

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 11, 2003

Mr. Frederick E. Wiley
Nifty Cleaners & Laundry
4422 Market Street
Marianna, Florida 32446

Re: Facility No.: 0630050-002

Dear Mr. Wiley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 7, 2003.

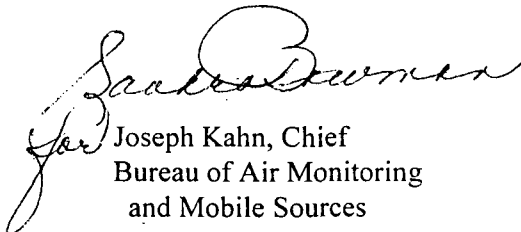
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



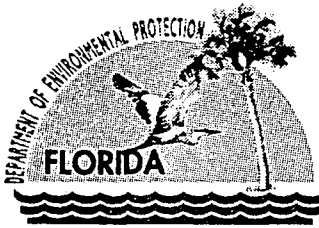
Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

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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

February 26, 2003

Mr. Frederick E. Wiley
Nifty Cleaners & Laundry
Post Office Box 283
Marianna, Florida 32446

Re: Facility No.: 0630050-002

Dear Mr. Wiley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 30, 2003.

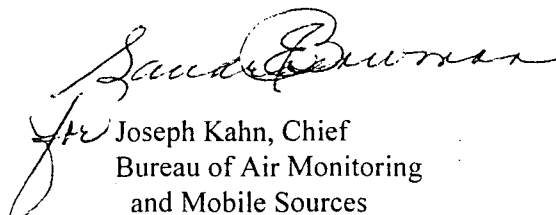
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2600 Blair Stone Road
Tallahassee, FL 32399-2400

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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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CORRECTED
COPY

RECEIVED
JAN 30 2003
NORTHWEST FLORIDA
DEP

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): <i>Fred G. Wiley, Inc.</i> | Bureau of Air Monitoring & Mobile Sources FEB 07 2003 | RECEIVED |
| 2. Site Name (For example, plant name or number): <i>Nifty Cleaners & Laundry</i> | | |
| 3. Hazardous Waste Generator Identification Number: <i>FLD 032451965</i> | | |
| 4. Facility Location: Street Address: <i>4422 MARKET Street</i> City: <i>MARIANNA</i> County: <i>JACKSON</i> Zip Code: <i>32446</i> | | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0630050-002</i> | | |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: Name: <i>Frederick E. Wiley</i> Title: <i>President</i> |
| 7. Responsible Official Mailing Address: Organization/Firm: <i>Nifty Cleaners & Laundry</i> Street Address: <i>4422 MARKET ST. P O BOX 283</i> City: <i>MARIANNA</i> County: <i>JACKSON</i> Zip Code: <i>32446</i> |
| 8. Responsible Official Telephone Number: Telephone: <i>(850) 482 2825</i> Fax: <i>(850) 482-3711</i> |

Facility Contact (If different from Responsible Official)

| |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager): |
| 10. Facility Contact Address: Street Address: City: County: Zip Code: |
| 11. Facility Contact Telephone Number: Telephone: () - Fax: () - |

RECEIVED
JAN 21 2003
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-Dec-94 | Existing ^{3W} New | RC/CA/None required | SAME |
| _____ | 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?

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) ~~XXXX~~

New machines at small area source
Refrigerated condenser JW

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 OR
No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 60

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.

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.

Fred E. Wiley
Print name of responsible official

Fred E. Wiley
Signature

1-29-2003
1-18-2003
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.

468714 FEB 8 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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

AIRS ID#630050
FRED G WILEY INC
4422 Market St
MARIANNA, FLORIDA 32446

FEB 12 2007

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

Bureau of Air Monitoring
& Mobile Sources

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Nifty Cleaners & Laundry / Maritex Uniform Service

Department of Environmental Protection

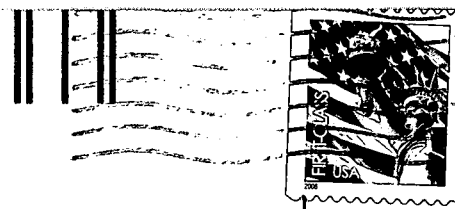
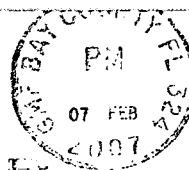
2/6/2007

012839
50.00

CHECKING

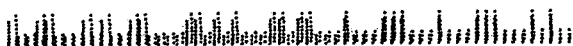
AIRS ID #0630050

50.00



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

32315+3070-730 8095033



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. 459150 FEB22 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 630050 1st
NIFTY CLEANERS & LAUNDRY
4422 Market St
MARIANNA, FL 32446

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

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

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| | |
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| OFFICIAL USE | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & F | |
| AIRS ID# 630050 1stC | |
| Sent To | NIFTY CLEANERS & LAUNDRY |
| Street, Apt. No., or PO Box No. | 4422 Market St |
| City, State, ZIP+4 | MARIANNA, FL 32446 |
| PS Form 3800, June 2002 | |

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:

AIRS ID# 630050 1stC
NIFTY CLEANERS & LAUNDRY
4422 Market St
MARIANNA, FL 32446

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 0140

COMPLETE THIS SECTION ON DELIVERYA. Signature
x *Fred E Wiley* Agent
 Addressee

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

2/5/05

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

P.O. Box 283

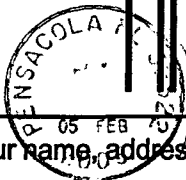
32447

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-40

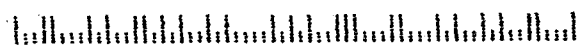
• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448038 MAR 12 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

AIRS ID# 630050 10
NIFTY CLEANERS & LAUNDRY
4422 Market St
MARIANNA, FL 32446

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

Printed on recycled paper.

RECEIVED
MAR 3 2005



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436448 FEB 17 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

Do NOT Remove Label

630050
FREDERICK WILEY
NIFTY CLEANERS & LAUNDRY
PO BOX 283
MARIANNA FL 32446

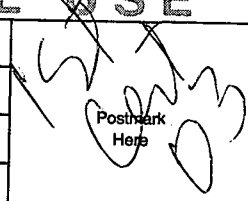
FOR GOVERNMENT USE ONLY
Org: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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FEB 20 2004
Bureau of Air Mail
& Mobile Services

U.S. Postal Service™
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OFFICIAL USE

| | | |
|--|----|---|
| Postage | \$ |  Postmark Here |
| Certified Fee | | |
| Return Receipt Fee <small>(Endorsement Required)</small> | | |
| Restricted Delivery Fee <small>(Endorsement Required)</small> | | |
| Total Postage | | |

ID# 630050

Sent To: **FREDERICK WILEY**

Street, Apt. or PO Box: **NIFTY CLEANERS & LAUNDRY**
PO BOX 283

City, State: **MARIANNA, FL 32446**

PS Form 3811, August 2001

4652 1595 6000 2260 0003 5651 2394

SENDER: COMPLETE THIS SECTION

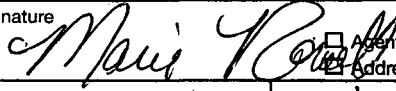
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 630050
 FREDERICK WILEY
 NIFTY CLEANERS & LAUNDRY
 PO BOX 283
 MARIANNA, FL 32446

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (*Printed Name*)

C. Date of Delivery **2/6/04**

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

3. Service Type

| | |
|---|---|
| <input 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. |

4. Restricted Delivery? (*Extra Fee*) Yes

7003 2260 0003 5651 2394

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
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2004
Bureau of Air Monitoring
Mobile Sources



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(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Total Post: AIRS ID#0630050.....2nd Cert 05

Sent To: NIFTY CLEANERS & LAUNDRY
4422 Market St
MARIANNA, FL 32446

Street, Apt. # or PO Box N
City, State, Z

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 1093

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:

AIRS ID#0630050.....2nd Cert 05
NIFTY CLEANERS & LAUNDRY
4422 Market St
MARIANNA, FL 32446

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
James Wiley

B. Received by (Printed Name) C. Date of Delivery
3/4/05

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

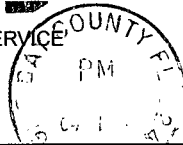
3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
7004 2510 0002 3939 1093

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF ENVIRONMENTAL PROTECTION
DARM/MOBILE SOURCE CONTROL PROGRAM

MAR 8 2005

RECEIVED