



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. Bharat B. Patel
Dixie Cleaners
5711-14 Bowden Road
Jacksonville, Florida 32216

Re: Facility No.: 0310372-002

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.

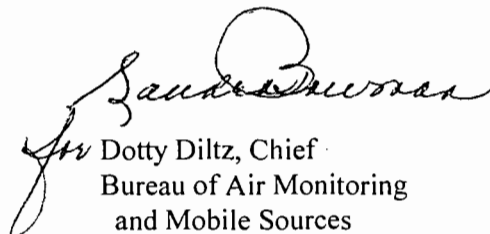
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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): DIXIE CLEANERS.
2. Site Name (For example, plant name or number): DIXIE CLEANERS 5711-14 Bowden Rd
3. Hazardous Waste Generator Identification Number: EPA ID. NO: FLD CEGG
4. Facility Location: Street Address: 5711-14 Bowden Rd. City: JAT County: Duval Zip Code: 32216
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310372-002

Responsible Official

6. Name and Title of Responsible Official: Name: BHARAT B Patel Title: OWNER.
7. Responsible Official Mailing Address: Organization/Firm: 5711-14 Bowden Rd Street Address: City: JAT County: FL Zip Code: 32216
8. Responsible Official Telephone Number: Telephone: (904) 731-3010 Fax: (N/A)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): BHARAT B Patel
10. Facility Contact Address: Street Address: same City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (904) 731-3010 Fax: (N/A)

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")
1989	Existing/New	RC/CA/None required	1989
_____	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 _____)

03/0372-002

P15 1(a) Circle Existing under Status.
Circle RC or CA for Control Device
Required.

P16 3. Place an "X" by Large Area Source
160 gallons of Perx purchase in past 12
months is a large area source

4. Existing machine at large area
source should be marked

P17 Responsible Official sign and date
for changes.

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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

BHARAT B Patel
Print name of responsible official


Signature

6-11-01
Date

MS# 3310 MC Acct # 5521

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

CERTIFIED MAIL



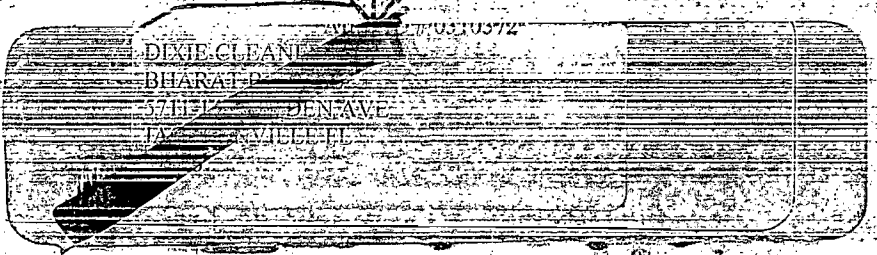
7001 0320 0001 7776 0681 FL



POSTALIA 542726

FOR REASON SHOWN BY
POSTAL SERVICE

is not responsible for ~~the~~ address



RECEIVED
MAR 1 1992
Bureau of Air Controlling
By Name Sources



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>3/8</u></p>
<p>1. Article Addressed to:</p>	<p>C. Signature <u>[Handwritten Signature]</u></p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>AIRS ID # 0310372</p> <p>DIXIE CLEANERS BHARAT B PATEL 5711-14 BOWDEN AVE JACKSONVILLE FL 32216.</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>Article Number (Copy from service label) 7001 0320 0001 7976 0688</p>	<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>PS Form 3811, July 1999</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

Postmark Here

To: AIRS ID # 0310372

Se: DIXIE CLEANERS
Str: BHARAT B PATEL
or: 5711-14 BOWDEN AVE
Cit: JACKSONVILLE FL
32216

7001 0320 0001 7976 0688

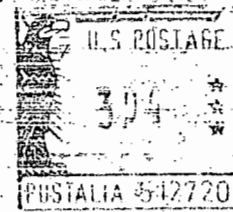
CERTIFIED MAIL

MS# 5610 MC Acct # 0021

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



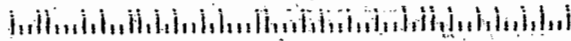
7001 0320 0001 7975 8398



AIRS ID# 0310272
DIXIE CLEANERS
BHARAT B. PATEL
5714 BOWDEN AVE
JACKSONVILLE FL 32216

DIXI711 32216 0310 1901 04 04/05/02
RETURN TO SENDER
DIXIE CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

32216 0310 1901 04



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 # 0310372
 DIXIE CLEANERS
 BHARAT B PATEL
 5711-14 BOWDEN AVE
 JACKSONVILLE FL 32216

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____
 Agent
 Addressee

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.C.D.

4. Restricted Delivery? (Extra Fee) Yes

2 7001 0320 0001 7975 839A

PS Form 3811, July 1999.

Domestic Return Receipt

102555-99-M-1789

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

OFFICIAL USE

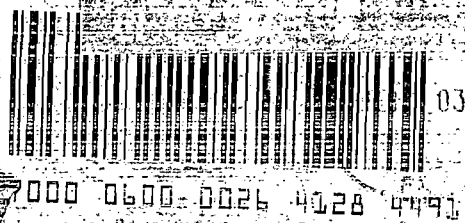
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage AIRS ID # 0310372
 DIXIE CLEANERS
 Sent To: BHARAT B PATEL
 5711-14 BOWDEN AVE
 Street, Apt. or PO Box: JACKSONVILLE FL
 32216
 City, State:

7001 0320 0001 7975 839A

MS# 5510 MC Acct # 5521

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



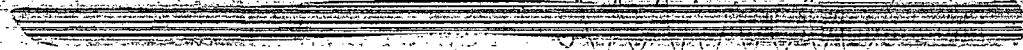
RETURNED TO SENDER
FORWARDING ORDER EXPIRES

442
MAR 05 1993
RECEIVED

Bureau of Air Monitoring
& Mobile Sources

Handwritten signature

AIRS ID#0310372
DIXIE CLEANERS
BHARAT B PATEL
5711-14 HOWDEN AVE
JACKSONVILLE FL
32216



SENDER COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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# 0310372
 DIXIE CLEANERS
 BHARAT B PATEL
 5711-14 BOWDEN AVE
 JACKSONVILLE FL 32216

A. Signature

X

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

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from Service Label)

7000 0600 0026 4128 4491

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

7000 0600 0026 4128 4491

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

Re-mailed 2/24/0

AIRS ID# 0310372
 DIXIE CLEANERS
 BHARAT B PATEL
 5711-14 BOWDEN AVE
 JACKSONVILLE FL 32216

Recipient's name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

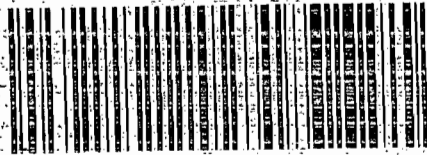
City, State, ZIP+4

PS Form 3809, Postage & Fees

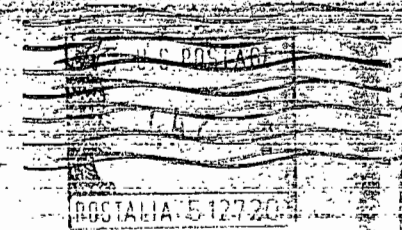
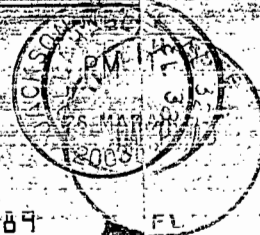
See Reverse for Instructions

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

5510



7000 0600 0026 4128 9489



RETURNED TO SENDER
REASON: CHECKED
Unclaimed
Return to office in state
Return to office in state
Do not remove in this envelope



SENDER COMPLETION

- 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# 0310372
 DIXIE CLEANERS
 BHARAT B. PATEL
 5711-14 BOWDEN AVE
 JACKSONVILLE FL 32216

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

C. Signature Agent
 Addressee

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

2. Article Number (Copy from service label)
 7000 0600 0026 41289489

PS Form 3811, July 2000 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL USE

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

AIRS ID#0310372

Sent To: DIXIE CLEANERS
 BHARAT B PATEL
 Street, or PO Box: 5711-14 BOWDEN AVE
 City, State: JACKSONVILLE FL 32216

7001 0320 1000 7976 4276

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

Remailed 3/19/2003

Postage \$
 Certified Fee
 Postmark Here

AIRS ID# 0310372
 DIXIE CLEANERS
 BHARAT B PATEL
 5711-14 BOWDEN AVE
 JACKSONVILLE FL 32216

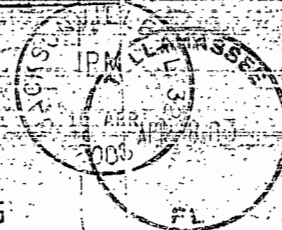
7000 0600 0026 4128 9489

5510

5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



MC5521

670 0013 3109 1995

BAMMS/BCO
JOEY ROBERTS
5510

RETURNED TO SENDER
FORWARDING ORDER EXPIRED

Handwritten: WF 15399

RECEIVED
APR 14 2003

Don't Over-Commit
AIRS ID: 0310372
DIXIE CLEANERS
BHARATI CATERING
5711 1/2 BOWLING GREEN
JACKSONVILLE
32216

332

SENDER COPY

- 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#0310372

DIXIE CLEANERS
 BHARAT B PATEL
 5711-14 BOWDEN AVE
 JACKSONVILLE FL
 32216

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

C. Signature Agent
 Addressee

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

2. Article Number (Copy from service label)

10001040001331091995

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL USE

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

Total Post _____
 Sent To: DIXIE CLEANERS
 BHARAT B PATEL
 Street, Apt: 5711-14 BOWDEN AVE
 JACKSONVILLE FL
 City, State: 32216

Postmark Here
07
no postmark
07/19/99

AIRS ID#0310372

5661 BOTE ET000 029T 0002 7000