

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 16, 2007

Mr. Robert Allen
A Touch of Class Cleaners
6060 Fort Caroline Road, Suite 1
Jacksonville, Florida 32277

Re: Facility No.: 0310541-001

Dear Mr. Allen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 14, 2006.

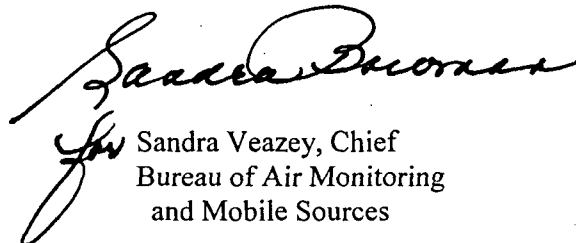
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

NO Activity Exist for the
Selected Facility
Insp - Duval Co - Wayne Tutt

CK # 35667 - TO BE RETURNED - \$5000

(NEW FACILITY IS CURRENT "UNPERMITTED" IN
30 DAY REVIEW PERIOD) (NOT IN OPERATION)
IN 2006

AIRS ID # 0310541

A TOUCH OF CLASS CLEANERS

6060 FT. CAROLINE RD #1

JAX, FL 32277

(904) 743-9252

DATE -
RETURNED

RECEIVED
DEC 14 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):	T.O.C. CLEANERS INC ROBERT ALLEN PRES
2. Site Name (For example, plant name or number):	A Touch of CLASS CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 981926306
4. Facility Location: Street Address: 6060 FT CAROLINE Rd #1 City: JACKSONVILLE County: DUVAL Zip Code: 32277	
Facility Identification Number (DEP Use ONLY - do not fill in)	

0310541-001

Responsible Official

6. Name and Title of Responsible Official: Name: ROBERT ALLEN Title: PRES
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 6060 FT CAROLINE Rd #1 City: JACKSONVILLE County: DUVAL Zip Code: 32277
8. Responsible Official Telephone Number: Telephone: (904) 743-9252 Fax: ()

Facility Contact (If different from Responsible Official)

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

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/New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>12/03</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?

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?

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 _____)



Environmental Protection

BEST AVAILABLE COPY

Charlie Crist
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5500
Tallahassee, Florida 32399-2400
Telephone: (850) 488-0114 FAX: (850) 922-6979

Michael W. Sole
Secretary

January 3, 2007

Mr. Robert Allen
Cleaners, Inc.
3617 Crown Point Road #2
Jacksonville, Florida 32257

Re: Facility I.D.: 0310541
A Touch of Class Cleaners

Dear Mr. Allen:

The Bureau of Air Monitoring and Mobile Sources recently received your Title V Permit Notification Form for the above dry cleaning facility and your check (#35667) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-7744.

Sincerely,

Sandra Bowman
Mobile Source Control Section

CLEANERS, INC.
3617 CROWN PT. RD. #2
JACKSONVILLE, FL 32257

WACHOVIA
63-2/630

35667

PAY TO THE
ORDER OF:

Department of Environ. Protection

12/10/06

\$ 50.00

Fifty Dollars

DOLLARS

MEMO

Air Permit Plant

CLEANERS, INC.

AUTHORIZED SIGNATURE

Security features. Details on back.

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>	<u>New machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/>	Refrigerated condenser <input checked="" type="checkbox"/>
<u>Existing machines at large area source</u>	<u>New machines at large area source</u>
Carbon adsorber <input type="checkbox"/>	Refrigerated condenser <input type="checkbox"/>
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) _____

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	<input checked="" type="checkbox"/>
(b) Leak detection inspection and repair	<input checked="" type="checkbox"/>
(c) Refrigerated condenser temperature monitoring	<input checked="" type="checkbox"/>
(d) Carbon adsorber exhaust perc concentration monitoring	<input checked="" type="checkbox"/>
(e) Startup, shutdown, malfunction plan	<input checked="" type="checkbox"/>

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.

ROBERT ALLEN
Print name of responsible official

[Signature]
Signature

12/9/06
Date

T.O.C. CLEANERS, INC.
A TOUCH OF CLASS CLEANERS

UNPERMITTED

NEW FACILITY

AIRS ID # 0310541

RETURN CHECK

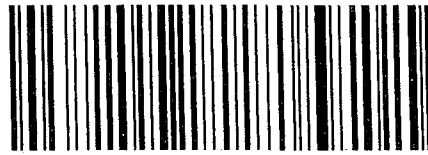
CK # 35667

CLEANERS, INC.

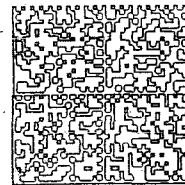
3617 CROWN PT. RD. #2

JACKSONVILLE, FL 32257

P.O.C. CLEANERS Inc
6060 Ft Caroline Rd #1
JAE FL 32227



7005 1820 0004 0638 8204



042J80073740
neopostSM \$4.64
12/11/06
Mailed From 32211
US POSTAGE

RETURN RECEIPT
REQUESTED

CERTIFIED

TITLE V GENERAL Permitting office
BUREAU of Air Monitoring & Mobile Sources
MS-15510
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee, Florida 32399-2600