

# Department of Environmental Protection

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

David B. Struhs Secretary

February 27, 2001

Mr. Warren Isham A1A Dry Cleaners Post Office Box 1296 Callahan, Florida 32011-1296

Re: Facility No.: 0890431-001

Dear Mr. Isham:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 23, 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. Rick Banks, Northeast District

"More Protection, Less Process"

Printed on recycled paper.

# 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.

|            | completed form to the data see most united deficile and steep a copy of the form for your Mess. |
|------------|-------------------------------------------------------------------------------------------------|
|            | Facility Name and Location                                                                      |
|            | 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):              |
|            | AIA DLY CLEANERS                                                                                |
|            | 2. Site Name (For example, plant name or number):                                               |
|            | SITE # 168710                                                                                   |
| •          | 3. Hazardous Waste Generator Identification Number:                                             |
| . 4        | FLR 00:0064832                                                                                  |
| Physical   | 4. Facility Location:                                                                           |
| 1 Mysica   | Street Address: 3505-4 5007H KINGS RD City: CALLAHAN County: NASSAU Zip Code: 320//             |
| address    | WHOTHEN SZUIT                                                                                   |
| an         | Facility identification Number (DEP Use ONLY - do not till in):                                 |
|            | 1000000000000000000000000000000000000                                                           |
| ·          |                                                                                                 |
|            | Responsible Official                                                                            |
|            | 6. Name and Title of Responsible Official:                                                      |
|            | Name: TRAN ISHAM Title: GEN. MGR.                                                               |
| ~ <i>0</i> | 7. Responsible Official Mailing Address:                                                        |
| Marlina    | Organization/Firm:                                                                              |
| Vicago y   | Street Address: FO. Box 1296                                                                    |
| addies     | City: CALLAHAN County: NASSAU Zip Code: 32011-129                                               |
|            | 8. Responsible Official Telephone Number:                                                       |
|            | Telephone: (904) 879-2250 Fax: (904) 879-9791                                                   |
|            |                                                                                                 |
|            | Facility Contact (If different from Responsible Official)                                       |
| •          | 9. Name and Title of Facility Contact (For example, plant manager):                             |
|            | FRAN LSHAM GEN, MER-                                                                            |
|            | 10. Facility Contact Address;                                                                   |
|            | Street Address: SAME AS ABOVES                                                                  |
|            | Street Address: County: Zip Code:                                                               |
|            | County.                                                                                         |
|            | 11. Facility Contact Telephone Number:                                                          |
|            | Telephone: ( ) (SAME) Fax: ( ) -                                                                |
|            |                                                                                                 |

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):                          |            |
| 2. Site Name (For example, plant name or number):                                                           | •          |
| 2. Site Name (For example, plant name or number):                                                           |            |
| SITE # 168710                                                                                               |            |
| 3. Hazardous Waste Generator Identification Number:                                                         |            |
| FLR 64832                                                                                                   |            |
| 4. Facility Location: Street Address: 3505-4 South Kings R.A. City: Callahan County: Nassay Zip Code: 32011 |            |
| City: C //a /a County: A /acca . Zip Code: 3 2 /2 //                                                        | -          |
| Callanan /Vassaru == 32011                                                                                  |            |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):                                          |            |
| 0890431-01                                                                                                  | $\gamma I$ |
|                                                                                                             |            |
| Responsible Official                                                                                        |            |
| 6. Name and Title of Responsible Official:                                                                  |            |
| Name: Warren Isham Title: Owner                                                                             |            |
| 7. Responsible Official Mailing Address:                                                                    |            |
| Organization/Firm: Street Address: POBOX 1296                                                               |            |
| City: $C_{6}/l_{9}h_{4}n$ County: $N_{4}SSAu$ Zip Code: $32011-12$                                          | 96         |
|                                                                                                             |            |
| 8. Responsible Official Telephone Number:                                                                   |            |
| Telephone: $(904)879-2250$ Fax: $(904)979-9791$                                                             |            |
|                                                                                                             |            |
| Facility Contact (If different from Responsible Official)                                                   |            |
| 9. Name and Title of Facility Contact (For example, plant manager):                                         |            |
| FRAN / SIHAM GEN_ MGR.  10. Facility Contact Address:                                                       |            |
| 10. Facility Contact Address:                                                                               |            |
| Street Address: $SAME$                                                                                      |            |
| City: County: Zip Code:                                                                                     |            |
| 11. Facility Contact Telephone Numbers Am E                                                                 |            |
| Telephone: ( ) - Fax: ( ) -                                                                                 |            |
| <u> </u>                                                                                                    |            |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

|                                                      |                       |                                                                                                         |                                                                                   | ;            |
|------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------|
| Facility Information                                 |                       |                                                                                                         |                                                                                   |              |
| 1.(a) DRY-TO-DRY N                                   | 1ACHINES ONL          | Ϋ́                                                                                                      | :                                                                                 |              |
| How many dry-to-dry tr                               | achines do you h      | ave on-site?                                                                                            |                                                                                   | 5, 1         |
| For each dry-to-dry mad                              | hine on-site, plea    | se provide the following information                                                                    | on:                                                                               |              |
| Date Initially Purchased From Manufacturer           | Status<br>(circle one | Control Device Required* (circle one)                                                                   | Date Control Device Inst<br>(if already included at tir<br>purchase, write "SAME" | ne of        |
| 1-1-1                                                |                       |                                                                                                         |                                                                                   |              |
| 12/96                                                | Existing              | ew ROCA/None required                                                                                   | 5/00                                                                              | \$ \$<br>- 1 |
|                                                      | Existing/N            | ew RC/CA/None required                                                                                  |                                                                                   | 1 1          |
|                                                      | Existing/N            | ew RC/CA/None required                                                                                  |                                                                                   |              |
|                                                      |                       |                                                                                                         |                                                                                   |              |
| *CONTROL DEVICE                                      | KEY: RC=              | refrigerated condenser CA =                                                                             | carbon adsorber                                                                   | . :          |
| 1.(b) TRANSFER MAG                                   | CHINES ONLY           | •                                                                                                       | . •                                                                               |              |
| How many washers do y                                |                       | r ) ·                                                                                                   | •                                                                                 |              |
| •                                                    |                       |                                                                                                         |                                                                                   |              |
| How many dryers/reclai                               | mers do you nave      | on-site?                                                                                                |                                                                                   |              |
| permit). For each transi<br>Date Initially Purchased | fer machine on-sit    | d after September 22, 1993 are allo<br>e, please provide the following info<br>Control Device Required* | Date Control Device Inst                                                          | alled        |
| From Manufacturer                                    | (circle one)          | (circle one)                                                                                            | (if already included at time purchase, write "SAME")                              |              |
|                                                      | Existing/New          | RC/CA/None required                                                                                     |                                                                                   |              |
|                                                      | Existing/New          | RC/CA/None required                                                                                     |                                                                                   |              |
|                                                      | Existing/New          | RC/CA/None required                                                                                     |                                                                                   |              |
|                                                      | ;                     |                                                                                                         |                                                                                   | , ,          |
| *CONTROL DEVICE K                                    | EY: RC = r            | efrigerated condenser CA =                                                                              | carbon adsorber                                                                   |              |
|                                                      | ì                     | •                                                                                                       |                                                                                   |              |
|                                                      |                       | have you used within the last 12 m                                                                      | onths?                                                                            | , i          |
| gallo                                                | ns (You must fill     | this in)                                                                                                |                                                                                   |              |
| (b) If less than 12 mor                              | nths, how many? [     | months                                                                                                  |                                                                                   | * :          |
|                                                      |                       | New owner. [] Dld not kee                                                                               | p records:                                                                        |              |
|                                                      |                       | New store: [ New machine                                                                                | ::                                                                                |              |
|                                                      |                       | Unopened store [] (date of e                                                                            | xpected opening                                                                   |              |

Feb 22 '01

12:03

| 3. What is the facility's source cla<br>Indicate with an "X". Select                                            |                               |                     | found in section (3                                            | of Part II?   | Jan 12 Co                             |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|----------------------------------------------------------------|---------------|---------------------------------------|
| Small Area Source                                                                                               | ريم                           |                     | . '                                                            |               |                                       |
| Dry-to-dry mac<br>Transfer only of<br>Both machine to                                                           |                               | (used less than ?   | 140 gallons of per<br>200 gallons of per<br>140 gallons of per | c per year)   |                                       |
| Large Area Source                                                                                               |                               |                     | •                                                              |               | 4                                     |
| Dry-to-dry mac<br>Transfer only or<br>Both machine ty                                                           |                               | (used 200 - 1,80    | 00 gallons of perc<br>00 gallons of perc<br>00 gallons of perc | per year)     |                                       |
| 4. What control technology is requ<br>(Indicate with an "X".)                                                   | ulred on machines             | pursuant to section | on (5) of Part II of                                           | this notifica | tion form?                            |
| Existing machines at sma<br>(NONE REQUIRED)                                                                     | ill area source               |                     | achines at small a<br>erated condenser                         | rea source    | ***                                   |
| Existing machines at larger Carbon adsorber Refrigerated condenser                                              | e area source                 |                     | achines at large a<br>crated condenser                         | rea source    |                                       |
| 5. A facility which contains non-e<br>Rule 62-213.300, F.A.C. Verify to<br>criteria or that no such units exist | hat all steam and he          | ot water generation | ng units on-site me                                            |               |                                       |
| All steam and hot water generating<br>No such units on-site                                                     | g units exempt                | OR                  |                                                                |               | 1<br>1<br>1<br>1<br>1                 |
| How many boilers do you have on                                                                                 | -site?                        | ;                   |                                                                |               | ï                                     |
| For each boiler, indicate its horsep                                                                            | ower (HP) rating:             | <i>20</i> 1         | 1                                                              | ,             | :                                     |
| What type of fuel do you use?                                                                                   | propane No. 2 fuel No. 6 fuel | oil                 | natural gas<br>No. 4 fuel oil<br>Other (please list)           |               | # # # # # # # # # # # # # # # # # # # |
| 6. Equipment Monitoring and Rec                                                                                 | ordkeeping Inform             | ation               |                                                                | •             | 7                                     |
| Check all logs which are required                                                                               | to be kept on-site in         | n accordance wit    | h the requirements                                             | of this gene  | ral permit:                           |
| (a) Purchase receipts and solvent p                                                                             | urchases/solvent a            | ddition log         | $(\succeq)$                                                    |               |                                       |
| (b) Leak detection inspection and                                                                               | epair                         |                     | بكا                                                            |               | •                                     |
| (c) Refrigerated condenser temperated                                                                           | ature monitoring              |                     | ıΧì                                                            |               | · A                                   |
| (d) Carbon adsorber exhaust perc                                                                                | concentration moni            | toring              | $i \times j$                                                   |               |                                       |
| (e) Startup, shutdown, malfunction                                                                              | n plan                        |                     | . نگرا                                                         |               |                                       |

# 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. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official

Date

Signature

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

out this form, please read the instructions provided at the end

o the address listed in the instructions and keep 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                                                          |
|-------------------------------------------------------------------------------------|
| Facility Owner/Company Name (Name of corporation, agency, or individual owner):     |
| AIA DRY CLEANERS                                                                    |
| 2. Site Name (For example, plant name or number):                                   |
| SITE # 168710                                                                       |
| 3. Hazardous Waste Generator Identification Number:                                 |
| FLR 000064832                                                                       |
| 4. Facility Location:                                                               |
| Street Address: 3505-4 SOUTH KINGS RD City: CALLAHAN County: NASSAU Zip Code: 32011 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):  OB90431-00      |
|                                                                                     |
| Responsible Official                                                                |
| 6. Name and Title of Responsible Official:                                          |
| Name: FRAN ISHAM Title: GEN. MGR.                                                   |
| 7. Responsible Official Mailing Address:                                            |
| Organization/Firm:                                                                  |
| Street Address: FO. BOX 1296                                                        |
| City: CALLAHAN County: NASSAU Zip Code: 32011-1296                                  |
| 8 Responsible Official Telephone Number:                                            |
| Telephone: (904)879-2250 Fax: (904)879-9791                                         |
| Facility Contact (If different from Responsible Official)                           |
| 9. Name and Title of Facility Contact (For example, plant manager):                 |
| FRAN ISHAM GEN, MGR.                                                                |
| 10. Facility Contact Address:                                                       |
| Street Address: (SAME AS ABOVE)                                                     |
| Street Address: Street Address: Street Address:                                     |
| City: Zip Code:                                                                     |
| 11. Facility Contact Telephone Number:                                              |
| Telephone: ( ) / And Fax: ( ) -                                                     |
| ( ) ( ) ( ) ( )                                                                     |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **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 Status Date Control Device Installed Control Device Required\* From Manufacturer (circle one) (circle one) (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 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: Control Device Required\* Date Initially Purchased Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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 Indicate with an "X". Select one classification                                          |                                             | finitions found in section (3) of Par                                                                                | t II?           |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------|
| Small Area Source                                                                                                                        | ĽŽ                                          |                                                                                                                      |                 |
| Dry-to-dry machines only<br>Transfer only on-site<br>Both machine types on-si                                                            | (used                                       | less than 140 gallons of perc per ye<br>less than 200 gallons of perc per ye<br>less than 140 gallons of perc per ye | ar)             |
| Large Area Source                                                                                                                        |                                             |                                                                                                                      |                 |
| Dry-to-dry machines only<br>Transfer only on-site<br>Both machine types on-si                                                            | (used                                       | 140 - 2,100 gallons of perc per year<br>200 - 1,800 gallons of perc per year<br>140 - 1,800 gallons of perc per year | r)              |
| 4. What control technology is required on n (Indicate with an "X".)                                                                      | nachines pursuar                            | nt to section (5) of Part II of this not                                                                             | ification form? |
| Existing machines at small area so (NONE REQUIRED)                                                                                       | urce                                        | New machines at small area sour Refrigerated condenser                                                               | rce<br>]        |
| Existing machines at large area son Carbon adsorber [] Refrigerated condenser []                                                         | <u>urce</u>                                 | New machines at large area sour Refrigerated condenser                                                               |                 |
| 5. A facility which contains non-exempt er Rule 62-213.300, F.A.C. Verify that all ste criteria or that no such units exist on-site (see | am and hot wate                             | er generating units on-site meet the f                                                                               |                 |
| All steam and hot water generating units ex<br>No such units on-site                                                                     | empt [                                      | ] OR<br>]                                                                                                            |                 |
| How many boilers do you have on-site?                                                                                                    |                                             |                                                                                                                      |                 |
| For each boiler, indicate its horsepower (H                                                                                              | P) rating: [ <u>20</u> ]                    |                                                                                                                      |                 |
|                                                                                                                                          | propane<br>No. 2 fuel oil<br>No. 6 fuel oil | [] natural gas [] No. 4 fuel oil [] Other (please list)                                                              | · :             |
| 6. Equipment Monitoring and Recordkeepi                                                                                                  | ng Information                              | ·                                                                                                                    | •               |
| Check all logs which are required to be kep                                                                                              | t on-site in acco                           | rdance with the requirements of this                                                                                 | general permit: |
| (a) Purchase receipts and solvent purchases                                                                                              | s/solvent addition                          |                                                                                                                      |                 |
| (b) Leak detection inspection and repair                                                                                                 |                                             | ıΧı                                                                                                                  |                 |
| (c) Refrigerated condenser temperature mo                                                                                                | nitoring                                    | K<br>K<br>K<br>K                                                                                                     |                 |
| (d) Carbon adsorber exhaust perc concentra                                                                                               | ation monitoring                            | $\simeq$                                                                                                             |                 |
| (e) Startup, shutdown, malfunction plan                                                                                                  |                                             | , X                                                                                                                  |                 |

| 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 for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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. |
| FRAN ISHAM Print name of responsible official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1-16-01<br>Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



# Department of **Environmental Protection**

Jeb Bush Governor

Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

David B. Struhs Secretary

### **FAX COVER SHEET**

2/23/01

Rick Butler

FROM:

Fred Alvarez, Air Section

PHONE:

(850) 922-6979

FAX: PHONE:

(904) 448-4310, EXT, 254

FAX:

(904) 448-4363

Number of pages including cover sheet:

ALA Dry Class, Callahan, Nassma Co

Rick: attached re-signed ben. Permit.

# 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

| Facility (14 me and Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
| 2. Site Name (For example, plant name or number):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
| 2. Site Name (For example, plant name or number):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
| SITE # 168710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
| 3. Hazardous Waste Generator Identification Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |
| FLR 64832                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
| 4. Facility Location: South Kings Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
| FLR 64832  4. Facility Location: Street Address: 3505-4 South Kings RA. City: Callunum County: Nassau Zip Code: 32011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ٠  |
| Section in the entraction of the adjugate of the confidence of the | 70 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
| Responsible Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |
| 6. Name and Title of Responsible Official:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
| Name: Warren Isham Title: Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
| 7. Responsible Official Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
| Organization/Firm: Street Address: POBOX 1296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
| City: Callahan County: Nassau Zip Code: 32011-129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6  |
| 8. Responsible Official Telephone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
| Telephone: (904) 879-2250 Fax: (904) 879-9791                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
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| Facility Contact (If different from Responsible Official)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
| 9. Name and Title of Facility Contact (For example, plant manager):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |
| FRAN / SIAM GEN_ MOR.  10. Facility Contact Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |
| 10. Facility Contact Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
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| 11. Facility Contact Telephone Numbers Am C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| Telephone: ( ) - Fax: ( ) -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
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### **BEST AVAILABLE COPY**

FDEP

Fax:850-922-6979

P. 03/05 Feb 22 '01 12:03

| Facility Information  1.(a) DRY-TO-DRY MA  How many dry-to-dry man  Formation in the description                                                                                                              | CHINES ONL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | .Ý                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   |                                                       |
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| Date Initially Purchased<br>From Manufacturer                                                                                                                                                                 | Status<br>(circle one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Control Device Required* (circle one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date Control Device<br>(if already included<br>purchase, write "SA                                                                                | at time of                                            |
| 10/01                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -/-                                                                                                                                               |                                                       |
| 12/96                                                                                                                                                                                                         | Existing N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ew ROCA/None required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5/00                                                                                                                                              | -                                                     |
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| *CONTROL DEVICE KE                                                                                                                                                                                            | Y: RC-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | refrigerated condenser EA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ≖ carbon adsorber                                                                                                                                 |                                                       |
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| 1.(b) Transfer Mach                                                                                                                                                                                           | iines only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , '                                                                                                                                               | ,                                                     |
| How many washers do you                                                                                                                                                                                       | have on-site?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |                                                       |
| How many dryers/reclaims                                                                                                                                                                                      | rs do you have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on-site?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                   |                                                       |
| unit. If the transfer machine<br>1993, it is a NEW unit (no                                                                                                                                                   | e was purchased<br>units purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a the manufacturer prior to or on<br>A from the manufacturer between<br>Infter September 22, 1993 are all<br>s, please provide the following in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | December 9, 1991 and Sowed to operate under th                                                                                                    | eptember 22,                                          |
| unit. If the transfer machine<br>1993, it is a NEW unit (no<br>permit). For each transfer<br>Date initially Purchased                                                                                         | e was purchased<br>units purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | from the manufacturer between                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | December 9, 1991 and Sowed to operate under the formation:  Date Control Device (if already included)                                             | eptember 22,<br>is general<br>installed<br>at time of |
| unit. If the transfer machine<br>1993, it is a NEW unit (no<br>permit). For each transfer<br>Date initially Purchased                                                                                         | e was purchased<br>units purchased<br>machine on-site<br>Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I from the manufacturer between<br>I after September 22, 1993 are all<br>s, please provide the following in<br>Control Device Required*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | December 9, 1991 and Sowed to operate under the formation:  Date Control Devices                                                                  | eptember 22,<br>is general<br>installed<br>at time of |
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| unit. If the transfer machine<br>1993, it is a NEW unit (no<br>permit). For each transfer<br>Date initially Purchased<br>From Manufacturer                                                                    | e was purchased units purchased machine on-site Status (clicite one)  Existing/New  Existing/New  Existing/New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I from the manufacturer between infler September 22, 1993 are all a please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | December 9, 1991 and Sowed to operate under the formation:  Date Control Device (if already included)                                             | eptember 22,<br>is general<br>installed<br>at time of |
| unit. If the transfer machine<br>1993, it is a NEW unit (no<br>permic). For each transfer<br>Date initially Purchased<br>From Manufacturer                                                                    | was purchased units purchased machine on-site Status (circle one)  Existing/New Existing/New Existing/New  K: RC = re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Afrom the manufacturer between Infler September 22, 1993 are all after September 22, 1993 are all a please provide the following interpretation (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = afrigerated condenser  CA =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | December 9, 1994 and Sowed to operate under the formation:  Date Control Device (if already included purchase, write "SA")                        | eptember 22,<br>is general<br>installed<br>at time of |
| unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer                                                                                | was purchased units purchased machine on-site Status (circle one)  Existing/New Existing/New Existing/New  T: RC = re ethylens (perc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I from the manufacturer between I after September 22, 1993 are alles, please provide the following interference (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  Active condenser CA = 100 for the condense | December 9, 1994 and Sowed to operate under the formation:  Date Control Device (if already included purchase, write "SA")                        | eptember 22,<br>is general<br>installed<br>at time of |
| unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer  CONTROL DEVICE KEY                                                            | was purchased unlis purchased machine on-site Status (circle one)  Existing/New Existing/New Existing/New (circle one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I from the manufacturer between I after September 22, 1993 are alles, 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  chigerated condenser  CA =  this In)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | December 9, 1994 and Sowed to operate under the formation:  Date Control Device (if already included purchase, write "SA")                        | eptember 22,<br>is general<br>installed<br>at time of |
| unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer  CONTROL DEVICE KEY (a) How much perchlorous gallons (b) If less than 12 month | was purchased unlis purchased machine on-site Status (circle one)  Existing/New  Existing/New  Existing/New  (circle one)  (xisting/New  (xist | I from the manufacturer between infler September 22, 1993 are all after September 22, 1993 are all a please provide the following into Control Device Required*  (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  afrigerated condenser  CA = this in)  I months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | December 9, 1994 and Sowed to operate under the formation:  Date Control Devices (if already included purchase, write "SA carbon adsorber months? | eptember 22,<br>is general<br>installed<br>at time of |
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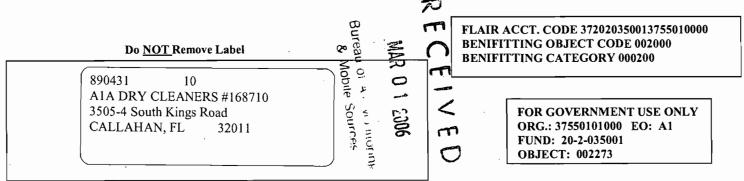
| 3. What is the facility's source cla-<br>indicate with an "X". Select                                            |                       |          | finitions found                                          | in section (3                      | ) of Part I     | <b>?</b> | :      |
|------------------------------------------------------------------------------------------------------------------|-----------------------|----------|----------------------------------------------------------|------------------------------------|-----------------|----------|--------|
| Small Area Source                                                                                                | . (3⁄2)               | • •      | . '                                                      |                                    |                 |          |        |
| Dry-to-dry mac<br>Transfer only or<br>Both machine tj                                                            |                       | (used    | ess than 140 ga<br>less than 200 ga<br>less than 140 ga  | illons of per                      | c per year)     | )        | :      |
| Large Area Source                                                                                                |                       |          | • •                                                      |                                    |                 |          |        |
| Dry-to-dry mac<br>Transfer only or<br>Both machine ty                                                            |                       | (used:   | 140 - 2,100 gall<br>200 - 1,800 gall<br>140 - 1,800 gall | ons of perc                        | ber hem)        |          |        |
| <ol> <li>What control technology is required (Indicate with an "X".)</li> </ol>                                  | ulred on machines     | harsaan  | í to section (5)                                         | of Part II of                      | this notific    | erion f  | om?    |
| Existing machines at sma<br>(NONE REQUIRED)                                                                      | ill area source       |          | New machine<br>Refrigerated                              | es at small a<br>condenser         | rea source      |          | · .    |
| Existing machines at large<br>Carbon adsorber<br>Refrigerated condenser                                          | e area source         |          | New machine<br>Refrigerated                              |                                    | es source       | i janta  |        |
| 5. A facility which contains non-t<br>Rule 62-213.306, F.A.C. Verify the<br>Criteria or that no such units exist | hat all steam and h   | ot water | generating unit                                          | ts on-site me                      |                 |          |        |
| All steam and hot water generating<br>No such units on-site                                                      | g units exempt        |          | OR                                                       |                                    |                 | :        | ;<br>; |
| How many boilers do you have on                                                                                  | site?                 | ,        |                                                          |                                    |                 | ,        | :      |
| For each boiler, Indicate its horsep                                                                             | ower (HP) rating:     | 201      |                                                          |                                    |                 |          |        |
| What type of fliel do you use?                                                                                   | No. 2 fue             | - • • •  |                                                          | i gas<br>fuel oil<br>(please list) | - Britis agrand | :        |        |
| 6. Equipment Monitoring and Rec                                                                                  | <br>ordkeeping Inform | ation    |                                                          | •                                  | •               | ,        | ;      |
| Check all logs which are required                                                                                | to be kept on-site i  | n accord | lance with the r                                         | equirements                        | of this go      | noral p  | ermit: |
| (a) Purchase receipts and solvent p                                                                              | urchases/solvent a    | ddition  | log                                                      | $\simeq$                           |                 |          | ;      |
| (b) Leak detection inspection and i                                                                              | repair                |          |                                                          | الكلابا                            |                 |          | :.     |
| (c) Refrigerated condenses temper                                                                                | ature monitoring      |          |                                                          | نكث                                |                 |          | ٨      |
| (d) Carbon adsorber exhaust perc                                                                                 | concentration moni    | itoring  |                                                          | (X)                                |                 |          |        |
| (e) Startup, shutdown, maifunction                                                                               | n plan                |          |                                                          | . ليكل                             |                 |          |        |

| 7. Suitender                                   | of Existing DEF All Feditin(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please indica                                  | te 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                                                                                                                                                                                                                                                                                                                                                                  |
| ιX                                             | No DEP air permits currently exist for the operation of the facility indicated in this notification form.                                                                                                                                                                                                                                                                                                                                                                                                            |
| Responsible                                    | Official Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| this notif<br>statemen<br>maintain<br>comply w | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sis made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| W                                              | ompily notify the Department of any changes to the information contained in this notification.  (h ren                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature                                      | $\frac{O2-23-01}{Date}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# TOTAL AMOUNT DUE: \$50.00



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### **TOTAL AMOUNT DUE: \$50.00**

### Do NOT Remove Label

AIRS ID# 890431 A1A DRY CLEANERS #168710 3505-4 South Kings Road CALLAHAN, FL 32011

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273** 

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ID# 890431 WARREN ISHAM A1A DRY CLEANERS #168710 PO BOX 1296 CALLAHAN, FL 32011

FOR GOVERNMENT USE OF Org.: 37550101000 E.G.: A1\* Fund: 20-2-035001

Obj.: 002273

| 0949    | U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com | <b>学館という。</b> 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5651    | OFFICIAL USE                                                                                                                                                 | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 0003    | Certified Fee  Return Reciept Fee (Endorsement Required)  Postmark Fiere                                                                                     | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2260    | Restricted Delivery Fee (Endorsement Required)  Total Pc ID# 890431                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7003    | WARREN ISHAM A1A DRY CLEANERS #168710  Street, Ap. PO BOX 1296 or PO Box City, State,                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Diskin. | PS Form 3800, June 2002. See Reverse for Instructions                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT                                                                                                                                                                                                                                                |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                | COMPLETE THIS SECTION ON DELIVERY                                                                                                    |  |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  Agent  Addressee  B. Received by, Printed Name  C. Date of Delivery  D. Is delivery address different from item 12 Yes |  |
| Article Addressed to:                                                                                                                                                                                                                                                                        | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No                                       |  |
| ILD# 890431 WARREN ISHAM A1A DRY CLEANERS #168710 PO BOX 1296                                                                                                                                                                                                                                |                                                                                                                                      |  |
| (CALLAHAN, FL 32011                                                                                                                                                                                                                                                                          | 3. Service Type  Certified Mail                                                                                                      |  |
|                                                                                                                                                                                                                                                                                              | 4. Restricted Delivery? (Extra Fee) ☐ Yes                                                                                            |  |
| 2. Article 7003 2260 0003 5651 0949                                                                                                                                                                                                                                                          |                                                                                                                                      |  |
| PS Form 3811, August 2001 Domestic Ret                                                                                                                                                                                                                                                       | urn Receipt 102595-02-M-1540                                                                                                         |  |

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DEPT. OF ENVIRONMENTAL PROTECTION
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2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 Ources

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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**



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AIRS ID#0890431

A1A DRY CLEANERS #168710 WARREN ISHAM PO BOX 1296 CALLAHAN FL 32011-1296

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

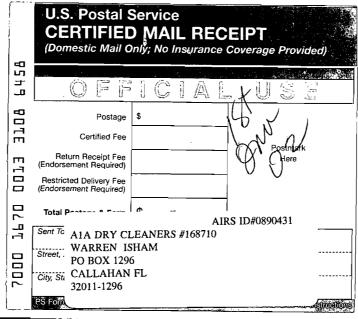
Warren Isham DBA A1A Cleaners PO Box 1296 Callahan, FL 32011-1296



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

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|
| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                | COMPLETE THIS SECTION ON DELIVERY                                                  |  |  |
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| 1. Article Addressed to:  AIRS ID#0890431  A1A DRY CLEANERS #168710  WARREN ISHAM                                                                                                                                                                                                            | D. Is delivery address different from item 1?                                      |  |  |
| PO BOX 1296<br>CALLAHAN FL<br>32011-1296                                                                                                                                                                                                                                                     | 3. Service Type  Certified Mail                                                    |  |  |
|                                                                                                                                                                                                                                                                                              | 4. Restricted Delivery? (Extra Fee) ☐ Yes                                          |  |  |
| 2. Article Number (Transfer from service label) 7000 1670 0013 3108 6458                                                                                                                                                                                                                     |                                                                                    |  |  |
| DC Earth 2011 Avenuet 2001 Barrantia Det                                                                                                                                                                                                                                                     | No Do                                                                              |  |  |

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AIRS ID # 0890431 A1A DRY CLEANERS #168710 WARREN ISHAM

PO BOX 1296 CALLAHAN FL

32011-1296

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

| 738b    |                                                   |               |              |
|---------|---------------------------------------------------|---------------|--------------|
| · 20    | Postage                                           | \$            |              |
| 47,7    | Certified Fee                                     |               | Postmark     |
| 감       | Return Receipt Fee<br>(Endorsement Required)      |               | Here         |
|         | Restricted Delivery Fee<br>(Endorsement Required) |               |              |
| 00      | Tota'                                             | ATRS 1D # 089 |              |
| 0600    | Recik AIA DRY CLEANERS #168710 WARREN ISHAM       |               |              |
|         | Stree PO BOX 129                                  | 6             |              |
| 7000    | CALLAHAN<br>City, : 32011-1296                    | FL            |              |
| <u></u> | PS Fo                                             |               | Instructions |

| + •                                                                                                                                                                                                                                                                                          |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                | COMPLETE THIS SECTION ON DELIVERY                                                                     |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Received by (Please Print Clearly)  B. Date pf Delivery  C. Signature  X                           |
| Article Addressed to:                                                                                                                                                                                                                                                                        | If YES, enter delivery address below:                                                                 |
| AIRS ID # 0890431<br>A1A DRY CLEANERS #168710<br>WARREN ISHAM<br>PO BOX 1296                                                                                                                                                                                                                 |                                                                                                       |
| CALLAHAN FL                                                                                                                                                                                                                                                                                  | 3. Service Type                                                                                       |
| 32011-1296                                                                                                                                                                                                                                                                                   | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| -                                                                                                                                                                                                                                                                                            | 4. Restricted Delivery? (Extra Fee) ☐ Yes                                                             |
| 2. Article Number (Copy from service label)                                                                                                                                                                                                                                                  | 128 7386                                                                                              |
| PS Form 3811, July 1999 Domes                                                                                                                                                                                                                                                                | tic Return Receipt 102595-99-M-1789                                                                   |

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