

# 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-Designee

January 19, 2007

Mr. Chris Funk  
CKF Laundry Service, LLC  
6005 Powers Avenue Unit 110  
Jacksonville, Florida 32217

Re: Facility No.: 0310478-002

Dear Mr. Funk:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 18, 2006.

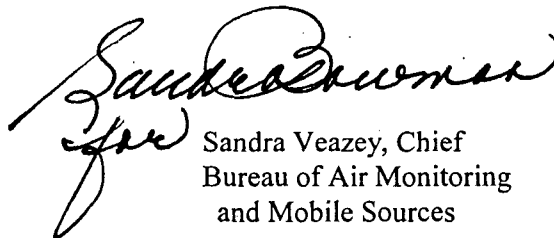
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

SV/pg

cc: Mr. Wayne Tutt – Duval County

NO ACTIVITY FOR FACILITY.....  
EMISSION FEE DATES 199-2002.....  
SOC REPORTS 2.....  
COMPLIANCE STATUS IN.....

8/23/2002

Insp-INS2-Compliance Inspection  
walk-through  
Insp-Duval Co - W Tuttle

RECEIVED  
DEC 18 2006  
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):	Chris and Carter Funk CKFLaundry Service LLC		
2. Site Name (For example, plant name or number):	Deluxe Plant Store Number 4		
3. Hazardous Waste Generator Identification Number:	Facility ID 9701030 Account Owner ID 57313		
4. Facility Location:	Street Address: 6005 Powers Ave unit 110		
	City: Jacksonville	County: Duval	Zip Code: 32217
<del>Facility Identification Number (DEP Use ONLY - do not fill in)</del>			

0310478-002

Responsible Official

6. Name and Title of Responsible Official:	Name: Chris Funk Title: Partner		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 6005 Powers Ave unit 110 City: Jacksonville County: Duval Zip Code: 32217		
8. Responsible Official Telephone Number:	Telephone: (904) 814-7428 Fax: (904) 212-0477		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Arlene Young		
10. Facility Contact Address:	Street Address: 6005 Powers Ave Unit 110 City: Jacksonville County: Duval Zip Code: 32217		
11. Facility Contact Telephone Number:	Telephone: (888) 248-9492 Fax: (904) 212-0477		

**Facility Information**

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

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

3

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>2000</u>	Unica Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input checked="" type="radio"/> CA <input type="radio"/> None required	<u>Same</u>
<u>2006</u>	Realstar Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input checked="" type="radio"/> CA <input type="radio"/> None required	<u>Same</u>
<u>1997</u>	Marvel Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input checked="" type="radio"/> CA <input type="radio"/> None required	<u>Same</u>

\*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")
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____

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

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

495 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 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 checked="" 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 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.*

Chris Funk  
Print name of responsible official

Chris Funk  
Signature

12/5/06  
Date



JACKSONVILLE FL 322

6005 Powers Avenue, #110 • Jacksonville, FL 32217

15 DEC 2006 PM 5 L

HAPPY  
1 399550  
2 500.39 DEC 14 06

Title V General Permitting Office  
Bureau of Air Monitoring and Mobile Sources  
MS-5510

Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32309-7400

0209966542