

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 17, 2001

Mr. Bob Burton  
Esquire Cleaners  
10949 McCormick Road  
Jacksonville, Florida 32225

Re: Facility No.: 0310373-002

Dear Mr. Burton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 13, 2001.

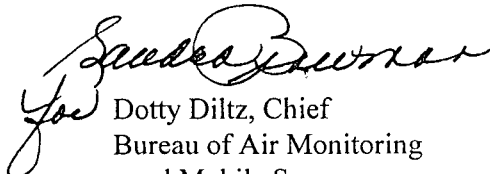
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

**Bowman, Sandy**

---

**From:** Bill Coffman [COFFMAN@coj.net]  
**Sent:** Friday, June 30, 2006 8:51 AM  
**To:** Bowman, Sandy  
**Subject:** Inactive dry cleaners

**Sandy** the following Dry cleaners are no longer using PERC, or are closed

0310466 ---- Now a drop site

0310373 ---- Now a drop Site

0310376 ---- Closed out of Business

0310396 ---- Closed out of business

Please remove them from the active facility list.

Thank You, and have a great day

Bill Coffman ERMD/EQD Jacksonville FL.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 13 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):	R.R. BURTON & ASSOC.		
2. Site Name (For example, plant name or number):	ESQUIRE CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLCESQG		
4. Facility Location:	Street Address: 10949 McCORMICK RD. City: JACKSONVILLE County: DUVAL Zip Code: 32225		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0310373-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: BOB BURTON Title: PRES.		
7. Responsible Official Mailing Address:	Organization/Firm: SAME Street Address: City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (904) 642-7348 Fax: (N.A.)		

Facility Contact (If different from Responsible Official)

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

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
JUN 25 2001

**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")
<u>1987</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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?**

102 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")

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) \_\_\_\_\_

~~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:

RB

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

0310373001 AG

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.*

ROBERT BURTON

Print name of responsible official

RBurton  
Signature RBurton

6/12/01  
Date 6/20/01

0310373-002

p15  
1(a) A 1987 machine is an Existing machine. (Existing) should be circled under Status.

p16  
4. Existing machine at small area source should be marked.

6(e) Required. Should be marked.

p17  
Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

COMMENTS:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

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

RECEIVED  
JUN 13 2001  
Bureau of Air Monitoring  
& Mobile Sources

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>R.R. BURTON &amp; ASSOC.</i>
2. Site Name (For example, plant name or number): <i>ESQUIRE CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLCESQG</i>
4. Facility Location: Street Address: <i>10949 McCORMICK RD.</i> City: <i>JACKSONVILLE</i> County: <i>DUVAL</i> Zip Code: <i>32225</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0310373-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>BOB BURTON</i> Title: <i>PRES.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>SAME</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(904) 642-7348</i> Fax: <i>(N.A.)</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>BOB BURTON</i>
10. Facility Contact Address: Street Address: <i>SAME</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

**Facility Information**

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1987	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	
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\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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	Existing/New	RC/CA/None required	
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Check why it is less than 12 months: New owner:  Did not keep records:

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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

New machines at large area source

Refrigerated condenser

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

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No. 4 fuel oil

No. 6 fuel oil

Other (please list) \_\_\_\_\_

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(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 0310373001 AG
- 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.*

ROBERT BURTON

Print name of responsible official

R Burton

Signature

6/12/01

Date

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

43924 DEC29 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

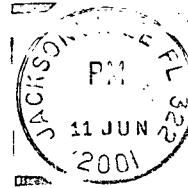
Do **NOT** Remove Label

AIRS ID# 310373 10  
ESQUIRE CLEANERS  
10949 McCormick Rd  
JACKSONVILLE, FL 32225

**RECEIVED**  
DEC 30 2004  
Bureau of Air Mail  
& Mobile Services  
**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EEO: A1  
FUND: 20-2-035001  
OBJECT: 002273

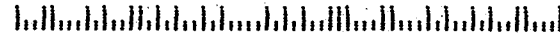
Printed on recycled paper.

ESQUIRE CLEANERS  
10949 MC CORMICK RD.  
JACKSONVILLE, FL. 32225



GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING & SOURCES, MS5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

32399+2400





Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 7, 2005

**NOTICE OF ANNUAL OPERATION FEE**  
**VIA: CERTIFIED MAIL WITH RETURN RECEIPT**

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

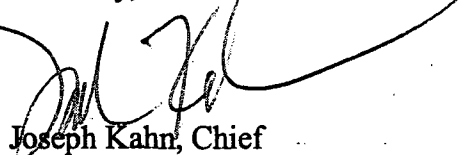
As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year 2005. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2006**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

Jan. 3, 2006

Ladies, Gentlemen:

On June 15, 2005, I closed down the operation of our drycleaning plant on McCormick Road and opened a new plant on 1745 C.R. 210 W. @ Interstate 95.

I changed the label to reflect the address of our only operating plant.

Please feel free to contact us @ 904-823-3077 should you require further information.

Best regards.

Robert Burton, Pres.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434953 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**

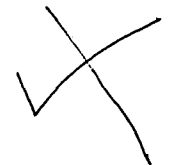
Do **NOT** Remove Label

310373  
ROBERT BURTON  
ESQUIRE CLEANERS  
10949 MCCORMICK ROAD  
JACKSONVILLE FL 32225

Bureau of Air Monitoring  
& Mobile Sources

JAN 8 2004

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457613 JAN 4 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

310373	10
ESQUIRE CLEANERS	
<del>10949 McCormick Rd</del>	1745 E. R. 210 W.
JACKSONVILLE, FL	<del>32225</del>
	32259

Printed on recycled paper.

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

RECEIVED  
JAN 8 2006  
Monitoring Source



**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**

412216 DEC26 2001

**Do NOT Remove Label**

AIRS ID # 0310373  
ESQUIRE CLEANERS  
ROBERT BURTON  
10949 MCCORMICK ROAD  
JACKSONVILLE FL  
32225

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420504 DEC11 2002

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

Bureau of Air, Mail, and Mobile Services

RECEIVED  
DEC 13 2002

X

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

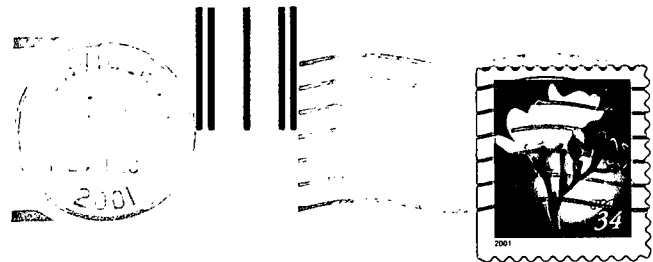
AIRS ID#0310373

ESQUIRE CLEANERS  
ROBERT BURTON  
10949 MCCORMICK ROAD  
JACKSONVILLE FL  
32225

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Esquire Cleaners  
19949 McCormick Rd.  
Jacksonville, Fla. 32225



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

32315+3070 99

