

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 22, 2002

Mr. David J. Mariotti
Mariotti's Laundry & Cleaners, Inc.
314 Ponce De Leon Boulevard
St. Augustine, Florida 32084

Re: Facility No.: 1090046-002

Dear Mr. Mariotti:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 22, 2002.


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,


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Rick Banks, Northeast District

"More Protection, Less Process"

Printed on recycled paper.

10/25/02 called for David Noubti and he was out until Monday. (AD)

Fees 96-01

SOC 6

compliments IN

RECEIVED**NOV 06 2002**Bureau of Air Monitoring
& Mobile Sources

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources**OCT 22 2002****RECEIVED**

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):	MARIOTTI'S LAUNDRY & CLEANERS INC. DAVID J. MARIOTTI		
2. Site Name (For example, plant name or number):	MARIOTTI'S LAUNDRY & CLEANERS INC.		
3. Hazardous Waste Generator Identification Number:	DEP EAC ID# 559500122		
4. Facility Location:	Street Address:		
	City:	County:	Zip Code:
	314 PONCE DE LEON BLVD.	ST. JOHNS	32084

Responsible Official

1090046-002

6. Name and Title of Responsible Official:	Name: DAVID J. MARIOTTI Title: OWNER		
7. Responsible Official Mailing Address:	Organization/Firm:		
	Street Address:	City:	County:
	314 PONCE DE LEON BLVD.	ST. AUGUSTINE FLA.	ST. JOHNS
			Zip Code: 32084
8. Responsible Official Telephone Number:	Telephone: (904) 829-9784 Fax: (904) 829-1555		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	LANCE E. MARIOTTI		
10. Facility Contact Address:	Street Address: 314 PONCE DE LEON BLVD.		
	City:	County:	Zip Code:
	ST. AUGUSTINE FLA.	ST. JOHNS	32084
11. Facility Contact Telephone Number:	Telephone: (904) 829-9784 Fax: (904) 829-1555		

BEST AVAILABLE COPY

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 2

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>6-10-2002</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>SAME</u>
<u>6-10-2002</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

1027 gallons (You must fill this in) *BUT LAST 4 MONTHS, ONLY 459 GAL*

(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 _____)

BEST AVAILABLE COPY

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

DAVID J. MARICITTI
Print name of responsible official

[Signature]
Signature

10/19/02
Date

1090046-002
Call early AM



Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road MS 5510
Tallahassee, Florida 32399-2400

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 10/28/2002
TO: Mr. David Moriotti
PHONE: 904-829-9784 FAX: 904-829-1555
FROM: Rich Butler PHONE: 850-921-9586
RE: Division of Air Resources Management FAX: 850.922.6979
General Permit Form
CC: _____

Total number of pages including cover sheet: 5

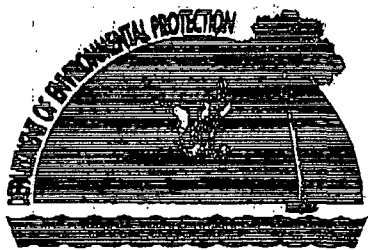
Message

Complete Page 14 1(a) machine info
Complete Responsible Official Certification Page 16
Return original to me at address above.

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper



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Florida
Department of
Environmental Protection

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NOV 06 2002
Bureau of Air Monitoring
& Mobile Sources
David S. Bush
Secretary

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road MS 5510
Tallahassee, Florida 32399-2400

FAX TRANSMITTAL SHEET

DATE: 10/28/2002

TO: Mr. David Mariotti

PHONE: 904-829-9784

FAX: 904-829-1555

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: General Permit Form

CC: _____

Total number of pages including cover sheet: 5

Message

Complete Page 14 (a) machine info

Complete Responsible Official Certification Page 16

Return original to me at address above.

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

RECEIVED

OCT 22 2002

Bureau of Air Monitoring
& Mobile Sources

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):	
MARIOTTI'S LAUNDRY & CLEANERS INC. DAVID J. MARIOTTI	
2. Site Name (For example, plant name or number):	
MARIOTTI'S LAUNDRY & CLEANERS INC.	
3. Hazardous Waste Generator Identification Number:	
DEP FAC ID# 559500122	
4. Facility Location:	
Street Address:	
City:	County:
314 PONCE DE LEON BLVD.	ST. JOHNS
	Zip Code:
	32084
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
1090046-002	

Responsible Official

6. Name and Title of Responsible Official:	
Name:	Title:
DAVID J. MARIOTTI	OWNER
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: 314 PONCE DE LEON BLVD.	
City:	County:
ST. AUGUSTINE FLA.	ST. JOHNS
	Zip Code:
	32084
8. Responsible Official Telephone Number:	
Telephone: (904) 829-9784	Fax: (904) 829-1555

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
LANCE E. MARIOTTI	
10. Facility Contact Address:	
Street Address: 314 PONCE DE LEON BLVD.	
City:	County:
ST. AUGUSTINE FLA.	ST. JOHNS
	Zip Code:
	32084
11. Facility Contact Telephone Number:	
Telephone: (904) 829-9784	Fax: (904) 829-1555

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
6-10-2002	Existing <input checked="" type="radio"/> New	RC/CA/None required	_____
6-10-2002	Existing <input checked="" type="radio"/> New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in) *BUT LAST 4 MONTHS, ONLY 459 GAL*

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site?

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Print name of responsible official

Signature

Date

Instructions for Completing Part III of Notification Form

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

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

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

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

Facility Name and Location

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

Responsible Official

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

Facility Contact

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

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

10/07/02 (INV006)

PHENIX SUPPLY CO. - JACKSONVILLE, FL
CUSTOMER PERC SALES REPORT

PAGE. 1

CUST#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
2343000	MARIOTTI'S 314 PONCE DE LEON BLVD ST AUGUSTINE FL 32084	J019406	07/01/02	1300014	PERC *DOWPER* - 15-GAL DRUM	10.0	DR
		J020065	07/25/02			1.0	DR
		J020985	08/22/02			2.0	DR
					TOTAL GALLONS:	105.0	
		J011414	10/18/01	1300015	PERC *DOWPER* 15-GAL	4.0	DR
		J011848	11/01/01			2.0	DR
		J012282	11/15/01			4.0	DR
		J012665	11/29/01			4.0	DR
		J013114	12/13/01			3.0	DR
		J013498	12/27/01			3.0	DR
		J013860	01/10/02			3.0	DR
		J014299	01/24/02			3.0	DR
		J014718	02/07/02			4.0	DR
		J015188	02/21/02			2.0	DR
		J015635	03/07/02			4.0	DR
		J016056	03/21/02			4.0	DR
		J016518	04/04/02			4.0	DR
		J016953	04/18/02			4.0	DR
		J017391	05/02/02			4.0	DR
		J017880	05/16/02			4.0	DR
		J018339	05/30/02			4.0	DR
		J018799	06/13/02			12.0	DR
					TOTAL GAL	1080.0	
		J011011	10/04/01	1300019	PERC *DOWPER* - 52-GAL DRUM	1.0	DR
					TOTAL GALLONS:	52.0	

TOTAL - 1,027 GALLS

BUT SINCE THE INSTALL OF THE 2 NEW
D/C machines JUNE 10-2002 - AND AFTER
INITIAL FILL ONLY 3 PRUMO OR
45 GAL PURCHASED (4-Mths)

D.J.M.

Shaw
Good!

Savings of \$13,549.48 per yr. 89290L
PLUG FILTERS & MCF WATERS



OFFICE OF THE TREASURER
DEPARTMENT OF INSURANCE

The Capitol, Tallahassee, Florida 32399-0300

BILL NELSON

TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL

NOVEMBER 29, 1999

012349 MARRIOTTIS CLEANING CENTER
314 S PONCE DELEON BLVD
ST AUGUSTINE FLORIDA 32084

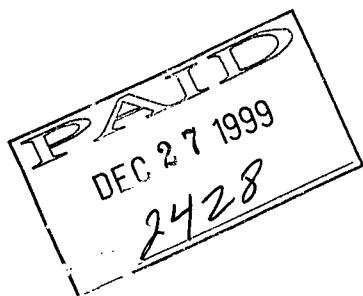
I N V O I C E
RE: BOILER CERTIFICATION

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED, DOES HEREBY APPLY FOR A CERTIFICATE OF COMPLIANCE IN THE AMOUNT OF \$ 30.00 FOR THE BOILER DESCRIBED BELOW AND LOCATED AT:

MARIOTTIS CLEANING CENTER
314 S PONCE DELEON BLVD/BOILER ROOM
ST AUGUSTINE FLORIDA 32084

DESCRIPTION:

STATE ID#: 012349 NB# 14056 OWN NO: 0
MANU. BY: SUPERIOR YEAR: 99
DATE OF INSPECTION: 10/06/99
INSPECTED BY: NOLAND O BARRIOS/AMERICAN STATES INS



[Handwritten Signature]
SIGNATURE

12-27/99
DATE

INSTRUCTIONS:

1. INVOICE MUST BE RETURNED WITHIN THIRTY (30) DAYS OF INVOICE DATE.
2. SIGN AND RETURN THIS INVOICE ALONG WITH YOUR REMITTANCE IN THE AMOUNT OF \$ 30.00 MADE PAYABLE TO STATE OF FLORIDA DEPARTMENT OF INSURANCE
3. PLEASE RETURN YOUR REMITTANCE AND INVOICE TO:

 * DEPARTMENT OF INSURANCE *
 * BUREAU OF FIRE PREVENTION *
 * REVENUE PROCESSING SECTION *
 * POST OFFICE BOX 6100 *
 * TALLAHASSEE, FLORIDA 32314-6100 *

RECEIVED

OCT 22 2002

Bureau of Air Monitoring
& Mobile Sources

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):	
MARIOTTI'S LAUNDRY & CLEANERS INC DAVID J. MARIOTTI	
2. Site Name (For example, plant name or number):	
MARIOTTI'S LAUNDRY & CLEANERS INC.	
3. Hazardous Waste Generator Identification Number:	
DEP FAC ID# 559500122	
4. Facility Location:	
Street Address:	
City:	County:
314 PONCE DE LEON BLVD.	ST. JOHNS
Zip Code:	32084
1090046	

Responsible Official

6. Name and Title of Responsible Official:	
Name:	Title:
DAVID J. MARIOTTI	OWNER
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: 314 PONCE DE LEON BLVD.	
City:	County:
ST. AUGUSTINE FLA.	ST. JOHNS
Zip Code:	32084
8. Responsible Official Telephone Number:	
Telephone: (904) 829-9784	Fax: (904) 829-1555

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
LANCE E. MARIOTTI	
10. Facility Contact Address:	
Street Address: 314 PONCE DE LEON BLVD.	
City:	County:
ST. AUGUSTINE FLA.	ST. JOHNS
Zip Code:	32084
11. Facility Contact Telephone Number:	
Telephone: (904) 829-9784	Fax: (904) 829-1555

Bureau of Air Monitoring
& Mobile Sources

NOV 04 2002

RECEIVED

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 2

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>6-10-2002</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
<u>6-10-2002</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
_____	Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

1027 gallons (You must fill this in) BUT LAST 4 MONTHS, ONLY 45991

(b) If less than 12 months, how many? [] months:

Check why it is less than 12 months: New owner: [] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

- | | |
|---|--|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input type="checkbox"/> | |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 6 0

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

DAVID J. MARIOTTI
Print name of responsible official

[Signature]
Signature

10/19/02
Date

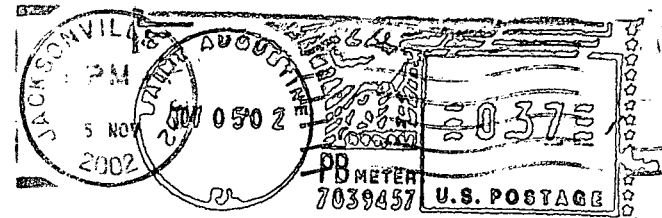
Mariotti's

LAUNDRY & CLEANING CENTERS, INC.
314 Ponce de Leon Blvd.
St. Augustine, Florida 32084



FLA. DEPT. OF ENV. PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE RD. MS 5510
TALLAHASSEE, FLA. 32399-2400

C/O RICK BUTLER
GENERAL PERMIT FORM



32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422334 JAN29 2003

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

RECEIVED
FEB 04 2003

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#1090046
MARIOTTI'S LAUNDRY & CLEANING
CENTER
DAVID MARIOTTI
314 PONCE DE LEON
ST AUGUSTINE FL 32084

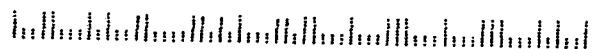
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Mariotti's
Laundry & Cleaners
314 Ponce de Leon Blvd.
St. Augustine, FL 32084



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

32315+3070 99



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435246 JAN142004

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DAVID MARIOTTI
MARIOTTI'S LAUNDRY & CLEANING
CENTER
314 PONCE DE LEON
ST AUGUSTINE FL 32084

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Fund: 20-2-035001
Obj.: 002273

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443906 DEC282004

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CENTER
314 Ponce de Leon
ST AUGUSTINE, FL 32084

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FUND: 20-2-035001
OBJECT: 002273

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458222 JAN19 2006

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 CENTER
 314 Ponce de Leon
 ST AUGUSTINE, FL 32084

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JAN 23 2006

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 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

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 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

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470182 FEB28 2007

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AIRS ID#1090046
 MARIOTTI'S LAUNDRY &
 CLEANING CENTERS IC
 314 Ponce de Leon
 ST AUGUSTINE, FLORIDA 32084

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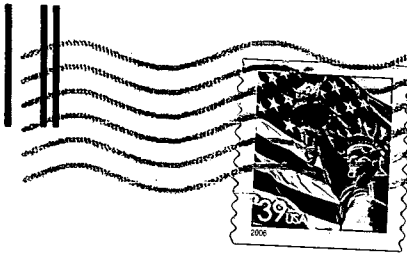
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 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

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

Mariotti's Laundry & Cleaners
314 South Ponce de Leon Blvd.
St. Augustine, FL 32084

JACKSONVILLE FL 322

26 FEB 2007 PM 6 T



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

323153070 BOSS

