

Environmental Protection Twin Towers Office Building 2600 Blair Stone Road

leb Bush Governor Tallahassee, Florida 32399-2400

Department of

Colleen M. Castille Secretary

August 1, 2006

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

Re: Facility No.: 0330236-003

Dear Mr. Thomas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 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,

Joseph Kahn, Chief Bureau of Air Monitoring

and Mobile Sources

JK/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

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

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.

1. The limit of which company Name of corporation, agency, or marviatal owner).			
JOHN Thomas Ent., INC 0/3/4 Bill DOXIE CLEANERS			
2. Site Name (For example, plant name or number):			
BILL DOYLE CLEANERS			
3. Hazardous Waste Generator Identification Number:			
FL0981753577			
4. Facility Location: PENSACOIA, FI 32503 Street Address: 5201 N. DAVIS HUY, 52 32503			
Street Address: 5 201 N. NAVIS 4WY, 52 3 CG 3			
City: PENSACO/A, F/. County: =5CAMb/4 Zip Code: 32503			
S Pacility Identification Number OBPUse ONLY - do not fill to			
Responsible Official			
6. Name and Title of Responsible Official: PRESIDENT OF			
6. Name and Title of Responsible Official: Name: John P. Thomas Title: John Thomas Ent., Inc.			
7. Responsible Official Mailing Address: 5201 N. DAVIS 14cry 32503			
Organization/Firm: John Thomas ENT., INC., DIBIA 13:11 DOYLE CLEANERS			
Street Address: 5201 N. DAVIS HWY			
City: PENSACOLA, Fl. County: ESCAMBIA Zip Code: 32503			
8. Responsible Official Telephone Number:			
Telephone: (850) 476-0947 Fax: ()(N/A)			
Facility Contact (If different from Responsible Official)			
9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address: $(\mathcal{N} A)$			
Street Address:			
City: County: Zip Code:			
11. Facility Contact Telephone Number: Telephone () - (×/A) Fax: () -			
Telephone: () - $(\mathcal{N}/\mathcal{H}/ \text{Fax:} ())$ -			

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Υ ,		
How many dry-to-dry ma	chines do you hav	ve on-site?		
For each dry-to-dry mach	ine on-site, please	e provide the following information	on:	
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")	
1965 (MAR)	Existing/Ne	ew RCCA/None required	SAME	
	Existing/Ne	ew RC/CA/None required		
	Existing/Ne	w RC/CA/None required		
*CONTROL DEVICE K	EY: RC = n	efrigerated condenser CA =	= carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?		V/A)	
How many dryers/reclain	ners do you have o	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:				
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased to units purchased	from the manufacturer between lafter September 22, 1993 are alle	December 9, 1991 and September 22, owed to operate under this general	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased to units purchased	from the manufacturer between lafter September 22, 1993 are alle	December 9, 1991 and September 22, owed to operate under this general	
unit. If the transfer machi 1993, it is a NEW unit (r permit). For each transfer Date Initially Purchased	ine was purchased to units purchased er machine on-situ Status	from the manufacturer between lafter September 22, 1993 are alle, please provide the following in Control Device Required*	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of	
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unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KITCA (2.(a) How much perchlor [123] gallon	ine was purchased to units purch	I from the manufacturer between I after September 22, 1993 are alled, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = this in)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	
unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [123] gallor (b) If less than 12 more	ine was purchased to units purch	I from the manufacturer between I after September 22, 1993 are alled, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = this in) months New owner: New owner: New owner: New owner: New machine	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based on t Indicate with an "X". Select one classification on				
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				
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 put (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 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 No such units on-site	OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating:	15 (N/A) (N/A)			
What type of fuel do you use? [patural gas oil (10/3t/No. 4 fuel oil oil (20/3t/No. 4 fuel oil oil (20/			
6. Equipment Monitoring and Recordkeeping Information	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 add	dition log			
(b) Leak detection inspection and repair	oring (X)			
(c) Refrigerated condenser temperature monitoring	[X],]			
(d) Carbon adsorber exhaust perc concentration monitor	oring (V/A)			
(e) Startup, shutdown, malfunction plan	LXJ			

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I do not wish to SURRENDER MY Existing OEP AIR PERMIT (AIRS IDH 0330226)

7.	Surrender o	of Existing DEP Air Permit(s)			
PI	ease indicate	e with an "X" the appropriate se	election:		
N/A		I hereby surrender all existing this notification form; the perm		horizing operation of the facili	ity indicated in
		No DEP air permits currently of form.	exist for the operation	n of the facility indicated in the	us notification
R	esponsible C	Official Certification		· .	
	this notific statements maintain to comply with I will prof	dersigned, am the responsible offication. I hereby certify, based of smade in this notification are to the air pollutant emissions units ith all terms and conditions of the mptly notify the Department of a property of the	on information and b rue, accurate and con and air pollution co his general permit as any changes to the in	belief formed after reasonable mplete. Further, I agree to op ontrol equipment described about this not of this not of this not of this not of the contained in the contained	inquiry, that the perate and ove so as to ification form.

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

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

Effective: 2/24/99

DEP Form No. 62-213.900(2)

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

468846 FEB 9207

Do NOT Remove Label

AIRS ID#330226 JOHN THOMAS ENT INC 5201 N Davis Hwy PENSACOLA, FLORIDA 32503

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Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273 Bill Doyle Cleaners 5201 North Davis Hwy Pensacola FL 32503



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

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5201 North Davis Hwy

Pensacola, Florida 32503

850.476.0947

RECEIVED

JAN 08 2009

NORTHWEST FLORIDA DEP Bill Doyle Cleaners 5201 North Davis Hwy Pensacola FL 32503

> RETURN RECEIPT REQUESTED

7006 0100 0001 3889 9417 3000 32502 \$532

Abride Dept of Environmentel Institution Monthswent Destrict 160 Bovernment Cts, Swith 308 Jemaccole, 4l. 32502-5794

1.) The n	ame and address if the owner or operator; John P. I. Homas Ent. Inc. 1 19825 Hollow Brook Dr.	Alala 2:11 Dayle Cleaner
	JOHN P. THOMAS ENT. LNC.	- COPIE CIENNES
-	9825 Hollow BBcok DA.	_
-	PENSACOLA, Fl. 32503	0330226
2.) The a	nddress (that is, physical location) of the dry cleaning facility;	2 D 2000
	BILL DOYLE CLEANERS	0250
•	SZOI N. DAUIS HWY	
	BILL DOYLE CLEANERS SZOL N. DAVIS HAY PENSACOLA, FL. 32503	-
3.) If they	γ are located in a building with a residence(s), even if the residence	dence is vacant at the time of this notification:
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4.) If they	vare located in a building with no other tenants, leased space	e, or owner occupants:
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	according to 40 CFR 64.323(d);	
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-	2008 to date 60 SA	,
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	ner or not they are in compliance with each applicable require	
_	I AM IN COMPLIANCE	with 63.322
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8.) All inf	ormation contained in the statement is accurate and true.	
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,	1/856. Box	7/4/86
۷.	John P Thomas Date	d
	John Thomas Enterprises dba Bill Doyle Cleaners	
	5201 North Davis Hwy	
	Pensacola, Florida 32503	

850.476.0947

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SEP - 5 2008 NORTHWEST FLORIDA DEP 5000 SELS\$ZOSZS





U.S. POSTAGE PAID PENSACOLA.FL 32503 SEP.04.08 AMOUNT

\$5.32

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED WAIL
TM



7005 1820 0005 0247 9394

FI. DEPT. OF ENVIRONENTAL PROTECTION NORTHWEST DISTRICT 160 COVERNMENT ST. PENSACOLA, PL. 325022

i.) The name a	and address if the owner or operator;	EDC.		
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3/3	0.07018	700		
PE	EAKACOLA, F1. 3250	<u> </u>		•,
				•
2.) The addres	es (that is, physical location) of the dry cle	aning facility;		•
_(5	AME AS ABOVE)		

3.) If they are lo	ocated in a building with a residence(s), ev	en if the residence	is vacant at the tim	e of this notification;
· · · · · · · · · · · · · · · · · · ·	NO RESIDENT-	EVER)		
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4.) If they are I	locațed in a building with no other tenants,	leased space, or o	wner occupants;	
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2	MY VACANT DU	ildiNG		
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8.) All informat	tion contained in the statement is accurate	and true.		
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John I	P Thomas	Date		
John ⁻	Thomas Enterprises dba Bill Doyle Cleane	rs		

5201 North Davis Hwy Pensacola, Florida 32503

850.476.0947

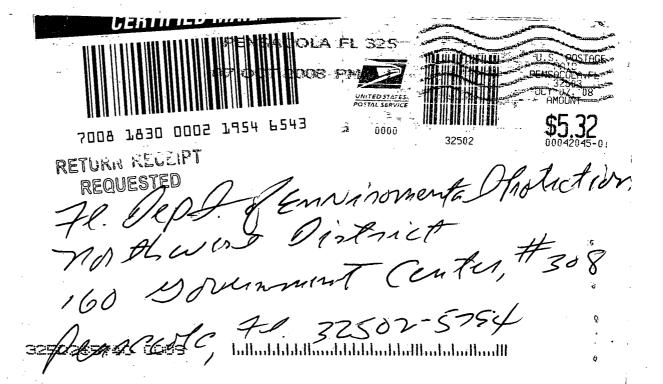
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OCT 08 2008

NORTHWEST FLORIDA DEP

CIII Doulo (5 5201 Morth Davis) Penescola (12.3250)

Bill Doyle Cleaners 5201 North Davis Hwy Pensacola FL 32503



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1.) The name and address if the owner or operator;	
JOHN FJGOMAC	
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3001 V. 101/113 E1 WY.	
John P. Thomas SZOI N. DAVIS HWY PENSACOTA, FI.	1ty:
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2.) The address (that is, physical location) of the dry cleaning facili	ity;
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3.) If they are located in a building with a residence(s), even if the re	
NO RESIDENTS	
	
	
4.) If they are located in a building with no other tenants, leased spa	ace, or owner occupants;
NO RESIDENTS	
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5.) Weather they are a major or area source;	
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6.) The yearly PCE solvent consumption based upon the yearly solve	ent consumption calculated
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according to 40 CFR 64:323(d);	
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7.) Whether or not they are in compliance with each applicable requi	rement of 63.322; and
I AM IN Complian	
I AM IN ComplIAN INSPECTED EARLIER TO	SIS YEAR
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8.) All information contained in the statement is accurate and true.	
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<i>L</i> — — — — — — — — — — — — — — — — — — —	
	
	
I Sa I	11/3/08
Lake D. Thomas	
John P Thomas Date	
John Thomas Enterprises dba Bill Doyle Cleaners	
5201 North Davis Hwy	
Pensacola, Florida 32503	DEPENARE
850.476.0947	RECEIVED

MOV - 4 2008

NORTHWEST FLORIDA

DEP

5201 North Davis Hwy Bill Dayle Oleanery



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Inflantatatatan dalah da

1.) The n	and address if the owner or operator;	
	JOHN P. Thomas	
	5201 N. PAVIS HUY	
•	John P. Thomas SZOI N. DAVIS HAY PENSACOLA, Fl. 32503	
,		No.
2 \ The .	address (that is showing location) of the day cleaning facility.	
-	address (that is, physical location) of the dry cleaning facility;	•
	(SAME AS ABOVE)	
3.) If they	y are located in a building with a residence(s), even if the resid	ence is vacant at the time of this notification:
-	NO ONE LIVES GERE	
<i>f</i> ,	TVO OIOI- IIVES DIFRE	
	y are located in a building with no other tenants, leased space	
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5.) Weatl	her they are a major or area source;	_
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7.) Wheti	her or not they are in compliance with each applicable require	
	WE ARE IN COMPLIAN	CE.
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8.) All inf	formation contained in the statement is accurate and true.	
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•	John P Thomas Date	
	John Thomas Enterprises dba Bill Doyle Cleaners	
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Pensacula, Flurida 32303

850.476.0947

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DEC - 9 2008 NORTHWEST FLORIDA DEP Bill Doyle Cleaners 5201 North Davis Hwy Pensacola FL 32503



7005 1820 0005 0247 4221



Abrida Dept of Enivermented Instation Northwest Bistrict 160 Sovernmental CT, Suits 308 Paneacola, 71. 32502-5754

1.) The name and address if the owner or operator;	Alal Bull CLEAN
1.) The name and address if the owner or operator; John Thomas Ent., Inc.	DIBIA IS, II DOGIE
	<u></u>
	े के किया है।
2.) The address (that is, physical location) of the dry cleaning facility; Bill DOVIE CEANERS 5201 N. DAVIS HWY	v
SZOL N. DAVIS HWY PENSACULA, FL. 32503	
3.) If they are located in a building with a residence(s), even if the resid	ence is vacant at the time of this notification:
NO RESIDÊNCES - VACANT	+ UNAIL STURE OPENING
4.) If they are located in a building with no other tenants, leased space	, or owner occupants;
They ARE Not located	in this building
5.) Weather they are a major or area source;	OURCE (40 GAL. LAST YR)
6.) The yearly PCE solvent consumption based upon the yearly solvent	consumption calculated
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7.) Whether or not they are in compliance with each applicable requirer WE ARE IN COMPLIAN	
last inspected 1/291	08
8.) All information contained in the statement is accurate and true.	
YES	
7000/1	
Golf. Comen 8	113/08/
John P Thomas Date John Thomas Enterprises dba Bill Doyle Cleaners	

RECEIVED

AUG 1 4 2008

NORTHWEST FLORIDA DEP

Bill Doyle Cleaners 5201 North Davis Hwy Pensacola FL 32503



7005 1820 0005 0247 5501



RETURN RECEIPT REQUESTED

Horida Dept. of Environmental Protection Mathewest Destrict Mothemental Ctc. 308 Dernacolo 71. 32502-5754