



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

June 18, 2007

Mr. Gary Abernathy
Carriage Cleaners
3920 Confederae Point Road
Jacksonville, Florida 32210

Re: Facility No.: 0310443-003

Dear Mr. Abernathy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 16, 2007.

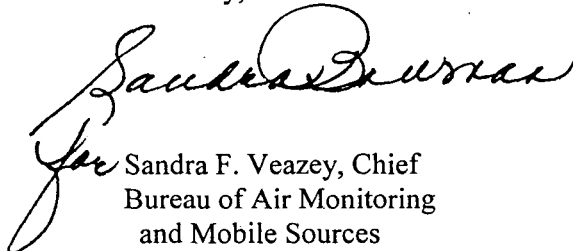
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

SFV/pg

cc: Mr. Wayne Tutt, Duval County

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 16 2007
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):	Carrriage Cleaners, Kevin Hodges / Gary Abernathy		
2. Site Name (For example, plant name or number):	Carrriage Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	Carrriage Cleaners		
Street Address:	3920 Confederate Point Rd		Zip Code: 32210
City:	Jacksonville	County: Duval	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	[REDACTED]		

0310443-003

Responsible Official

6. Name and Title of Responsible Official:	0310443-003		
Name:	Kevin Hodges / Gary Abernathy	Title:	OWNER
7. Responsible Official Mailing Address:	Organization/Firm:		
Street Address:	3920 Confederate Pt Rd		Zip Code: 32210
City:	Jacksonville	County: Duval	
8. Responsible Official Telephone Number:	Telephone: (904) 777-5592 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Kevin Hodges		
10. Facility Contact Address:	Street Address: 3920 Confederate Pt Rd		
City:	Jacksonville	County: Duval	Zip Code: 32210
11. Facility Contact Telephone Number:	Telephone: (904) 813-9019 Fax: () -		

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 1

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>1986</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>Same</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? 1

How many dryers/reclaimers do you have on-site? 1

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")
<u>1988</u>	<u>Existing</u> /New	RC/CA/None required	<u>Same</u>
<u>1998</u>	Existing/ <u>New</u>	RC/CA/None required	<u>Same</u>
_____	Existing/ <u>New</u>	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?

15 gallons (You must fill this in)

(b) If less than 12 months, how many? 5 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:

1.5

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.

Gary Abernethy
Print name of responsible official


Signature

5/14/07
Date

CARRIAGE CLEANERS
3920 CONFEDERATE PT RD
JACKSONVILLE, FL 32210

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

XPRESS MAIL

POSTAL SERVICE®

U.S. POSTAGE PAID JACKSONVILLE, FL 32210 MAY 15, '07 POSTAGE AMOUNT \$16.25 00050721-13

WWW.USPS.COM

BEST AVAILABLE COPY



1E8385103995US

1E8385103995US



UNITED STATES POSTAL SERVICE®

Addressee Copy

(Label 11-B, March 2004)

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 32210	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del Day	Postage \$16.25
Date Accepted 3/14/07	Scheduled Date of Delivery	Return Receipt Fee \$
Mo Day Year 3 14 07	Month Day 3 14	COD Fee \$ Insurance Fee \$
Time Accepted 10:00 AM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$16.25
Flat Rate <input type="checkbox"/> or Weight <input checked="" type="checkbox"/>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance/Emp. Initials 147
Int'l Alpha Country Code		

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	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only)	Additional merchandise insurance is void if customer requests waiver of signature.
<input type="checkbox"/> 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.	
<input type="checkbox"/> NO DELIVERY (Weekend or Holiday)	Mailer Signature

FROM: (PLEASE PRINT) PHONE ()

CARRIAGE CLEANERS
3920 CONFEDERATE PK RD
JACKSONVILLE, FL 32210

TO: (PLEASE PRINT) PHONE ()

Dept. of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL

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

3 2 3 9 9 + 2 4 0 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811