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JAN 31 2007

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):	PORT CITY CLEANERS, INC.		
2. Site Name (For example, plant name or number):	NINE MILE Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 982120198		
4. Facility Location:	Street Address: 176 EAST NINE ROAD		
	City: PENSACOLA	County: Escambia	Zip Code: 32534
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0330228-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: JOHN KNOTT Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: PORT CITY CLEANERS, INC. Street Address: 662 SOUTH WILSON AVENUE		
	City: MOBILE, Alabama	County: MOBILE	Zip Code: 36617
8. Responsible Official Telephone Number:	Telephone: () - 251 452 0813 Fax: () - 251 456 3655		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Brities Lindsey, Plant Manager		
10. Facility Contact Address:	Street Address: 176 East NINE MILE Road		
	City: PENSACOLA	County: ESCAMBIA	Zip Code: 32534
11. Facility Contact Telephone Number:	Telephone: (850) 479 2293 Fax: (N/A)		

Facility Information

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

How many dry-to-dry machines do you have on-site? 1

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>1/28/1997</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</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?

 96 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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 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 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 0330228
- 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.

JOHN KNOTT

Print name of responsible official

John Knott
Signature

1/29/07
Date

ADDRESS JAN 26 100 103784

PORT CITY CLEANERS, INC.
667 SOUTH WILSON AVENUE
MOBILE, ALABAMA 36617
PHONE: 251/456-2400

WHITNEY NATIONAL BANK
MOBILE, ALABAMA

*1/31/07
EXPIRED
PERMIT
7/21/06
DID NOT
CONTACT
61-41/651*

1/24/2007

PAY TO THE
ORDER OF

Title V Air General Permit

\$ **50.00

Fifty and 00/100***** DOLLARS

Title V Air General Permit
P O Box 3070
Tallahassee, FL 32315-3070

Mary Jo Knott

MEMO

AIRS ID: 330228

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

PORT CITY CLEANERS, INC.

103784

Title V Air General Permit
69000 · Licenses Expense

1/24/2007

50.00

JAN 30 2007
Bureau of Revenue
Mobile, Alabama

Regular Checking AIRS ID 33028

50.00





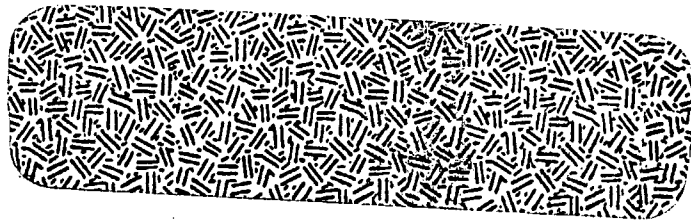
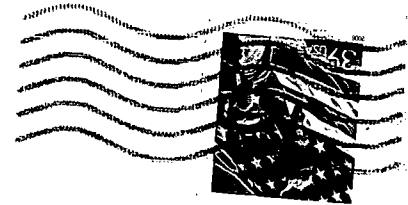
662 S. Wilson Avenue
Mobile, AL 36617

General Permits Section
Bureau of Air Monitoring & Mobile Sources
MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

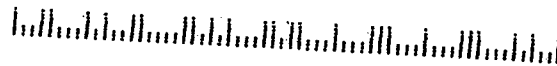


In your area, visit www.gosafeguard.com
(U.S.) or 800-565-0559 (Canada).

MOBILE AL 366
24 JAN 2007 PM 1 T



32315+3070



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FedEx US Airbill
Express

FedEx Tracking Number

8557 8564 0073

1 From This portion can be removed for Recipient's records.

Date 1/30/01 FedEx Tracking Number 855785640073

Sender's Name Mary Jo KILATT Phone 251 452-0813

Company K & K ENTERPRISES

Address 662 S WILSON AVE Dept./Floor/Suite/Room _____

City MOBILE State AL ZIP 36617

2 Your Internal Billing Reference

3 To

Recipient's Name GENERAL PERMITS SECTION Phone _____

Company Bureau of Air Monitoring & Mobile Source

Recipient's Address Dept of Environmental Protection Dept./Floor/Suite/Room 500

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address 2600 Blair Stone Road

To request a package be held at a specific FedEx location, print FedEx address here.

City Tallahassee State FL ZIP 32391-2400

RECIPIENT: PEEL HERE

fedex.com 1800.GoFedEx 1800.463.3339



8557 8564 0073

0029535557

Recipient's Copy

4a Express Package Service Packages up to 150 lbs.

FedEx Priority Overnight Next business morning.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight Next business afternoon. Saturday Delivery NOT available.

FedEx First Overnight Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.

FedEx 2Day Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver Third business day.* Saturday Delivery NOT available.

* To meet locations. FedEx Envelope rate not available. Minimum charge: One-pound rate.

4b Express Freight Service Packages over 150 lbs.

FedEx 1Day Freight* Next business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Freight Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight Third business day.** Saturday Delivery NOT available.

* Call for Confirmation. ** To meet locations.

5 Packaging

FedEx Envelope* FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. FedEx Box FedEx Tube Other

* Declared value limit \$500.

6 Special Handling Include FedEx address in Section 3.

SATURDAY Delivery Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

HOLD Weekday at FedEx Location Not available for FedEx First Overnight.

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required.

Dry Ice Dry ice, 3 UN 1845 x _____ kg Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.

Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check

Total Packages _____ Total Weight _____ Total Charges _____

Credit Card Auth. _____

Your liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 NEW Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Required Package may be left without obtaining a signature for delivery.

Direct Signature Anyone at recipient's address may sign for delivery. Fee applies.

Indirect Signature If no one is available at recipient's address, anyone at a neighboring address may sign for delivery. Fee applies.

519

Rev. Date 8/05-Part #158279-©1994-2005 FedEx-PRINTED IN U.S.A.-SRF

FedEx **PRIORITY OVERNIGHT** **WED**
emb# 208456 30JAN07

TRK# **8557 8564 0073** FORM 0215
Deliver By:
31JAN07
A2

32399 -FL-US **TLH**
XH TLHA



Peel and Stick FedEx US Airbill

1. Complete front page of the Airbill.
2. Retain "Sender's Copy" for your records.
3. Remove label backing.
4. Adhere Airbill to front of package.
Please DO NOT remove "FedEx Copy."



PEEL FROM THIS CORNER.