



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 13, 1996

Mr. Sumitra Limumathu
Dry Cleaning and Laundry Alterations
11757 Beach Boulevard, #6
Jacksonville, Florida 32246

Re: Facility I.D. No. 0310422

Dear Mr. Limumathu:

The Department has reviewed your notification form to operate a perchloroethylene dry cleaning facility with a general permit pursuant to Section 62-213.300, Florida Administrative Code. In accordance with the information included in your notification form, it appears that your facility is exempt from this air general permit requirement.

An exemption from this air general permit requirement does not necessarily exempt you from all Department permits. Please contact your nearest DEP district or local program office to determine if any other permits are required. You may also contact the Small Business Assistance Program at 800/722-7457.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

October 20, 1996

Beachwood Cleaners
11757 Beach Blvd #6
Jacksonville, FL 32246

Dear Sir,

Beachwood Cleaners is a pick up station.

We do not have any equipment for dryclean here.

Yours sincerely,

Sumitra Limumathu

BEACHWOOD CLEANERS

Dry Cleaning and Laundry Alterations
11757 Beach Blvd. #6
Jacksonville, FL 32246
(904) 642-6512

SUMITRA LIMUMATHEE

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: County: Zip Code:
5. Facility Identification Number (DEP Use): <i>0310422</i>

Responsible Official

6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: () - Fax: () -

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: () -

RECEIVED

OCT 28 1996

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

No 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.

Signature

Date

all

RF
~~3020007~~
~~3020007~~

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0310423
TRAVIS GUERRA TRAVIS GUERRA 10425 OLD ST AUGUSTINE RD JACKSONVILLE FL 32257

RECEIVED
 361
 MAR 02 1998
 RECEIVED
 MAIL ROOM
 Bureau of Air Monitoring
 & Mobile Sources
 FEB 25 98

Do NOT Remove Label

Annual Reporting Period: Jan 1 19 97 TO Dec 31 19 97

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

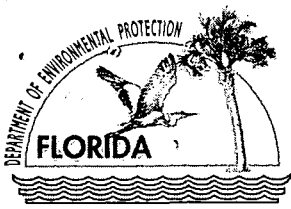
Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: TRAVIS GUERRA [Signature] 2/5/98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

FEBRUARY 12, 1998

\$2.99 CLEANERS
TRAVIS GUERRA
10425 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257

Dear Mr. Guerra:

Attached is your check dated February 4, 1998, in the amount of \$50.00, which was received in our office on February 9, 1998. We are returning this check for the following reason:

Check is unsigned. Please sign your check.

Money amounts are different. Please issue a new check in the correct amount.
(Numerical and Written Amounts)

Other: Our records indicate this check does not belong to the Department of Environmental Protection. Thank you.

Sincerely,

for Ann R. Sullivan
Accounting Services Supervisor
Receipts Section
Bureau of Finance and Accounting

AS/yd
Attachment

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303614

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

TRAVIS GUERRA
TRAVIS GUERRA
10425 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32257

AIRS ID#0310423

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

\$2.99 CLEANERS

0010509

INV RF INVOICE #	AMOUNT	INV RF INVOICE #	AMOUNT	INV RF INVOICE #	AMOUNT
3624 PERMIT	50.00				

AIR ID 0310423

1.
-
25.

TOTAL => 50.00

SUPPLIER: TITLE V - DEPT. OF ENVIRONMENTAL PROTECT CHECK: 10509 DATE: 02/04/98

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TRAVIS GUERRA
TRAVIS GUERRA
10425 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32257

AIRS ID 0310423

4a. Article Number

Z333612823

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-18-58

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Handwritten Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 823

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0310423

TRAVIS GUERRA
TRAVIS GUERRA
10425 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32257

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	