

## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

July 17, 2001

Mr. John Thomas Bill Doyle Cleaners 5201 North Davis Highway Pensacola, Florida 32503-2033

Re: Facility No.: 0330226-002

Dear Mr. Thomas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 11, 2001.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

6/19 Fee Paid 96-00 Soc antered

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0330226-002

4. New madines at small ared source should be marked 5. All steamond but water write should be marked

PM Responsible Official signand date for changes made.

DEP R	OUTING AND TRANSMITTAL SLIP
TO: (NAME, OFFICE, LOCATION)	3
1	4
2	5
PLEASE PREPARE REPLY FOR:	COMMENTS:
SECRETARY'S SIGNATURE	
DIV/DIST DIR SIGNATURE	
MY SIGNATURE	
YOUR SIGNATURE	
DUE DATE	
ACTION/DISPOSITION	
DISCUSS WITH ME	•
COMMENTS/ADVISE	
REVIEW AND RETURN	
SET UP MEETING	
FOR YOUR INFORMATION	. •
HANDLE APPROPRIATELY	
INITIAL AND FORWARD	
SHARE WITH STAFF	
FOR YOUR FILES	
	· · · · · · · · · · · · · · · · · · ·
FROM:	DATE: PHONE:

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM  Part III. Notification of Intent to Use General Permit	
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):	
John Thomas Ent., INC. O/B/A Bill Obyle CLEANERS	
2. Site Name (For example, plant name or number):	
BILL DOYLE CLEANERS ( EPA #)	
3. Hazardous Waste Generator Identification Number:	
0039 FOOZ	
4. Facility Location: Bill DUY/E CLEANERS Street Address: 5201 N. DAVIS HWY City: PENSAcolA, Fl. County: ESCAMBIA Zip Code: 32503-2033	
5: Facility Identification Number (DEP Use ONLY - do not fill in):  \( \rightarrow \text{BDQQQ - OQQ} \)	
Responsible Official	
6. Name and Title of Responsible Official:  Name: John Thom 45  Title: PRES. den +	
7. Responsible Official Mailing Address: Organization/Firm: John Thomas End, Inc. OlB/A Bill Doyle Cleaners Street Address: 5201 N DAN'S HWY	
City: PENSACOLA, Fl. County: ESCAMBIA Zip Code: 32503-2033	
8. Responsible Official Telephone Number: Telephone: (852) 474-0949 Fax: ( ) NA	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):  Tohu Thum As	
10. Facility Contact Address: 13:11 Doyle Clean ERS Clu John Thomas	
Street Address: 5201 N. Davis Hwy.	
City: PENSACOLA, Fl. County: Escanbia Zip Code: 32503-2033	
11. Facility Contact Telephone Number: Telephone: (SSU) 474-0547 Fax: ( ) N.4	

DEP Form No. 62-213.900(2) Effective: 2/24/99

## **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONLY	Υ .	
How many dry-to-dry ma	chines do you hav	re on-site?	
For each dry-to-dry mach	ine on-site, please	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")
1555	Existing(Ne	RO/CA/None required	_SAME
And the state of t	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	n-site?	
unit. If the transfer maching 1993, it is a <b>NEW</b> unit (r	ne was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, wed to operate under this general formation:
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	
	_	- -	
<u></u> •	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	<del></del> !
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA =	carbon adsorber
	roethylene (perc) l	nave you used within the last 12 m	onths?
(b) If less than 12 mor	nths, how many? [	] months	• .
Check why it is les	ss than 12 months:	New owner: [] Did not kee	p records: []
•		New store: New machine	:
		Unopened store [] (date of e	expected opening)

DEP Form No. 62-213.900(2) Effective: 2/24/99

<ol> <li>What is the facility's source classification based on the Indicate with an "X". Select one classification on</li> </ol>	
Small Area Source	
Transfer only on-site (	used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)
Large Area Source [X]	
Transfer only on-site (	used 140 - 2,100 gallons of perc per year) used 200 - 1,800 gallons of perc per year) used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines por (Indicate with an "X".)	ursuant 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 un Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (s	
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:	
What type of fuel do you use?  [X] propane  [No. 2 fuel of the local properties of the local propertie	
6. Equipment Monitoring and Recordkeeping Informa	tion
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 ad	dition log [X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	L <b>X</b> J
(d) Carbon adsorber exhaust perc concentration monit	oring
(e) Startup, shutdown, malfunction plan	[ <u>X</u> ]

DEP Form No. 62-213.900(2) Effective: 2/24/99

	7. Surrender of	of Existing DEP Air Permit(s)	
	Please indicat	te with an "X" the appropriate s	election:
		I hereby surrender all existing this notification form; the per	g DEP air permits authorizing operation of the facility indicated in mit number(s) are
		No DEP air permits currently form.	exist for the operation of the facility indicated in this notification
_	Responsible	Official Certification	
	this notifi statement maintain comply w	ication. I hereby certify, based ts made in this notification are the air pollutant emissions unit with all terms and conditions of t	fficial, as defined in Part II of this form, of the facility addressed in on information and belief formed after reasonable inquiry, that the true, accurate and complete. Further, I agree to operate and is and air pollution control equipment described above so as to this general permit as set forth in Part II of this notification form.
	Jo	hu P. Thomas	any changes to the information contained in this notification.
	Print nam	ne of responsible official	
		71.2	6/5/01
	Signature	<b>.</b>	Date .

Rere amound vanies. Some times up to 150 gal/12-month ralling to tal. Chose to register as large",

CORRECTED COPY	
$\mathcal{P}_{\bullet}$	
PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM	276
Part III. Notification of Intent to Use General Permit	N
Prior to filling out this form, please read the instructions provided at the end of the form. Send	C
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):	
John Thomas Ent., INC. O/B/A BILL DOYLE CLEANERS	
2. Site Name (For example, plant name or number):  Bill Doyle Cleaners (EDA H)	• ,
3. Hazardous Waste Generator Identification Number:	
DO39 FOUZ	
4. Facility Location: Bill DOY/E CLEANERS  Street Address: 5201 N DAVIS HWY  City: PENSACOLA, Fl. County: ESCAMBIA Zip Code: 31503-2033	
City: PENSACOLA, Fl. County: ESCAMB. A Zip Code: 31503-2033	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
Responsible Official	
6 Name and Title of Responsible Official:	
Name: John Thomas Title: Pres. dent	
7. Responsible Official Mailing Address: Organization/Firm: John Thomas Ent, Inc. Olis A B.11 Doyle CLEANERS Street Address: 5201 N DAYS HWY	â
City: PENSACO 14, Fl. County: ESCAM 514 Zip Code: 32503-2033	
8. Responsible Official Telephone Number: Telephone: (SSC) 474-0547 Fax: ( ) NA	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
John Thomas	,
10. Facility Contact Address: Bill DoylE CLEAN ERS C/U JOHN Thomas	
Street Address: 5201 N. Davis Hwy. City: PENSACOLA, Fl. County: Escanbia Zip Code: 32503-2033	
11. Facility Contact Telephone Number: Telephone: (分で) イフケーのライフ Fax: ( ) ペース FECEIVED	

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Facility Information						
1.(a) DRY-TO-DRY MA	ACHINES ONL	Y		•		
How many dry-to-dry ma	chines do you hav	ve on-site?	<u>/</u> _			
For each dry-to-dry mach	ine on-site, please	e provide the following in	formation:	•		
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Requ (circle one)	uired*	Date Control (if already inc purchase, wri	cluded at ti	me of
1555	ExistingNe	ROCA/None require	ed	5An	1E	
	Existing/Ne	w RC/CA/None require	ed		<del></del>	
	Existing/Ne	ew RC/CA/None require	ed			
*CONTROL DEVICE KI	EY: RC = re	efrigerated condenser	CA = ca	urbon adsorber		
1.(b) TRANSFER MAC	HINES ONLY	·		• • •	- ** ·	
How many washers do yo	u have on-site?	لــــــــا				
How many dryers/reclaim	ers do you have o	on-site?				
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	n the manufacturer prior to I from the manufacturer be I after September 22, 1993 e, please provide the follo	etween Ded 3 are allowe	cember 9, 1993 ed to operate u	l and Septe	mber 22,
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required (circle one)	d*	Date Control (if already inc purchase, wri	cluded at tir	me of
	Existing/New	RC/CA/None required				
	Existing/New	RC/CA/None required				
	Existing/New	RC/CA/None required				
*CONTROL DEVICE KI	EY: $RC = rc$	efrigerated condenser	CA = ca	rbon adsorber	<u> </u>	
	oethylene (perc) ns (You must fill	have you used within the l	last 12 mor	nths?		

Unop

(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:

Small.	Area Source		.;				
		hines only on-site n-site ypes on-site	(used les		lons of perc	per year)	
Large	Area Source	(X)					
	Dry-to-dry mac Transfer only of Both machine ty	n-site	(used 20	0 - 2,100 gallo 0 - 1,800 gallo 0 - 1,800 gallo	ns of perc	per year)	
4. What control (Indicate with		uired on machines p	oursuant (	o section (5) o	f Part II of	this notificat	ion form?
	g machines at sm E REQUIRED)	all area source		New machine Refrigerated c		rea source	
Carbor	g machines at lar n adsorber erated condenser	ge area source		New machine Refrigerated c		rea source	JP7 12
Rule 62-213.30	0, F.A.C. Verify	exempt emissions uthat all steam and he	ot water g	enerating unit	s on-site m	eet the follow	
Rule 62-213.30 exemption crite  All steam and h No such units o	0, F.A.C. Verify tria or that no such ot water generation-site	that all steam and he units exist on-site	ot water g (see attac	enerating unit	s on-site m the criteria	eet the follow	
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Rule 62-213.30 exemption crite  All steam and h No such units o  How many boile  For each boiler,  What type of fu	O, F.A.C. Verify or in or that no such not water generation nesite ers do you have or indicate its horse el do you use?	that all steam and he units exist on-site on the control of the co	ot water gesee attace	enerating unit	ts on-site m the criteria /7/// gas fuel oil	eet the follow	
Rule 62-213.30 exemption crite  All steam and h No such units o  How many boile  For each boiler,  What type of fu  6. Equipment M	O, F.A.C. Verify of ria or that no such that the result of the	that all steam and he units exist on-site of the control of the co	ot water gesee attace	enerating unit	the criteria 17/5 gas fuel oil (please list)	eet the follow	wing
Rule 62-213.30 exemption crite  All steam and h No such units o  How many boile  For each boiler,  What type of fu  6. Equipment M Check all logs w	O, F.A.C. Verify of ria or that no such that no such that no such that water generation in the result of the resul	that all steam and he units exist on-site of the conditions of the	oil ation	enerating unit hed memo for OR I I I I I I I I I I I I I I I I I I	the criteria 17/5 gas fuel oil (please list)	eet the follow	wing
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Rule 62-213.30 exemption crite  All steam and h No such units o  How many boile  For each boiler,  What type of fu  6. Equipment M Check all logs w (a) Purchase rec (b) Leak detection (c) Refrigerated	O, F.A.C. Verify of ria or that no such that the rest do you have or indicate its horse all do you use?  Monitoring and Rewhich are required the required the required that the required that the required that is not inspection and the condenser tempers.	that all steam and he units exist on-site of units exempt and steam and he units exempt and the condition of the latest one of the latest	oil oil ation n accorded	enerating unit hed memo for OR I I I I I I I I I I I I I I I I I I	gas fuel oil (please list)	eet the follow	wing

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicate	e with an "X" the appropriate selection:
LX	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
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.
-	mptly notify the Department of any changes to the information contained in this notification.
Tol Print nam	ne of responsible official
	7.1.20
Signature	Date
	7/7 / 12/9/01

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bell Doy	le Cleanens.		DATE: 3 DOC 0/
FACILITY LOCATION: 5201 7	V. Davis Ha		1
		0	
Annual Reporting Period: OJAN	200/	то 3 Овг	20 <i>O</i> /
Based on each term or condition of the Title	V general air permit, my facility	has remained in complian	nce with DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period covered	by this statement.	YES • NO
If NO, complete the following:		00	
#1. Term or condition of the general permit	that has not been in continuous c	Mos Ay	orting period stated above:
Exact period of non-compliance: from		to Sources	
Action(s) taken to achieve compliance:	ENTERED	65 17	& ENTERED
Method used to demonstrate compliance:	# <b>UE</b> C \	- State of the sta	UEC 0 3 2001
#2. Term or condition of the general permit	that has not been in continuous c	ompliance during the rep	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, b in this notification are true, accurate and corpurchase receipts, does not exceed 2,100 gal combination facilities.	mplete. Further, my annual cons lons per year for dry-to dry facil	umption of perchloroethy	vlene solvent, based upon
RESPONSIBLE OFFICIAL: John	ne (Please Print)	Signature	Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443248 DEC132M4 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# 330226 10 BILL DOYLE CLEANERS 5201 N Davis Hwy PENSACOLA, FL 32503

Printed on recycled paper.

FOR GOMERNMENT USE ONLY ORG. \$37550101000 FO: A1 FUND: 29-2-035001 OBJECT: 002273

## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 456970 DEC15 2005

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

330226 10 BILL DOYLE CLEANERS 5201 N Davis Hwy PENSACOLA, FL

32503

**BENIFITTING OBJECT CODE 002000** BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273** 

Printed on recycled paper.



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

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

421187 DEC30 2002

Do NOT Remove Label

**BILL DOYLE CLEANERS** JOHN THOMAS 5201 N DAVIS HWY PENSACOLA FL 32503

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Cund: 20-2-035001

Obj.: 002273



(cut nere)

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

434703 DEC26 2003

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**

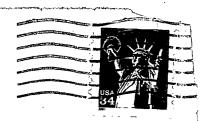
1X

Do NOT Remove Label

330226 JOHN THOMAS BILL DOYLE CLEANERS 5201 N DAVIS HWY PENSACOLA FL 32503 FOR GOVERNMENT USE ONLY.
Org.: 37550101000 EO: A1
Fund: 20-2-035001 20
Obj.: 0022755

Bill Doyle Cleaners 5201 North Davis Hwy Pensacola FL 32503





Denual Permits Section
Buseau of Cis Monitoring and
modil Sources, MS 5510

Dept. B Environmental Institution
2600 131001 Stone Rel.

Dallchamel, 7l. 32355-2400

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