



Department of Environmental Protection

Jeb Bush
Governor

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.

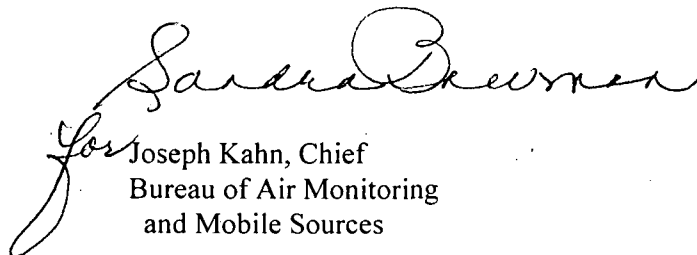
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

EMISSION FEE DATES
NO ACTIVITY FOR FACILITY..✓.....
SOC REPORTS.....
COMP. STATUS- SNC MNC IN

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

NOV 28 2004

Part III. Notification of Intent to Use General Permit ^{Bureau of Air Monitoring} & 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 *Duval Co - WT*

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>LAURANNE M. MADSEN</i>
2. Site Name (For example, plant name or number): <i>SHKETTA'S CARRIAGE CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>SAFETY KLEEN</i>
4. Facility Location: Street Address: <i>98669 BAYMEADOWS Rd</i> City: <i>JACKSONVILLE, FL</i> County: <i>Duval</i> Zip Code: <i>32256</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0310525-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>LAURANNE M. MADSEN</i> Title: <i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>98669 Baymeadows Rd</i> City: <i>JACKSONVILLE, FL</i> County: <i>Duval</i> Zip Code: <i>32256</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 641-5991</i> Fax: () -

Facility Contact (If different from Responsible Official)

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

RECEIVED

NOV 16 2004

Bureau of Air Monitoring & Mobile Sources

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")
6-28-95	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?

[135,1] 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".)

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?

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.

LAURANNE M. MADSEN

Print name of responsible official

Lausanne M. Madsen

Signature

10-29-04

Date

RECEIVED

OCT 20 2005

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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): LAURANNE M. MADSEN
2. Site Name (For example, plant name or number): SHRETTA'S CARRIAGE CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 9866-9 BAYMEADOWS RD. City: JACKSONVILLE, FL. County: DUVAL Zip Code: 32256
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310525-001

Responsible Official

6. Name and Title of Responsible Official: Name: LAURANNE M. MADSEN Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (904) 641-5991 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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11. Facility Contact Telephone Number: Telephone: () - Fax: () -

For
FILE
ONLY -
ENTITLED
THROUGH
12/29/2009

Facility Information

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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")
05-July-93	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required <input type="radio"/>	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?

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_____	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?

270.1 gallons (You must fill this in)

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

New store: New machine

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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
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- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
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 - 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 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 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).

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What type of fuel do you use? propane natural gas
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I will promptly notify the Department of any changes to the information contained in this notification.

LAURANNE M. MADSEN

Print name of responsible official

Lauranne M. Madsen

Signature

10-15-05

Date

LAURANNE M. MADSEN DBA
SHRETTA'S CARRIAGE CLEANERS

12-00

2144

904-641-5991
9866-9 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

63-4/630 FL
1194

DATE 10-15-05

PAY
TO THE
ORDER OF

Title & General Permitting Office

\$ 50.00

Fifty dollars and 00/100

DOLLARS

Bank of America



ACH R/T 063100277

FOR air permit - AINS ID # 0310525

Lauranne M. Madsen



This check was received by itself in an
interoffice envelope. 10-28-05
Dem

3755

2273

ref# 0310525

10/31

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 FEB122007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#310525 ✓
 LAURANNE MADSEN
 9866-9 Baymeadows Rd
 JACKSONVILLE, FLORIDA 32256

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

FEB 12 2007
 U.S. Air Monitoring
 Mobile Sources

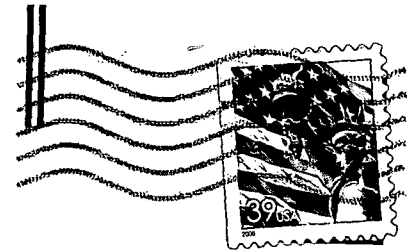
FOR GOVERNMENT USE ONLY
 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

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Shretta's Carriage Cleaners
 9866-9 Baymeadows Rd.
 Jacksonville, FL 32256

JACKSONVILLE FL 322

09 FEB 2007 PM 6 T



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

323153070 8099

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459849 MAR132006

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

RECEIVED
MAR 15 2006
Bureau of Air Monitoring
& Mobile Sources

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

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