



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. Demetrios Kartsonis  
San Jose Square Cleaners  
5039 San Jose Boulevard  
Jacksonville, Florida 32207-7607

Re: Facility No.: 0310380-002

Dear Mr. Kartsonis:

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

"More Protection, Less Process"

Printed on recycled paper.

Fees paid  
SOC 5  
Compliance IN

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 27 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): <b>SAN JOSE SQUARE CLEANERS</b>	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number: <b>USEPA ID # FLD 984209270</b>	<b>FRONTABLE FIRS ID 0310380001A9</b>
4. Facility Location: Street Address: <b>5039 SAN JOSE BLVD</b> City: <b>JACKSONVILLE FL</b> County: <b>DUVAL</b> Zip Code: <b>32207-1607</b>	
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0310380-002</b>	

Responsible Official

6. Name and Title of Responsible Official: Name: <b>DEMETRIOS KRATSONIS</b> Title: <b>OWNER</b>	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: <b>(904) 737-6155</b> Fax: <b>(904) 733 7005</b>	

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? [ one ]

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>1994</u>	Existing/ <u>New</u>	RC/CA/ <u>None required</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?**

[ 90 ] 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 \_\_\_\_\_)

0310380-002

P<sup>15</sup> 1(a) (RC) should be circled under  
Status.

Add Date Control Device Installed. If  
same as purchase date add "Same".

P<sup>17</sup> 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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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.*

DEMETRIOS KARTSONIS  
Print name of responsible official

  
Signature

6-23-01  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434831 DEC30 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

310380  
DEMETRIOS KARTSONIS  
SAN JOSE SQUARE CLEANERS  
5039 SAN JOSE BLVD  
JACKSONVILLE FL 32207

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



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

444098 JAN 5 2005

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# 310380 10  
SAN JOSE SQUARE CLEANERS  
5033 San Jose Blvd  
JACKSONVILLE, FL 32207

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

RECEIVED  
JAN 6 2005  
Bureau of Air Monitoring  
& Mobile Sources

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421457 JAN 8 2003

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

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**TOTAL AMOUNT DUE: \$50.00**

JAN 09 2003

Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#0310380

SAN JOSE SQUARE CLEANERS  
DEMETRIOS KARTSONIS  
5039 SAN JOSE BLVD  
JACKSONVILLE FL  
32207

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

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

457084 DEC20 2005

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

**TOTAL AMOUNT DUE: \$50.00**

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310380            10  
SAN JOSE SQUARE CLEANERS  
5033 San Jose Blvd  
JACKSONVILLE, FL        32207

FLAIR ACCT. CODE 372020350013755010000  
BENIFITTING OBJECT CODE 002000  
BENIFITTING CATEGORY 000200

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

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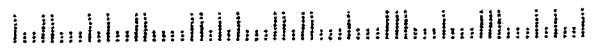


San Jose Square Cleaners  
5039 San Jose Blvd.  
Jacksonville, FL 32207



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

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411931 DEC19 2001

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

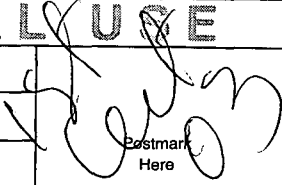
AIRS ID # 0310380  
SAN JOSE SQUARE CLEANERS  
DEMETRIOS KARTSONIS  
5039 SAN JOSE BLVD  
JACKSONVILLE FL  
32207

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

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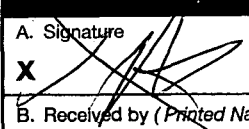
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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

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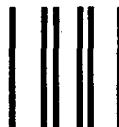
To ID# 310380  
 DEMETRIOS KARTSONIS  
 SAN JOSE SQUARE CLEANERS  
 5039 SAN JOSE BLVD  
 JACKSONVILLE, FL 32207

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 8045

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ID# 310380            DEMETRIOS KARTSONIS            SAN JOSE SQUARE CLEANERS            5039 SAN JOSE BLVD            JACKSONVILLE, FL 32207         </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="margin-left: 20px;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5650 8045</p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

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MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

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