

Jeb Bush Governor

Department of Environmental Protection

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

Colleen M. Castille Secretary

January 3, 2005

Ms. Lauranne M. Madsen Shretta's Carriage Cleaners 9866-9 Baymeadows Road Jacksonville, Florida 32256

Re: Facility No.: 0310525-001

Dear Ms: Madsen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 28, 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"

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RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

NOV 28 2000

Part III. Notification of Intent to Use General Permit & Mobile Sources

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 Drugel (3-WT		
1. Facility Owner/Company Name (Name of corporation, ag	ency, or indivi	dual owner):
LAURANNE M. MADSEN		
2. Site Name (For example, plant name or number):		
SHKETTA'S CARRIAGE CLEANERS		
3. Hazardous Waste Generator Identification Number:		
S'AFETY KLEEN		
4. Facility Location:		
Street Address: 9866-9 BAYWEADOWS Rd City: TAYKON NILLS DI County: DUVA	í	Zip Code: 32256
JICFSDINICE PC		72236
5. Facility Identification Number (DEP Use ONLY - do not		τ on Γ
03/05	C10	
Perpansible Official		
Responsible Official 6. Name and Title of Responsible Official:		·
Name: LAURANNE M. MADSEN	Title: OW	nest
7. Responsible Official Mailing Address:		
Organization/Firm:	•	
Street Address: 98669 Bayweadows (18)		
City: JACUSONUILLE, FL County: Doval	j	Zip Code: 32256
8. Responsible Official Telephone Number:		
Telephone: (904)641-5991	Fax: () -
English County of County of the Property of the County of		
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant ma	nager):	•
Same	······································	
10. Facility Contact Address:	· · · · · · · · · · · · · · · · · · ·	
Street Address:		
City: County:		Zip Code:
11. Facility Contact Telephone Number:	Dain (
Telephone: () -	Fax: () -

RECEIVED NOV 1 6 2004 R Montile Source Ing **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 Status Control Device Required* Date Control Device Installed (if already included at time of From Manufacturer (circle one) (circle one) purchase, write "SAME") 6-28-95 Same 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 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required RC/CA/None required Existing/New RC = refrigerated condenser *CONTROL DEVICE KEY: CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [135,1] gallons (You must fill this in)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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

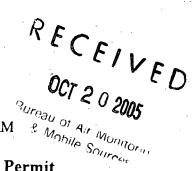
New store: [____] New machine [

Unopened store [___] (date of expected opening

Check why it is less than 12 months: New owner: [] Did not keep records: [

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
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 No such units on-site OR
How many boilers do you have on-site? []
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 [] 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	te 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
(X)	No DEP air permits currently exist for the operation of the facility indicated in this notification form
Responsible	Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification.
l	RANNE M. MADSEN ne of responsible official
<u>Jaua</u> Signature	nueM. Madsur 10-29-04 Date



AIR GENERAL PERMIT NOTIFICATION FORM & M. Part III. Notification of Intent to Use General Permit

PERCHLOROETHYLENE DRY CLEANER

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.

	cility Name and Location		
1.	Facility Owner/Company Name (Name or corporation, ag	ency, or indivi	dual owner):
	LAURANNE M MADSEN	· · · · · · · · · · · · · · · · · · ·	
2.	Site Name (For example, plant name or number):		
	SHRETTA'S CARRIAGE CLEAMERS		
3.	Hazardous Waste Generator Identification Number:		
4.	Facility Location: 9866-9 BAYMEADOWS 2	D.	
	City: JACKSONVILLE, FL. County: DUVAL	•	Zip Code: 32256
	ibaally, Kanthertor-Yourgan (1912) is a Survenior	ilimy:	
Re	sponsible Official 0310	525	-001
6.	Name and Title of Responsible Official:		
Na	me: LAURANNE M. MADSEN	Title: Own	IER
7.	Responsible Official Mailing Address:	-	
	Organization/Firm:		
	Organization/Firm: Street Address: City: County:		Zip Code:
8.	Street Address: City: County:		Zip Code:
8.	Street Address:	Fax: (Zip Code:
	Street Address: City: County: Responsible Official Telephone Number: Telephone: (904)641-5991	Fax: (
Fac	Street Address: City: County: Responsible Official Telephone Number: Telephone: (904)641-5991 cility Contact (If different from Responsible Official)		
Fac	Street Address: City: County: Responsible Official Telephone Number: Telephone: (904)641-5991		
Fac	Street Address: City: County: Responsible Official Telephone Number: Telephone: (904)641-5991 cility Contact (If different from Responsible Official)		
Fac 9.	Street Address: City: County: Responsible Official Telephone Number: Telephone: (904)641-5991 cility Contact (If different from Responsible Official)		
Fac 9.	Street Address: City: County: Responsible Official Telephone Number: Telephone: (QOU) 641 - 5991 Edity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant ma		
Fac 9.	Street Address: City: County: Responsible Official Telephone Number: Telephone: (904) 641 - 5991 Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant ma		
Fac 9.	Street Address: City: County: Responsible Official Telephone Number: Telephone: (904) 641 - 5991 cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant ma Facility Centact Address: Street Address:)

FOR

FILE

ONLY

ENTITLED

THROUGH

12/29/2009

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry m	achines do you ha	ve on-site?	
For each dry-to-dry mac	hine on-site, pleas	e provide the following information	n:
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")
05-July-93	Existing	RCCAMone required	same
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
·			<u> </u>
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA = c	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do ye	•	[0]	
How many dryers/reclain	* - *	on-site? []	e e e e e e e e e e e e e e e e e e e
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unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased		ecember 9, 1991 and September 22, wed to operate under this general ermation: Date Control Device Installed (if already included at time of
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unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf	ine was purchased no units purchased er machine on-site Status (circle one) Existing/New	from the manufacturer between D after September 22, 1993 are allowe, please provide the following info Control Device Required* (circle one) RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general ermation: Date Control Device Installed (if already included at time of
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unit. If the transfer mach 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlor [270.] gallor (b) If less than 12 more	ine was purchased to units purchased for machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between D after September 22, 1993 are allowed, please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = control	ecember 9, 1991 and September 22, wed to operate under this general armation: Date Control Device Installed (if already included at time of purchase, write "SAME") earbon adsorber onths?
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3. What is the facility's source classification based on the definition with an "X". Select one classification only.)	initions found in section (3) of Part II?
Small Area Source	
Transfer only on-site (used le	ess than 140 gallons of perc per year) ess than 200 gallons of perc per year) ess than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (used 2	40 - 2,100 gallons of perc per year) 00 - 1,800 gallons of perc per year) 40 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant (Indicate with an "X".)	to section (5) of Part II of this notification form?
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 sha Rule 62-213.300, F.A.C. Verify that all steam and hot water exemption criteria or that no such units exist on-site (see atta	generating units on-site meet the following
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [15]	
What type of fuel do you use? No. 2 fuel oil No. 6 fuel oil	natural gas Other (please list)
6. Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accord	ance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition l	og 🔀
(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 indica	te with an "X" the appropriate selection	n:	
	I hereby surrender all existing DEP a this notification form; the permit nur		of the facility indicated in
(X)	No DEP air permits currently exist form.	or the operation of the facility ind	licated in this notification
Responsible	Official Certification		
this notification of the statement of th	dersigned, am the responsible official, officialistication. I hereby certify, based on information are true, act the air pollutant emissions units and a with all terms and conditions of this genumptly notify the Department of any characteristics. ANNE M. MADSEN are of responsible official	rmation and belief formed after r curate and complete. Further, I d ir pollution control equipment de neral permit as set forth in Part II	reasonable inquiry, that the agree to operate and escribed above so as to of this notification form.
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	904-641-5991 9866-9 BAYMEADOWS ROAD		
	JACKSONVILLE, FL 32256	DATE 10-1	63-4/630 FL
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

468956 FEB12207

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#310525

LAURANNE MADSEN
9866-9 Baymeadows Rd
JACKSONVILLE, FLORIDA 32256

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FLAIR ACCT. GODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

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

Shrella's Carriage Cleanors 9866-9 Baymeadows Rd. JACKSONVILLY, FL. 32256 JACKSONVILLE FL 32

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459849 MAR13286 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

310525 10 SHRETTA'S CARRIAGE CLEANERS 9866-9 Baymeadows Rd JACKSONVILLE, FL 32256

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

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273