

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 6, 2001

Mr. Ravi Patel
Koretizing Cleaners
1438 Edgewood Avenue West
Jacksonville, Florida 32208

Re: Facility No.: 0310370-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 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. Wayne Tutt, Duval County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 2
Compliance IN

James R O

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")
SUPREMA-88	Existing	RC/CA/None required	SAME
MULTAMATIC 87	Existing	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? []

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?

[110] 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 _____)

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 25 2001
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): KORETIZING CLEANERS INC.
2. Site Name (For example, plant name or number): 1438 EDGEWOOD AVE (WEST) KORETIZING CLEANERS.
3. Hazardous Waste Generator Identification Number: FLD063287858 (US EPA ID No)
4. Facility Location: KORETIZING CLEANERS Street Address: 1438 EDGEWOOD AVE (W) City: JACKSONVILLE (FL) County: DUVAL Zip Code: 32208
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310370-002

Responsible Official

6. Name and Title of Responsible Official: Name: RAVI PATEL Title: GEN MGR.
7. Responsible Official Mailing Address: RAVI PATEL Organization/Firm: KORETIZING CLEANERS Street Address: 1438 EDGEWOOD AVE (W) City: JACKSONVILLE (FL) County: DUVAL Zip Code: 32208
8. Responsible Official Telephone Number: Telephone: (904) 765-7131 or 766-1121 Fax: (904) 765-7131 please call FMT

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE # 7
10. Facility Contact Address: Street Address: SAME AS # 7 City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - SAME AS # 7 Fax: () -

0310370-002

p15

(a) None Required should be circled for each machine under Control Device Required

p16

(c) Not Required for Existing small sources.
workbook and initial.

(e) Required for all sources.

p17 Responsible official sign and date for changes made.

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".)

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

New machines at 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 (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:

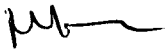
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

RAVINDRA -K- PATEL
Print name of responsible official


Signature

JUNE 15th 2001
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434965 JAN 5 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

AIRS I.D. 0310370

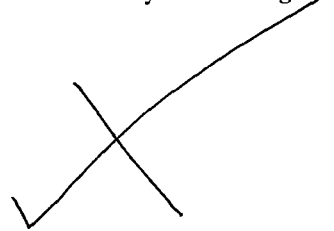
Do NOT Remove Label

Mr. Ravi Patel
Koretizing Cleaners, Inc.
1438 Edgewood Ave W.
Jacksonville, FL 32208

Bureau of Air Monitoring
& Mobile Sources

JAN 8 2004

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: A1
Fund: 20-2-035001
Obj.: 002273





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436552 FEB19 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

~~115104~~ ✓
434965

Do NOT Remove Label

ID# 310370
RAVI PATEL
KORETIZING CLEANERS
1438 EDGEWOOD AVE W
JACKSONVILLE, FL 32208

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420492 DEC11 2002

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#0310370
KORETIZING CLEANERS RAVI PATEL 1438 EDGEWOOD AVE WEST JACKSONVILLE FL 32208

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

RECEIVED
 DEC 13 2002
 Bureau of Air Mail
 & Mobile Services



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

JAN - 4 2002 412496 JAN 2 2002 X

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0310370
KORETIZING CLEANERS
RAVI PATEL
1438 EDGEWOOD AVE WEST
JACKSONVILLE FL
32208

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

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 F ID# 310370
RAVI PATEL

Sent To **KORETIZING CLEANERS**
 1438 EDGEWOOD AVE W
 JACKSONVILLE, FL 32208

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7871

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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. 	<p>A. Signature <u>Mary</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2-6-04</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 310370 RAVI PATEL KORETIZING CLEANERS 1438 EDGEWOOD AVE W JACKSONVILLE, FL 32208 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; text-align: center;"> 7003 2260 0003 5650 7871 </div>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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 Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED

