

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 7, 2001

Mr. Gray N. Vick
Vick's Cleaners #7
2915 Navy Boulevard
Pensacola, Florida 32505

Re: Facility No.: 0330229-002

Dear Mr. Vick:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2001.

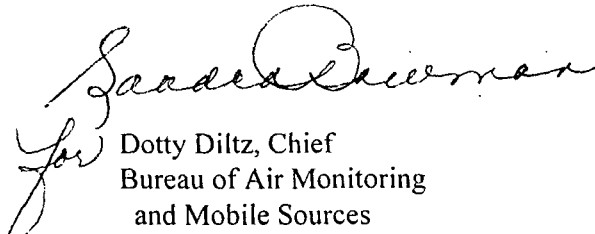
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Feesaid
SOC 5
Compliance IN

NEW
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JUN 20 2001

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):	VICK'S CLEANERS INC.
2. Site Name (For example, plant name or number):	VICK'S CLEANERS #7
3. Hazardous Waste Generator Identification Number:	FLD 071 946 958
4. Facility Location: Street Address: 2915 NAVY BLVD. City: PENSACOLA FL. County: ESCAMBIA Zip Code: 32509	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0330229-002

Bureau of Air Monitoring
& Mobile Sources
JUN 22 2001

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Responsible Official

6. Name and Title of Responsible Official: Name: GRAY M. VICK Title: VICE-PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2915 NAVY BLVD. City: PENSACOLA FL. County: ESCAMBIA Zip Code: 32505	
8. Responsible Official Telephone Number: Telephone: (850) 432-8351 Fax: (850) 436-7546	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME
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? 4

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>08AUG94</u>	Existing <input checked="" type="radio"/> New	RC CA <input checked="" type="radio"/> None required	<u>SAME</u>
<u>08AUG94</u>	Existing <input checked="" type="radio"/> New	RC CA <input checked="" type="radio"/> None required	<u>SAME</u>
<u>2-1-00</u>	Existing <input checked="" type="radio"/> New	RC CA <input checked="" type="radio"/> None required	<u>SAME</u>
<u>2-1-00</u>	EXISTING NEW <input checked="" type="radio"/> RC		<u>SAME</u>

PURCHASED BY BUYING ANOTHER CLEANER

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site? 0

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?

686 gallons (You must fill this in)

MACHINE #1 283 #2 220 #3 105 #4 78

(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 type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input checked="" type="checkbox"/> <i>GAN 6-20-01</i>
Refrigerated condenser <input checked="" type="checkbox"/> <i>GAN 6-20-01</i> | <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).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? 2

For each boiler, indicate its horsepower (HP) rating: 50 50

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. *(Permit Renewal)*

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.

GRAY N. VICK
Print name of responsible official

Gray N. Vick
Signature

6-20-01
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437044 FEB27 2004

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

3 invoices

RECEIVED
MAR 4 2004
Bureau

Do NOT Remove Label

ID# 330229
GRAY VICK
VICK'S CLEANERS #7
2915 NAVY BLVD
PENSACOLA, FL 32505

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EQ: 7A1
Fund: 20-2-035001
Obj.: 002273

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 330229 1stC
VICK'S CLEANERS #7
2915 Navy Blvd
PENSACOLA, FL 32505

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

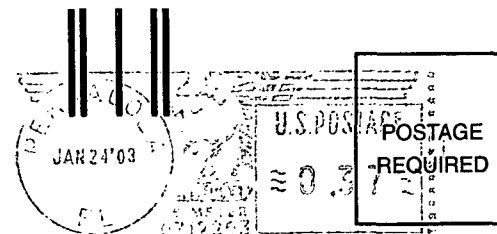
Bureau of Air Monitoring
& Mobile Sources

MAR 1 2005

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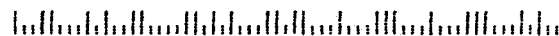
Printed on recycled paper.

Vick's Cleaners, Inc.
2915 W. Navy Blvd
Pensacola, FL 32505



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

32315+3070 99





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#0330229
VICK'S CLEANERS #7 GRAY N VICK 2915 NAVY BLVD PENSACOLA FL 32505

BUREAU OF AIR MAILING
& Mobile Sales Unit

FEB 03 2003

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FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: AI
Fund: 2002-035001
Obj.: 002273



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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

4
413018

Do **NOT** Remove Label

AIRS ID # 0330229

VICK'S CLEANERS #7
GRAY N VICK
2915 NAVY BLVD
PENSACOLA FL
32505

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

7003 2260 0003 5651 0703	U.S. Postal Service™	
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	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)		
Total Po:	ID# 330229	
Sent To:	GRAY VICK	
Street, Apt or PO Box	VICK'S CLEANERS #7	
City, State	2915 NAVY BLVD PENSACOLA, FL 32505	
PS Form 3800, June 2002		
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>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery 2/7/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>ID# 330229 GRAY VICK WICK'S CLEANERS #7 2915 NAVY BLVD PENSACOLA, FL 32505</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article (Transfere)</p> <p>7003 2260 0003 5651 0703</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

FEB 9 2004

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

Total Postage AIRS ID# 330229 1stC

Sent To VICK'S CLEANERS #7
 2915 Navy Blvd
 PENSACOLA, FL 32505

Street, Apt. No. or PO Box No
 City, State, Zi

PS Form 3800, June 2002 See Reverse for Instructions

4225 986 5234
 6986 5234
 0004 0004
 2510 2510
 7004 7004

UNITED STATES POSTAL SERVICE

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 Postage & Fees Paid
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 Permit No. G-10

07
 2002

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

BUR. OF AIR MONITORING & MOBILE SOURCES
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STATION 5010
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
 FEB 16 2002
 Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

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.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Mary V. Hull</i>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">AIRS ID# 330229 1stC VICK'S CLEANERS #7 2915 Navy Blvd PENSACOLA, FL 32505</div>	B. Received by (<i>Printed Name</i>) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee C. Date of Delivery <i>2/7/05</i>
2. Article Number (<i>Transfer from service label</i>)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, August 2001	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes 7004 2510 0004 6986 5234
Domestic Return Receipt	102595-02-M-1540

7004 2510 0004 6986 6484

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

AIRS ID#0330229.....2nd Cert 05

Sent To VICK'S CLEANERS #7
 Street, Apt or PO Box 2915 Navy Blvd
 City, State, PENSACOLA, FL 32505

PS Form 3841, October 2002

UNITED STATES POSTAL SERVICE

First-Class Mail
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 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
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

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 MAR 7 2005
 Bureau of Air Monitoring & Mobile Sources

32399-2400

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 type="checkbox"/> Addressee</p> <p><i>x</i> <u>Pearson</u></p>
<p>1. Article Addressed to:</p> <p>AIRS ID#0330229.....2nd Cert 05 VICK'S CLEANERS #7 2915 Navy Blvd PENSACOLA, FL 32505</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>Julie Pearson</u> <u>3/4/05</u></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0004 6986 6484</p>	