

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 31 2001

Mr. John Knott
Nine Mile Cleaners
312 East Nine Mile Road
Pensacola, Florida 32514

Re: Facility No.: 0330228-002

Dear Mr. Knott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 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.

Fees Paid
80 C 4
Compliance IN

Called 6/28/01 No answer

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: FLD982120198
4. Facility Location: Street Address: 312 East Nine Mile Road City: Pensacola, Fl. County: Escambia Zip Code: 32514
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0330228-002</i>

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, Al. 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): Bruties Lindsey, Manager
10. Facility Contact Address: Street Address: 312 East Nine Mile Road City: Pensacola, Fl County: Escambia Zip Code: 32514
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?

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")
01/28/97	Existing/ <u>New</u>	<u>RC</u> /CA/None required	SAME
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY N/A

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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 _____)

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

RECEIVED

Bureau of Air Monitoring
& Mobile Sources
JUN 02 2001

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.

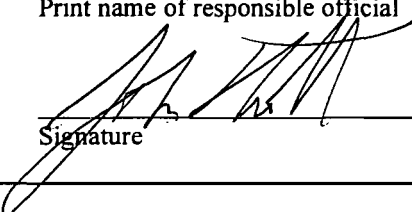
Responsible Official Certification

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



Signature

June 19, 2001

Date

0330228-002

7/5/01

Spoke to Bruce Lindsey, Manager of Nine Mile Cleaners and he stated that the facility has 3 boilers using natural gas at 15 HP each.

p 16

5. Add # of boilers on site.

Add HP rating for each boiler.

Select fuel used for each boiler.

6(e) Required. Should be marked

p 17

Responsible official sign and date
for changes made

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel: _____

#0330228-002



RECEIVED
DEC 08 2003
Bureau of Air Monitoring
& Mobile Sources

To: Mr. Charles Norman
Compliance Inspector
160 Governmental Center
Pensacola, Florida 32501-5794

From: John Knott
Nine Mile Cleaners
312 East Nine Mile Road
Suite #1
Pensacola, Florida 32514

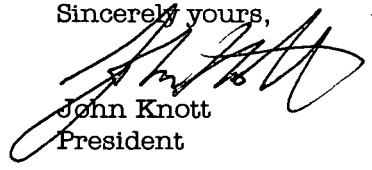
Date: 12-03-03

Attached please find our Air General Permit Notification Form notifying you of our intent to move our dry-cleaning facility to a new location. We are currently located at 312 East Nine Mile Road and we are moving to 176 East Nine Mile Road. This location is only one-half of a mile going south on Nine Mile Road.

We will be moving our entire operation to this new location including all present equipment. This notification for change of address is for administrative purposes only as per your instructions to me in our last telephone conversation.

If there are questions or any additional information that I need to submit to you please notify me as your earliest convenience.

Sincerely yours,



John Knott
President

RECEIVED
DEC 04 2003
NORTHWEST FLORIDA
DFP

662 S. Wilson Avenue • Mobile, AL 36617
Phone: (251) 452-0813 • Fax: (251) 456-3655

RECEIVED

DEC 04 2003

NORTHWEST FLORIDA

DFO

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~~ **PORT CITY CLEANERS**

2. Site Name (For example, plant name or number):
NINE MILE CLEANERS

3. Hazardous Waste Generator Identification Number:
FL0982120198

4. Facility Location:
Street Address: **176 E NINE MILE ROAD**
City: **PENSACOLA** County: **ESCAMBIA** Zip Code: **32514**

5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official:
Name: **TOM KNOTT** Title: **PRESIDENT**

7. Responsible Official Mailing Address:
Organization/Firm: **PORT CITY CLEANERS INC**
Street Address: **662 S. WILSON AVE**
City: **MOBILE AL** 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):
BRITTES LINDSKY MANAGER

10. Facility Contact Address:
Street Address: **176 EAST NINE MILE ROAD**
City: **PENSACOLA** County: **ESCAMBIA** Zip Code: **32514**

11. Facility Contact Telephone Number:
Telephone: **(850) 479-2293** Fax: **() N/A**

Tom Knott
President 12/03/03



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

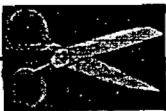
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

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.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0330228
NINE MILE CLEANERS
JOHN KNOTT
662 S WILSON AVENUE
MOBILE AL
36617

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

8089
 92TH
 4124
 9200
 0000
 0600
 0000

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

AIRS ID # 0330228


Total Pk: **NINE MILE CLEANERS**

Recipient: **JOHN KNOTT**

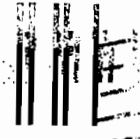
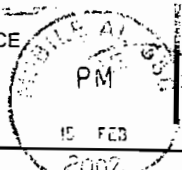
Street, Apt: **662 S WILSON AVENUE**

City, State: **MOBILE AL 36617**

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Shirley Jones</i></p>
<p>1. Article Addressed to:</p> <p>ID# 330228 JOHN KNOTT NINE MILE CLEANERS 662 S WILSON AVENUE MOBILE, AL 36617</p> 	<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>2. Article (Trace) 7003 2260 0003 5651 0895</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF ENVIRONMENTAL PROTECTION
 MOBILE SOURCE CONTROL PROGRAM
 2607 BROADWAY ROAD
 TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF Air Monitoring
 of Mobile Sources

FEB 18 2002

DELIVERED



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

5680 1595 E000 0922 E002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Handwritten initials and a postmark.

Total F ID# 330228

Sent To **JOHN KNOTT**
NINE MILE CLEANERS
 Street, or PO B **662 S WILSON AVENUE**
 City, State **MOBILE, AL 36617**

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIKS ID # 0330228

NINE MILE CLEANERS
JOHN KNOTT
662 S WILSON AVENUE
MOBILE AL
36617

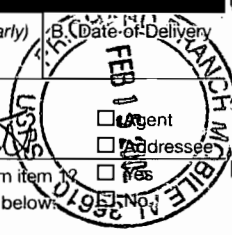
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Wanda Fortis** B. (Date of Delivery) **FEB 12 2004**

C. Signature *Wanda Fortis*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:



3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

17000060000264286808

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
 & Mobile Sources

FEB 12 2004

RECEIVED

32399-2400

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

9099 9274 9200 0090 0000

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0330228

Total Pk: **NINE MILE CLEANERS**
 Recipient: **JOHN KNOTT**
662 S WILSON AVENUE
 Street, Apt: **MOBILE AL**
36617
 City, State:

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
 ID# 330228
JOHN KNOTT
NINE MILE CLEANER
662 S WILSON AVENUE
MOBILE, AL 36617



COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Shirley Jones* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

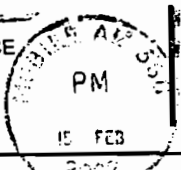
3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

7003 2260 0003 5651 0895

PS Form 3800, August 2001 Domestic Return Receipt 102595-02-1000

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

MEMPHIS SOURCE CONTROL PROJECT
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STOP 10
 2000 FINE LINE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mail Origination
 Mobile Sources

FEB 18 2002

DELIVERED



5690 1595 0000 0922 0002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Handwritten initials and "Postmark Here" stamp

Total FID# 330228

Sent To **JOHN KNOTT**
NINE MILE CLEANERS
 Street, or PO Box **662 S WILSON AVENUE**
 City, State **MOBILE, AL 36617**

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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AIRS ID # 0330228

NINE MILE CLEANERS
JOHN KNOTT
662 S WILSON AVENUE
MOBILE AL
36617

2. Article Number (Copy from service label)

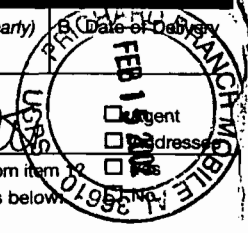
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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- A. Received by (Please Print Clearly) **Wanda Fortis** B. (Date of Delivery) **FEB 12 2004**
- C. Signature **Wanda Fortis**
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If YES, enter delivery address below:



3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STATION 5510
 2800 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring & Mobile Sources

FEB 12 2004

RECEIVED

2399-2400

Leah Butler

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 3 2001
Bureau of Air Monitoring
& Meteorology

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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, Al. County: Mobile Zip Code: 36617
8. Responsible Official Telephone Number: Telephone: (251) 452 - 0813 Fax: (251) 456 - 3655

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9. Name and Title of Facility Contact (For example, plant manager): Bruties Lindsey, Manager
10. Facility Contact Address: Street Address: 312 East Nine Mile Road City: Pensacola, Fl County: Escambia Zip Code: 32514
11. Facility Contact Telephone Number: Telephone: (850) 479 - 2293 Fax: () N/A

RECEIVED
AUG - 3 2001
NORTHWEST FLORIDA
DEP

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")
01/28/97	Existing/ <u>New</u>	<u>RC</u> /CA/None required	SAME
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY N/A

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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 _____)

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) <input type="checkbox"/> | New machines at small area source
Refrigerated condenser <input checked="" type="checkbox"/> |
| Existing machines at large area source
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | New machines at large area source
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? *1* *JR 8/2/01*
For each boiler, indicate its horsepower (HP) rating: *15* *JR 8/2/01*

What type of fuel do you use? propane natural gas *JR 8/2/01*
 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 *JR 8/2/01*

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JUN 20 8 22 2001
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& Mobile Sources

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.

8/2/01

Responsible Official Certification

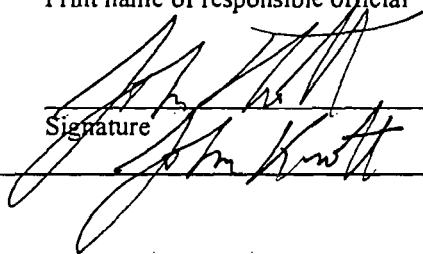
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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

Signature



8/02/01

June 19, 2001

Date

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.

447055 DEC 30 2004

TOTAL AMOUNT DUE: \$50.00

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[JAN 3 2004]
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID# 330228 10
NINE MILE CLEANERS
176 East Nine Mile Rd
PENSACOLA, FL 32514

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 is located on the mailing label.

457734 JAN 9 2006

TOTAL AMOUNT DUE: \$50.00

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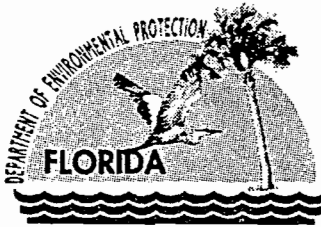
330228 10
NINE MILE CLEANERS
176 East Nine Mile Rd
PENSACOLA, FL 32514

Bureau of Air Monitoring
& Mobile Sources
JAN 9 2006

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

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
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Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

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JAN 09 2003

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Bureau of Air Monitoring
& Mobile Sources

NINE MILE CLEANERS
JOHN KNOTT
662 S WILSON AVENUE
MOBILE AL
36617

AIRS ID#0330228

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: A1
Fund: 20-2-035001
Obj.: 002273



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

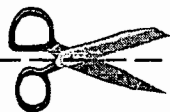
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.437048 FEB27 2004

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TOTAL AMOUNT DUE: \$50.00

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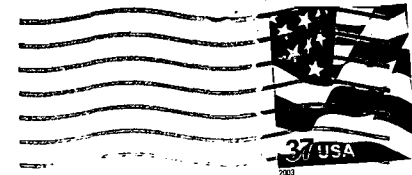
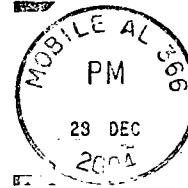
ID# 330228
JOHN KNOTT
NINE MILE CLEANERS
662 S WILSON AVENUE
MOBILE, AL 36617

FOR GOVERNMENT USE ONLY
Org.: 37550101001 EO 1
Fund: 20-2-03500
Obj.: 002273

RECEIVED
MAR 2004
Bureau of Air Quality
& Mobile Source



662 S. Wilson Avenue
Mobile, AL 36617



*Title V Air General Permits
Receipts*

Post office Box 3070

Jallahossee, Fl. 32315-3070

32315+3070 