

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 5, 2002

Mr. Karam A. Toma  
Park Place Cleaners  
4100 Belfort Road, Suite 5  
Jacksonville, Florida 32216

Re: Facility No.: 0310459-002

Dear Mr. Toma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 2, 2002.


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,

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Wayne Tutt, Duval County

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

*Printed on recycled paper.*

Fees Paid  
SOC 2  
Compliance MAC

old owner

RECEIVED  
MAY 2 2002  
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): | K & S Cleaners, Inc.   |  |  |
| 2. Site Name (For example, plant name or number):                                  | Park Place Cleaners  |  |  |
| 3. Hazardous Waste Generator Identification Number:                                | Service # 0002-7092-48 Location # 307901   |  |  |
| 4. Facility Location:  | Street Address: 4100 Belfort Road Suite #5<br>City: Jacksonville County: Duval Zip Code: 32216 |  |  |
| <del>Facility Identification Number (DEP Use ONLY - do not fill in)</del>          |  |  |  |

0310459-002

Responsible Official

|  |   |  |
|--|---|--|
| 6. Name and Title of Responsible Official: | Name: Karam A. Toma Title: President  |  |
| 7. Responsible Official Mailing Address:   | Organization/Firm: K & S Cleaners, Inc.<br>Street Address: 4100 Belfort Road Suite #5<br>City: Jacksonville County: Duval Zip Code: 32216 |  |
| 8. Responsible Official Telephone Number:  | Telephone: ( 904 ) 281-0064 Fax: ( 904 ) 731 - 5820   |  |

Facility Contact (If different from Responsible Official)

|   |  |  |  |
|---|--|--|--|
| 9. Name and Title of Facility Contact (For example, plant manager): |  |  |  |
| 10. Facility Contact Address:                                       | Street Address:<br>City: County: Zip Code: |  |  |
| 11. Facility Contact Telephone Number:                              | Telephone: ( ) - Fax: ( ) -                |  |  |

0310459-002

5/23/2002

Spoke to Mr. Karam Ooma and he stated that the dry to dry machine was purchased in 1997. Mr. Karam also stated that the Refrigerated Condenser was added when purchased.

Page 15

(a) Add date machine initially purchased.  
add Date Control Device Installed.

**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") |
|--|----------------------|---------------------------------------|---|
| _____                                      | Existing/ <u>New</u> | <u>RC</u> /CA/None required           | _____   |
| _____                                      | 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?

130 gallons (You must fill this in)

(b) If less than 12 months, how many? 4 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?  1

For each boiler, indicate its horsepower (HP) rating:  15

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 Permitt(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.*

Karam A. Toma

Print name of responsible official

  
Signature

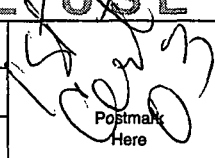
April 30, 2002

Date

**U.S. Postal Service™**  
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|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |


Total F ID# 310459  
KARAM TOMA

Sent To PARK PLACE CLEANERS  
Street, or POB 4100 BELFORT ROAD  
City, State JACKSONVILLE, FL 32216

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0734

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

|   |  |
|---|--|
| <p><b>SENDER: COMPLETE THIS SECTION</b></p> <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 mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> ID# 310459<br/> KARAM TOMA<br/> PARK PLACE CLEANERS<br/> 4100 BELFORT ROAD<br/> JACKSONVILLE, FL 32216 </div> | <p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature<br/> x  <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/> Kim Salem 2/6/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number<br/> (Transfer from) 7003 2260 0003 5651 0734</p>  |  |
| <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>  |  |
| <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

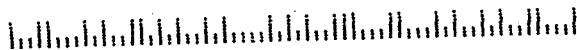
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2409

Bureau of Air  
Monitoring  
Sources

9 2004

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| Postage   | \$        |
| Certified Fee                                     |           |
| Return Receipt Fee<br>(Endorsement Required)      |           |
| Restricted Delivery Fee<br>(Endorsement Required) |           |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> |

Postmark  
here

AIRS ID#0310459

Sent To **PARK PLACE CLEANERS**  
 Street, Apt. No., or PO Box No. **KARAM A TOMA**  
**4100 BELFORT ROAD**  
 City, State, ZIP+ **JACKSONVILLE FL**  
**32216**

PS Form 3800

7001 0320 0001 7975 5076

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS AND POSTAGE

**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#0310459

**PARK PLACE CLEANERS**  
**KARAM A TOMA**  
**4100 BELFORT ROAD**  
**JACKSONVILLE FL**  
**32216**

**COMPLETE THIS SECTION ON DELIVERY**

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

*Karam A. Toma*

*2/7/03*

C. Signature

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 5076

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

FEB 10 2003

RECEIVED



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

436193 FEB10 2004

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

310459  
 KARAM TOMA  
 PARK PLACE CLEANERS  
 4100 BELFORT ROAD  
 JACKSONVILLE FL 32216

RECEIVED  
 FEB 10 2004  
 Bureau of  
 & Mobil  
 Services  
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 FEB 10 2004  
 FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273

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

443488 DEC20 2004

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

**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID# 310459 10  
 PARK PLACE CLEANERS  
 4100 Belfort Road  
 JACKSONVILLE, FL 32216

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

PARK PLACE CLEANERS  
4100 BELFORT ROAD  
SUITE 5  
JACKSONVILLE, FLORIDA 32216

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



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.

**TOTAL AMOUNT DUE: \$50.00**

424147 FEB28 2003

Do NOT Remove Label

AIRS ID#0310459

PARK PLACE CLEANERS  
KARAM A TOMA  
4100 BELFORT ROAD  
JACKSONVILLE FL  
32216

Director of Air Monitoring  
& Mobile Sources

RECEIVED  
MAR 05 2003

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466571 DEC272006

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# 310459 ✓  
K & S CLEANERS INC  
4100 Belfort Road  
JACKSONVILLE, FLORIDA  
32216

U.S. Bureau of Air Mail  
& Mobile Services  
DEC 28 2006

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

FOR GOVERNMENT USE ONLY  
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FUND: 20-2-035001  
OBJECT: 002273

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PARK PLACE CLEANERS  
4100 BELFORT ROAD  
SUITE 5  
JACKSONVILLE, FLORIDA 32216

JACKSONVILLE FL 322

26 DEC 2006 PM 5 T



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

32315-3070 8099

