

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

April 27, 2004

Mr. Steven C. Hagan  
Carriage Cleaners  
8122 Misty Meadows Court North  
Jacksonville, Florida 32210

Re: Facility No.: 0310443-002

Dear Mr. Hagan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 25, 2004.

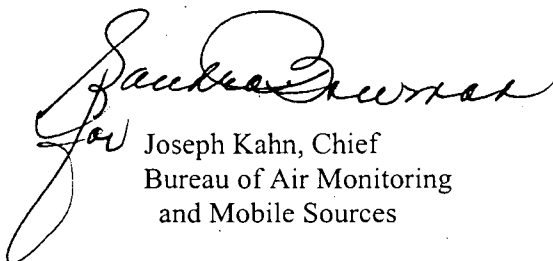
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

Printed on recycled paper.

(RB) - PROCESSOR

EMISSION FEE DATES ..... 248-2002  
SOC REPORTS ..... 2  
COMPLIANCE STATUS ..... SNC

(FR) - 12/11/2003 - SNC  
1/05/2003 - IN

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAR 25 2004  
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): STEVEN C. HAGAN DBA CARRIAGE CLEANERS
2. Site Name (For example, plant name or number): CARRIAGE CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 982155608
4. Facility Location: Street Address: 3920 CONFEDERATE POINT ROAD City: JACKSONVILLE County: DUVAL Zip Code: 32210
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310443-002

Responsible Official

6. Name and Title of Responsible Official: Name: STEVEN C. HAGAN Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: (Court) Street Address: 8122 MISTY MEADOWS CT. North City: JACKSONVILLE County: DUVAL Zip Code: 32210
8. Responsible Official Telephone Number: Telephone: (904) 777-3966 Fax: <del>(904)</del> N/A

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): VALERIE LEWIS
10. Facility Contact Address: Street Address: 1432 DAKAR ST. City: JACKSONVILLE County: DUVAL Zip Code: 32210
11. Facility Contact Telephone Number: Telephone: (904) 389-4003 Fax: ( ) N/A

**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")
1987	Existing/New	RC/CA/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><br>(NONE REQUIRED) <input checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input 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.*

STEVEN C. HAGAN

Print name of responsible official

Steven C. Hagan  
Signature

3-22-04  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466587 DEC28 2006

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

DEPT. OF ENVIRONMENTAL  
PROTECTION

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 310443  
CARRIAGE CLEANERS ✓  
3920 Confederate Point Road  
JACKSONVILLE, FLORIDA  
32210

ELAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

Mobile Sources  
Air Monitoring

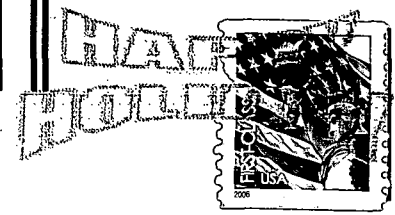
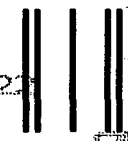
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

**CARRIAGE CLEANERS**  
3920 CONFEDERATE PT RD  
JACKSONVILLE, FL 32210

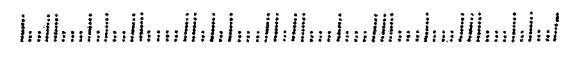
JACKSONVILLE FL 32210

26 DEC 2006 PM 4 L



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

32315+3070 BOSS





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

458606 FEB 2 2006

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

310443 10  
CARRIAGE CLEANERS  
3920 Confederate Point Road  
JACKSONVILLE, FL 32210

Bureau of Air  
Mobile Sources

RECEIVED  
FEB 06 2006

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.

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

443243 DEC132004

**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# 310443 10  
CARRIAGE CLEANERS  
3920 Confederate Point Road  
JACKSONVILLE, FL 32210

✓  
Bureau of Air  
& Mobile  
Operations  
DEC 13 2004  
RECEIVED

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

*Printed on recycled paper.*

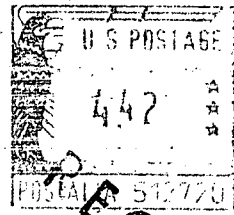
MS# 5540 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7003 2260 0003 5651 0819



ID# 310443  
JIM SEO  
CARRIAGE CLEANERS  
3920 CONFEDERATE POINT ROAD  
JACKSONVILLE, FL 32210

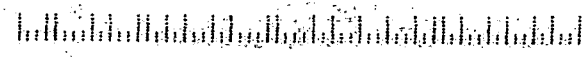
**RECEIVED**  
FEB 13 2004  
Bureau of Air Monitoring  
& Mobile Sources



SEC-920 322102695 1903 15 02/10/04  
RETURN TO SENDER

SEO  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

322102695 04



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 mail piece or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: ID# 310443 JIM SEO CARRIAGE CLEANERS 3920 CONFEDERATE POINT ROAD JACKSONVILLE, FL 32210		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number: (Transfer) 7003 2260 0003 5651 0819		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type: <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.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total F ID# 310443  
 Sent To JIM SEO  
 CARRIAGE CLEANERS  
 Street, A 3920 CONFEDERATE POINT ROAD  
 or PO Box JACKSONVILLE, FL 32210  
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0819