

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 2, 2002

Mr. Frank A. Roach
Jonfor Cleaners
12192 Mandarin Road
Jacksonville, Florida 32223

Re: Facility No.: 0310414-002

Dear Mr. Roach:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 29, 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,

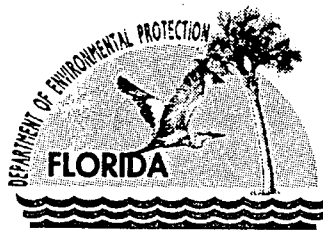

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 25, 2004

Mr. Pushpa Shah
Jonfor Cleaners
11700 San Jose Blvd., Suite 1 & 2
Jacksonville, Florida 32223

Re: Jonfor Cleaners (0310414-002)

Dear Mr. Shah:

Thank you for your submission of the Application for Transfer of Air Permit Form. The department received your submission on March 24.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that the Title V air general permit is not transferable and does not follow a change in ownership of the facility. Therefore, the form you submitted is not applicable for Title V general permit facilities.

For your convenience, I am enclosing a copy of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. Please complete and submit this form to the following address:

Title V General Permits
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you have any additional questions or need additional information, please contact Bruce Thomas at 850/921-7744 or me at 850/921-9583.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

Enclosure

cc: Wayne Tutt, Duval County

"More Protection, Less Process"

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Department of Environmental Protection

Division of Air Resources Management

APPLICATION FOR TRANSFER OF AIR PERMIT

RECEIVED
MAR 24 2004
Bureau of Air Monitoring
& Mobile Sources

<input checked="" type="checkbox"/> Title V Permit No.*:	<u>310414</u>
<input type="checkbox"/> Non-Title V Permit No(s):	_____

Notification of Sale or Legal Transfer

Facility Owner/Company Name (As Currently Permitted): FRANK ROACH	Facility ID No.: <u>169500986</u>
Site Name: JONFOR CLEANERS	County: DUVAL
Street Address or Other Locator: 12192 MANDARIN ROAD	
City: JACKSONVILLE	Zip Code: 32223

I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.

Frank Roach
(Signature)

Name: FRANK ROACH

Title: OWNER Date: 3-17-04

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to (or affirmed) and subscribed before me this 17th day of MARCH 2004.

L. Anne Morrow
Commission #DD241112
Expires: Sep 04, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

L. Anne Morrow
(Signature of Notary Public - State of Florida)


L. ANNE MORROW
(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. If there is a change in designated representative at an Acid Rain source, submit a copy of the Certificate of Representation submitted to EPA pursuant to 40 CFR 72, subpart B. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the DEP Form No. 62-210.900(7)
Effective: 04/16/01

Notification of New Ownership

New Facility Owner/Company Name: PUSHPA SHAH / P&N INC. DBA. JONFOR CLEANERS	
New Site Name: JONFOR CLEANERS	County: DUVAL
<p>I, the undersigned, am or will be the new owner or authorized representative* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility.</p>	
<p><u>PA Shah</u> _____ (Signature)</p>	
Name: <u>PUSHPA SHAH</u>	
Title: <u>PRESIDENT</u>	Date: <u>3-17-04</u>
Mailing Address: <u>11700 SAN JOSE BLVD., SUITE 1 & 2</u>	
City: <u>JACKSONVILLE</u>	Zip Code: <u>32223</u>
Telephone No: <u>904-268-8189</u>	Fax No.: _____
Effective Date of Sale or Legal Transfer: <u>1-23-2004</u> <i>(If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.)</i>	
STATE OF FLORIDA COUNTY OF <u>DUVAL</u>	
Sworn to (or affirmed) and subscribed before me this <u>17th</u> day of <u>MARCH</u> 20 <u>04</u> .	
 <p>L. Anne Morrow Commission #DD241112 Expires: Sep 04, 2007 Bonded Thru Atlantic Bonding Co., Inc.</p>	<p><u>L. Anne Morrow</u> _____ (Signature of Notary Public - State of Florida)</p> <p><u>L. ANNE MORROW</u> _____ (Name of Notary Typed, Printed, or Stamped)</p>
Personally Known <u>X</u> OR Produced Identification _____	
Type of Identification Produced _____	

* Attach letter of authorization if other than owner or corporate officer.



March 10, 2004

Florida Dept of Environmental Protection
Title V Air General Permits

To Whom It May Concern:

Effective January 23, 2004, Frank A. Roach & Sheryl K. Roach Ptr is no longer the owner of Jonfor Cleaners.

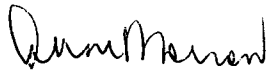
Then new Owners are:

P & N Inc
11700 San Jose Blvd Suite 1 & 2
Jacksonville FL 32223

904-268-8189

Please change your records.

Thank you.


Anne Morrow
Office Manager

0310914-002

Page 16

6(e) Required for all sources. Should
be marked.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

COMMENTS:

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: _____

NOV 29 2000

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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): Frank A. Roach & Sheryl K. Roach Ptr
2. Site Name (For example, plant name or number): Jonfor Cleaners
3. Hazardous Waste Generator Identification Number: FLD 981 028 145
4. Facility Location: Street Address: 11700-1 San Jose Blvd. City: Jacksonville County: Duval Zip Code: 32223
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310414-002

Responsible Official

6. Name and Title of Responsible Official: Name: Frank A. Roach Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Jonfor Cleaners Street Address: 12192 Mandarin Road City: Jacksonville County: Duval Zip Code: 32223
8. Responsible Official Telephone Number: Telephone: (904) 268 - 1888 Fax: (904) 268 - 1601

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?

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")
Nov 1999	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same
_____	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 _____)

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
0310414
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

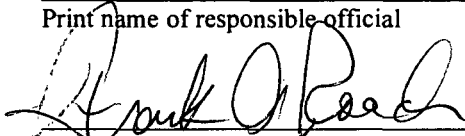
Responsible Official Certification

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.

Frank A. Roach

Print name of responsible official



Signature

11-28-01
Date

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$	<i>Judith</i> Postmark Here <i>2003</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 310414

To: FRANK ROACH
 JONFOR CLEANERS
 12192 MANDARIN ROAD
 JACKSONVILLE, FL 32223

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9546

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 # 310414

FRANK ROACH
 JONFOR CLEANERS
 12192 MANDARIN ROAD
 JACKSONVILLE, FL 32223

2. Article Number
 (Transfer from service label)

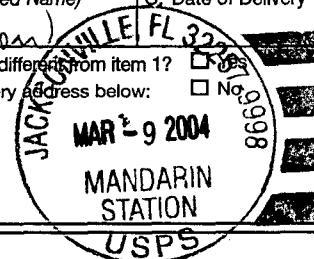
7003 0500 0004 0144 9546

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Anne Marston Addressee

B. Received by (Printed Name) C. Date of Delivery
Anne Marston MAR 9 2004

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

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 •

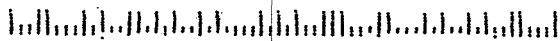
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 10 2004

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32399+2400



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

Postmark
Here

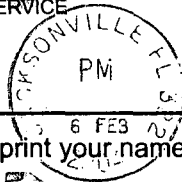
Tr ID# 310414

Ser. FRANK ROACH
 JONFOR CLEANERS
 Str. 12192 MANDARIN ROAD
 or f JACKSONVILLE, FL 32223
 City

PS Form 3800, June 2002 See Reverse for Instructions

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 310414 FRANK ROACH JONFOR CLEANERS 12192 MANDARIN ROAD JACKSONVILLE, FL 32223 </div>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Frank Roach</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; font-size: 1.5em; font-weight: bold;">FEB 06 2004</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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5650 7826 </div>	

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2004
Bureau of Air Monitoring
& Mobile Sources

32399+2400



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 Postage & Fees \$ _____

Postmark Here

7001 0320 0001 7975 5151

Sent To: **JONFOR CLEANERS**
 Street, Apt. No., or PO Box No.: **FRANK A ROACH**
12192 MANDARIN ROAD
 City, State, ZIP+4: **JACKSONVILLE FL 32223**

PS Form 3800, Jan

AIRES ID#0310414

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:

AIRES ID#0310414

JONFOR CLEANERS
 FRANK A ROACH
 12192 MANDARIN ROAD
 JACKSONVILLE FL
 32223

COMPLETE THIS SECTION ON DELIVERY

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

Danielle Martin **2-7-03**

C. Signature

x Danielle Martin 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.

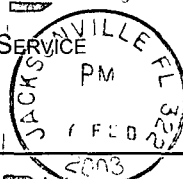
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0001 7975 5151

Best Available Copy

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 •

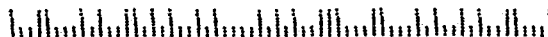
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air M.
Mobile Source

FEB 1 2000

RECEIVED

32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

X

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

413761 FEB 4 2002

TOTAL AMOUNT DUE: \$50.00

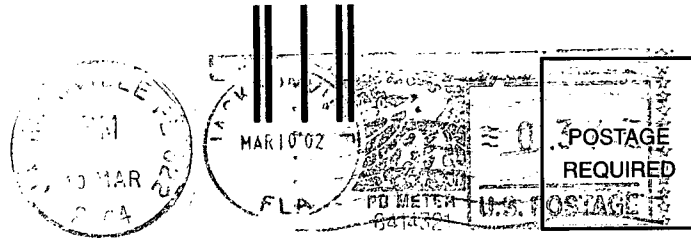
Do NOT Remove Label

AIRS ID # 0310414
JONFOR CLEANERS
FRANK A ROACH
12192 MANDARIN ROAD
JACKSONVILLE FL
32223

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

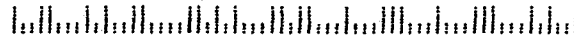
JONFOR CLEANERS

4862



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

437585 MAR 12 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

AIRS ID# 316414

FRANK ROACH
SONFOR CLEANERS
12192 MANDARIN ROAD
JACKSONVILLE, FL 32223

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

~~Bureau of Air
& Missile
Administration~~

MAR 1 8 2004

RECEIVED

JONFOR CLEANERS

2100

TITLE V AIR GENERAL PERMI
TITLE V AIR GENERAL PERMI

50.00

03/10/04 2100

\$50.00



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

422809 FEB11 2003

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

JONFOR CLEANERS FRANK A ROACH 12192 MANDARIN ROAD JACKSONVILLE FL 32223	AIRS ID#0310414
---	-----------------

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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Bureau of Air Monitoring
& Mobile Sources

FEB 14 2003

RECEIVED

JONFOR CLEANERS

1418

TITLE V AIR GENERAL PERMI
AIRS # 0310414

50.00

01/30/03 1418

\$50.00