



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

January 16, 2007

Mr. Fade Ermiya
Gino's Quality Dry Cleaning
9875 Beach Boulevard
Jacksonville, Florida 32246

Re: Facility No.: 0310402-003

Dear Mr. Ermiya:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 15, 2006.

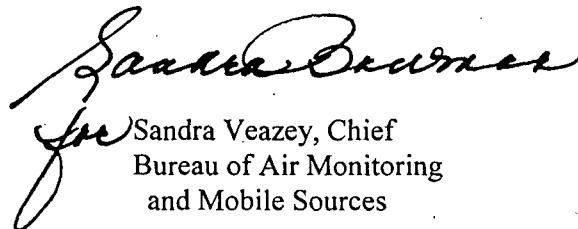
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Wayne Tutt, Duval County

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

RECEIVED
SEP 22 2008
Bureau of Air Monitoring and Mobile Sources

FLDEP Facility ID Number: 0310402

The name and address of the owner or operator;

Fade Ermiya 9875 Beach Blvd 32246
Name of the owner or operator of the dry cleaning facility Jax, FL

9875 Beach Blvd
Mailing address of the owner or operator of the dry cleaning facility

Mailing address line 2

Jacksonville FL 32246
City State Zip Code

The address (that is, physical location) of the dry cleaning facility;

Handsome Cleaners Inc.
Name of the dry cleaning facility

9875 Beach Blvd.
Address of the dry cleaning facility (physical location)

Address line 2

Jacksonville FL 32246
City State Zip Code

Is the Perc dry cleaning machine located in a building with a residence, even if the residence is vacant at the time of this notification?

Check one: No Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one: No Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year

Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 75 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one: No Yes

All information contained in this statement is accurate and true.

Fade Ermiya
Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Road, MS #5510
Tallahassee, Florida 32399-2400

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 15 2006
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): Handsome Cleaners IN |
| 2. Site Name (For example, plant name or number): Ginos Quality Dry Cleaning |
| 3. Hazardous Waste Generator Identification Number: FE210008200 |
| 4. Facility Location: Street Address: 9875 Beach Blvd. City: Jacksonville, FL County: Duval Zip Code: 32246 |
| Facility Identification Number: DEP USE ONLY (do not fill in) |

Responsible Official

0310402-003

| |
|--|
| 6. Name and Title of Responsible Official: Name: Fade Ermiya Title: UP |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 9875 Beach Blvd. City: Jacksonville, FL County: Duval Zip Code: 32246 |
| 8. Responsible Official Telephone Number: Telephone: (904) 641-4744 Fax: (904) 821-8637 |

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>Sep 1997</u> | Existing/ <u>New</u> | <u>RC</u> /CA/None required | _____ |
| _____ | 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?

120 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.

New Owner

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.

Fade Ermiya

Print name of responsible official

Fade Ermiya
Signature

12/6/06
Date

Eagle Ermita
Handsome Cleaners, Inc.
DBA. Gino's Dry Cleaning
9875 Beach Blvd
JAX, FL 32246

AIRS ID # 0310402

JACKSONVILLE FL 322

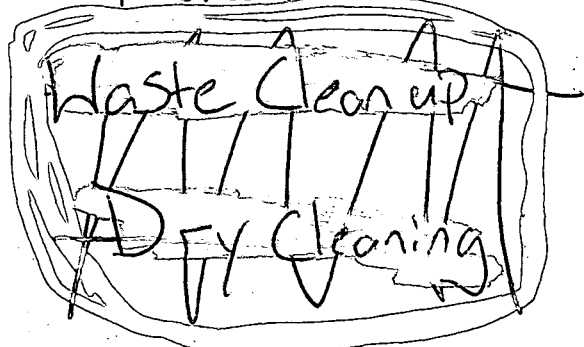
06 FEB 2007 PM 1 L



Florida Dep. of Environmental Protection

RECEIVED

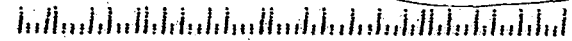
Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400



FEB 14 2007

U.S. MAIL
Mobile Sources

32399-2400



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.

TOTAL AMOUNT DUE: \$50.00

F: A
Received
Date
2-15-2007

Do NOT Remove Label

AIRS ID# 0310402
HANDSOME CLEANERS INC ✓
d.b.a. GINO'S QUALITY DRY CLNG
9875 BEACH BLVD
JACKSONVILLE, FL 32246

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

FEB 19 2007

#15300

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.

Refund

474920 MAY 29 2007

pd 2/15/07

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

| | |
|---|--------------------------------|
| AIRS ID# 310402 GLS CLEANERS INC <i>X</i> 9875 Beach Blvd JACKSONVILLE, FLORIDA 32246 | <i>Handsome Cleaners, Inc.</i> |
|---|--------------------------------|

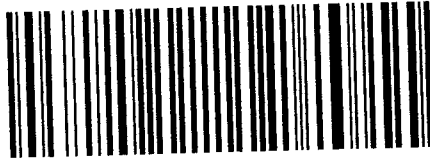
| |
|---|
| FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200 |
|---|

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

Printed on recycled paper.

Handsome Cleaners Inc.
9875 Beach Blvd
Jax, FL 32246

CERTIFIED MAIL™



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32399

U.S. POSTAGE
PAID
JACKSONVILLE, FL
32246
SEP 18, 08
AMOUNT

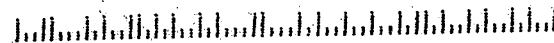
\$5.32

00030236-22

RETURN RECEIPT
REQUESTED

Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobil Sources
2600 Blair Stone Road, Ms # 5510
Tallahassee, FL 32399-2400

32399+6542 0001



EXPRESS MAIL

UNITED STATES POSTAL SERVICE®



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U.S. POSTAGE
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32246
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E Q 8 5 5 1 9 0 3 4 5 U S



UNITED STATES POSTAL SERVICE®

Addressee Copy

Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

| | | |
|--|---|----------------------------|
| PO ZIP Code 32246 | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage \$ |
| Date Accepted 12/14/06 | Scheduled Date of Delivery Month: 12 Day: 14 | Return Receipt Fee \$ |
| Mo. Day Year 12 14 06 | Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM | COD Fee \$ |
| Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Insurance Fee \$ |
| Flat Rate <input type="checkbox"/> or Weight lbs. ozs. | Int'l Alpha Country Code | Total Postage & Fees \$ |
| | Acceptance Emp. Initials JJK | |

DELIVERY (POSTAL USE ONLY)

| | | | |
|------------------|------|---|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | | |
| Delivery Attempt | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | | |
| Delivery Date | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | | |

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE ()

Am...
...
...

TO: (PLEASE PRINT) PHONE ()

Air
5510

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| 2 | 5 | 1 | 7 | 7 | + | | | | |
|---|---|---|---|---|---|--|--|--|--|

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

PRESS HARD. YOU ARE MAKING 3 COPIES.

FOR PICKUP OR TRACKING

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