 989 S 1st Street LAKE CITY, FL 32025</p>											
<p>PS Form 3800</p>											

7004 2510 0002 3939 3042

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#0230037.....2nd Cert 05
 MOSES CLEANERS
 989 S 1st Street
 LAKE CITY, FL 32025

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Shemuel Bennett Addressee

B. Received by (Printed Name) C. Date of Delivery
 3-4-05

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

7004 2510 0002 3939 3042

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 17 2005
DEPT. OF AIR MONITORING
& MOBILE SOURCES

RECEIVED

32399/2400



7004 2510 0002 3939 3592

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)	

Postmark
Here

Total Post AIRS ID# 230037 1stC

Sent To MOSES CLEANERS

Street, Apt. 989 S 1st Street

or PO Box # LAKE CITY, FL 32025

City, State, .

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. 448527 MAR 7 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0230037.....2nd Cert 05
MOSES CLEANERS
989 S 1st Street
LAKE CITY, FL 32025

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

Printed on recycled paper.

U.S. Air Monitor
& Mobile Sources

MAR 9 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434987 JAN 6 2004

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

X

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

230037 KEN JOYE MOSES CLEANERS 989 S 1ST STREET LAKE CITY FL 32025
--

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO 3A1 Fund: 20-2-035001 Obj.: 002273
--

Bureau of Air Services & Mobilizing

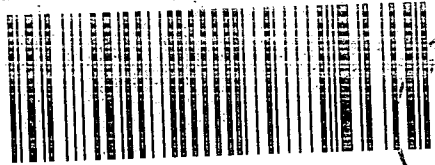
JAN 8 2004

RECEIVED

REGISTERED MAIL

MS# 0000 MC Acct # 5575

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

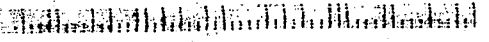


7004 2510 0002 3939 3592

TALLAHASSEE
RECEIVED
FEB 21 1995
Bureau of Air WMO/DOGP
& Mobile Sources

U.S. POSTAGE
442

NOT DELIVERABLE
AS ADDRESSED,
UNABLE TO FORWARD



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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# 230037 1stC
MOSES CLEANERS
989 S 1st Street
LAKE CITY, FL 32025

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name)
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

2ACPRI-03-P-4081



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422048 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

Do **NOT** Remove Label

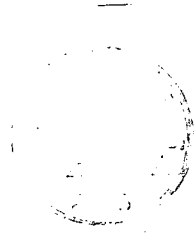
AIRS ID#0230037

MOSES CLEANERS
KEN JOYE
989 S 1ST STREET
LAKE CITY FL
32025

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

RECEIVED
JAN 27 2003
Bureau of Air Mail
& Mails

MOSES CLEANERS
587 S.W. Main Blvd.
Suite 100
LAKE CITY, FLORIDA 32025



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