

Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

October 12, 2001

Mr. Ronald E. Davis Savelberg Cleaners 520 Sawgrass Village Drive Vedra Beach, Florida 32082

Re: Facility No.: 1090047-002

Dear Mr. Davis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 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.

Fees Paid 96-00 50C 5 Compliance IN page 15
1. (a) Existing should be circled under Status.
(AC) should be circled under Control Device
Aequired.

page 17

7. Leave as is ifwish to surrender general permit eligibility. If not, marb "Nor DEP air permits exist".

Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

SEP 1 0 2001

Survay of Air Monitoring
Mobile Sources

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.

Fac	ulity Name and Location				
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	RED/JD INC.				
2.	2. Site Name (For example, plant name or number):				
	d/b/a/ Savelberg Cleaners				
3.	Hazardous Waste Generator Identification Number:				
	FLD 980847214				
4.	Facility Location:				
	Street Address: 520 Sawgrass Village Dr. City: County:	rive	Zip Code:		
P	onte Vedra Beach St.Jol	nns	32082		
5.	Facility Identification Number (DEP Use ONLY - do not i				
		10	990047-002		
34.3					
	ponsible Official				
6. Nar	Name and Title of Responsible Official:	Title:			
INAL	Ronald E. Davis President	Title.			
7.	Responsible Official Mailing Address:				
Ì	Organization/Firm: Savelberg Cleaners				
	Street Address: 520 Sawgrass Village City: Ponte Vedra Beach St. Joh	Drive	Zip Code:		
	City: Ponte Vedra Beach St. Joh	nns	Zip Code: 32082		
8.	Responsible Official Telephone Number:				
	Telephone: (904) 285-5644	Fax: () nonē		
E	ille Control (If life and from Dominia)				
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):					
	·	anager).			
10	Facility Contact Address		 		
10.	Facility Contact Address:		•		
	Street Address:				
	City: County:		Zip Code:		
11.	Facility Contact Telephone Number:				
	Telephone: () -	Fax: () -		
L					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY [1] 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 Control Device Required* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") SAME (replaced with RC) Existing/New RC/CA/None required 01-May-85 06-Sep-95 Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Control Device Required* 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? [185] 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: []

DEP Form No. 62-213.900(2) Effective: 2/24/99 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 ye (used less than 200 gallons of perc per ye Both machine types on-site (used less than 140 gallons of perc per ye	ar)			
Large Area Source [X]	•			
Transfer only on-site (used 140 - 2,100 gallons of perc per year (used 200 - 1,800 gallons of perc per year (used 140 - 1,800 gallons of perc per year (us	·)			
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)				
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser [<u>rce</u>]			
Existing machines at large area source Carbon adsorber Refrigerated condenser [X] New machines at large area source Refrigerated condenser [X]	<u>ce</u>]			
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).				
All steam and hot water generating units exempt No such units on-site OR				
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [] []				
What type of fuel do you use? [] propane [] natural gas [] No. 2 fuel oil [] No. 4 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				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

[_ <u>x_</u>]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in
	this notification form; the permit number(s) are
	AIRS TD # 1090047001AG

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.

Ronald E. Davis

Print name of responsible official

Signature

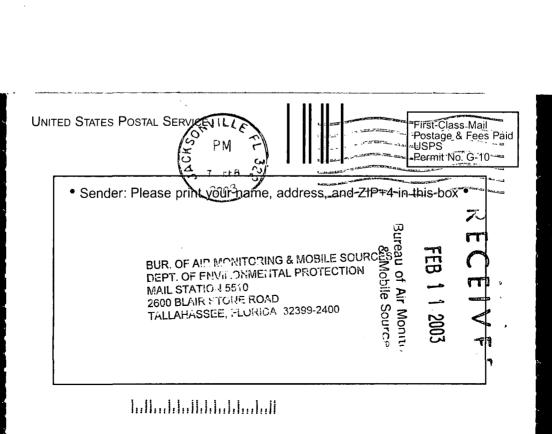
September 5, 2001

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

Postage \$ Certified Fee Postage Postage	339						
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Total AIRS ID#1090047 Sent 7c SAVELBERG CLEANERS RONALD E DAVIS	1 ' '						
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total ' AIRS ID#1090047 Sent Tc SAVELBERG CLEANERS RONALD E DAVIS	97	Certified Fee	N. I				
AIRS ID#1090047 Sent Tc SAVELBERG CLEANERS RONALD E DAVIS	1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee	\ \ \\				
PS Form	035						

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery			
1. Article Addressed to: AIRS ID#1090047 SAVELBERG CLEANERS RONALD E DAVIS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
520 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes			
2. Article Number (Transfer from service label) 7001 0320 0001 7975 7339				
PS Form 3811, August 2001 Domestic Retr	urn Receipt 102595-02-M-1035			

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458319 JAN232866

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

RECEIVED

TOTAL AMOUNT DUE: \$50.00

DAN 25 0006

Do NOT Remove Label

1090047 10 SAVELBERG CLEANERS 520 Sawgrass Village Drive PONTE VEDRA BEACH, FL

32082

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444818 JAN21 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1090047 10 SAVELBERG CLEANERS 520 Sawgrass Village Drive PONTE VEDRA BEACH, FL 32082

FOR GOVERNMENT USE ONLY

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

OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435225 JAN132884

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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

Do NOT Remove Label

1090047 RONALD DAVIS SAVELBERG CLEANERS 520 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082

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

Savelberg Cleaners 520 Sawgrass Village Dr. Ponte Vedra, FL 32082



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

IT Remove Label Airs ID#1090047

CLEANERS
AVIS
SS VILLAGE DRIVE
A BEACH FL

Do NOT Remove Label

SAVELBERG CLEANERS RONALD E DAVIS 520 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412166 DEC242001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

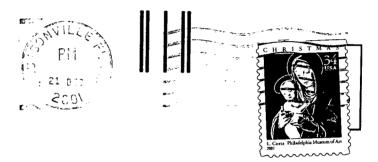
AIRS ID # 1090047 SAVELBERG CLEANERS **RONALD E DAVIS** 520 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082

FOR GOVERNMENT USE ONLY

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

Obj.: 002273





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

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