

-Updated page 14 received
by e-mail on 7/22/10 -MB

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL 12 2010

Division 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 **OLD AIRS # 0310454**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): EVELYN SOTO
2. Site Name (For example, plant name or number): KING CLEANER
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 8101-1 OLD KING RD S. Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32217
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310454-003

Responsible Official

6. Name and Title of Responsible Official: Name: EVELYN SOTO Title: MANAGER
7. Responsible Official Mailing Address: Organization/Firm: 8101-1 OLD KING RD S. Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32217
8. Responsible Official Telephone Number: Telephone: (904) 571-3760 Fax: (904) 737-7107

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS RESPONSIBLE
10. Facility Contact Address: Street Address: SAME as Responsible City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

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FEB 12 2010

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Mobile Sources

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Responsible Official

6. Name and Title of Responsible Official: Name: SOPHAL KOL Title: MANAGER
7. Responsible Official Mailing Address: 11302 MONUMENT LANDING BLVD. Organization/Firm: Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32225
8. Responsible Official Telephone Number: Telephone: (904) 509-1847 Fax: (904) 737-7107

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS RESPONSIBLE
10. Facility Contact Address: Street Address: SAME as Responsible City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Sophaljax@aol.com

Facility Information.

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

How many dry-to-dry machines do you have on-site? 01

*- 7/22/10 - spoke with
Sophal Kol, date is
1995 - MB*

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")
	Existing <u>New</u>	<u>RC/CA</u> None required	<u>SAME</u>
	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? 0

How many dryers/reclaimers do you have on-site? 0

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>1995</u>	Existing <u>New</u>	<u>RC/CA</u> None required	<u>SAME</u>
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*- no
transfer
machine
- MB*

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

0 gallons (You must fill this in)

(b) If less than 12 months, how many? 1 months

Check why it is less than 12 months: New owner: 1 Did not keep records: YES

New store: New machine

Unopened store (date of expected opening)

*- per Mr. Kol,
will use approx.
120 gallons
per year
- MB*

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) _____

*-per Mr. Kol,
15 HP
-MB*

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.

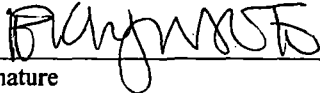
Responsible Official Certification

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.

EVELYN SOTO

Print name of responsible official


Signature

June 30, 10
Date

Brynes, Marnie

From: Brynes, Marnie
Sent: Monday, July 26, 2010 4:56 PM
To: 'sophaljax@aol.com'
Subject: RE: Notification Form
Attachments: Document.pdf; Air General Permit0001.pdf

Sophal,

I have attached your updated page to your original form. Thank you.

-Marnie

From: sophaljax@aol.com [mailto:sophaljax@aol.com]
Sent: Thursday, July 22, 2010 5:58 PM
To: Brynes, Marnie; Sophaljax@aol.com
Subject: Re: Notification Form

Marnie,
Please accept this correct form that Evelyn has correct it per your intruction.

Thanks,
Sopha Kol

-----Original Message-----

From: Brynes, Marnie <Marnie.Brynes@dep.state.fl.us>
To: sophaljax@aol.com <sophaljax@aol.com>
Sent: Thu, Jul 22, 2010 5:02 pm
Subject: Notification Form

Sophal,

Per our telephone conversation today, attached is the first page of the Notification Form. Please e-mail your updated form to me as soon as possible. Thank you.

Marnie Brynes
850/922-8978

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.

CERTIFIED MAIL™

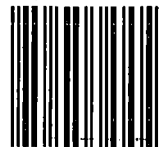
Evelyn Soto
Kings Cleaners
8101-1 Old Kings Rd.
Jacksonville, FL 32217



7008 3230 0000 5921 0345



1000



32399

U.S. POSTAGE
PAID
JACKSONVILLE, FL
32225
JUL 07, 10
AMOUNT

\$5.54

00065041-16

**RETURN RECEIPT
REQUESTED**

Air General Permits Section
Bureau of Air Monitoring + Mobile Sources,
MSB610
Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

3239946542

