

## Department of Environmental Protection

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

Colleen M. Castille Secretary

November 6, 2006

Ms. Karen E. Gulla Savelberg Cleaners 520 Sawgrass Village Drive Ponte Vedra Beach, Florida 32082

Re: Facility No.: 1090047-003

Dear Ms. Gulla:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 2, 2006.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

Errin Pichard, Acting Chief Bureau of Air Monitoring

and Mobile Sources

EP/pg

cc: Mr. Rick Banks, Northeast District

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NO ACTIVITY FOR FACILITY ......
EMISSION FEE DATES .......
SOC REPORTS ......
COMP. STATUS-SNC MNC AN

INSQ-Compliance Juspection
Wallethnrigh - 8/01/2006

INSP-St. Johns-NED-Librales



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. Sends completed form to the address listed in the instructions and keep a copy of the form for your files.

	cility Name and Location				
1.	Facility Owner/Company Name (Name of corpo	ration, agency, or individu	ual owner):		
	RED/JD INC.				
2.	Site Name (For example, plant name or number)	:			
	d/b/a Savelberg C	leaners			
3.	Hazardous Waste Generator Identification Numb	er:			
	FLD 930847214				
4.	Facility Location: Street Address: 520 Sawgrass V. City: County: Ponte Vedra Beach	illage Drive St. Johns	Zip Code: 32082		
5.	Pacility Identification Number (DEP Use ONLY	do not fill in)			
14,15,000			Construction of the Constr		
-	sponsible Official				
1	Name and Title of Responsible Official:	Title			
I Na	Karen E. Gulla	Title: Presi	dent		
7.	Responsible Official Mailing Address: Organization/Firm: Savelberg Clean Street Address: 520 Sawgrass Vi City: Ponte Vedra Beach County: St	llage Drive	Zip Code: 32082		
8.	Responsible Official Telephone Number: Telephone: (904) 285 - 5644	Fax: (	) hone		
Facility Contact (If different from Responsible Official)					
	Name and Title of Facility Contact (For example				
10.	Facility Contact Address:				
	Street Address:				
	City: County:		Zip Code:		
11.	Facility Contact Telephone Number: Telephone: ( ) -	Fax: (	) -		

DEP Form No. 62-213.900(2)

Effective: 2/24/99

£000-pp0060;

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 Control Device Required\* **Status** Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") with RC) SAME (replaced 01 May 1985 Existing/New RC/CA/None required RC 06 Sept. 1995 Existing/New RC/CA/None required RC/CA/None required Existing/New \*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 (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required RC/CA/None required Existing/New RC = refrigerated condenser CA = carbon adsorber \*CONTROL DEVICE KEY: 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [2]9 gallons (You must fill this in)

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

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New store: New machine

Unopened store [ ] (date of expected opening \_\_\_\_

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

<ol><li>What is the facility's source classification based on Indicate with an "X". Select one classification or</li></ol>			
Small Area Source			
	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)		
Large Area Source 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)		
4. What control technology is required on machines p (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?		
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []		
Existing machines at large area source  Carbon adsorber  Refrigerated condenser  X	New machines at large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions u Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site	-		
All steam and hot water generating units exempt No such units on-site	X OR		
How many boilers do you have on-site?			
For each boiler, indicate its horsepower (HP) rating:	لاالاالا		
What type of fuel do you use?  [X] propane [No. 2 fuel [No. 6 fuel			
6. Equipment Monitoring and Recordkeeping Inform	action		
Check all logs which are required to be kept on-site i	in accordance with the requirements of this general permit:		
(a) Purchase receipts and solvent purchases/solvent a	ddition log [X]		
b) Leak detection inspection and repair			
c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration monitoring			
(e) Startup, shutdown, malfunction plan			

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7. Surrender o	of Existing DEP Air Permit(s)				
Please indicate with an "X" the appropriate selection:					
لببا	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID # 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.					
	en E. Gulla ne of responsible official				
Signature	Date				

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

### Instructions for Completing Part III of Notification Form

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

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

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

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

#### Facility Name and Location

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

#### Responsible Official

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

#### **Facility Contact**

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.

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- 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.

Effective: 2/24/99

## **IMPORTANT**

A facility is eligible to operate under a Title V Air General Permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate under the Title V Air General Permit.

NEW OWNER? If you are a NEW OWNER, please check ☑ this box and return this page with your completed Air General Permit Notification Form.

NEW <u>RESPONSIBLE OFFICIAL</u>? If you are a NEW RO, and/or your existing business has moved to a new location, please check ☑ this box and return this page with your completed Air General Permit Notification Form.

(Former executive vice-president and the daughter of former president)

• If you wish to continue your entitlement, please complete the enclosed Air General Permit Notification Form, making certain that it is signed by the Responsible Official (RO), properly dated and mailed to the following address:

Air General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

- If you do not wish to continue with your eligibility, please disregard this notice.
- A fee is **NOT** required with the notification form.

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Website: www.dep.state.fl.us/air/
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### Department of Environmental Protection

Jeb Bush Governor Twin Towers 2600 Blair Stone Road M.S. 5510 Tallahassee, Florida 32399-2400 Colleen M. Castille Secretary

To: Users of the Title V Air General Permits

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the Federal Clean Air Act, your facility is entitled to operate for no more than five (5) years with a permit under Section § 403.0872 Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

The enclosed notification form is for your convenience if you wish to maintain your eligibility. As the Responsible Official (R/O) for this facility, please complete the form, sign your name, date it, and submit it to the following address:

Air General Permits Section Bureau of Air Monitoring and Mobile Sources, MS5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

It is important to note that facilities not in compliance with the conditions of their existing Title V Air General Permit may not be eligible to use a new air general permit after the existing authority period expires. Such facilities will be required to make application for an Air Operating Permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their air general permit conditions to avoid this costly situation.

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

467564 JAN25207

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

JAN 2 6 200

**TOTAL AMOUNT DUE: \$50.00** 

Mobile SpanOT Remove Label

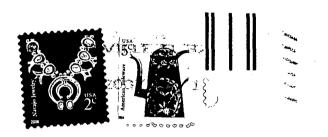
AIRS ID# 1090047 RED/JD INC 520 Sawgrass Village Drive PONTE VEDRA BEACH, FLORIDA 32082

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

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273 Scivelberg Cleaners
520 Saugrass Village Dr.
Ponte Vedra Beach, FZ, 32082



POSTAGE REQUIRED

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

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a <b>Perc</b> dry cleaning facility shall submit to the E notification of compliance status providing the following information and s	EPA and FLDEP by registered mail on or before July 28, 2008 a signed by a responsible official who shall certify its accuracy:
AIRS ID Number: 109 0047 C C C C C C C C C C C C C C C C C C C	of the Perc dry cleaning machine located in a building with a residence(s), of the residence is vacant at the time of this notification?
The name and address of the owner or operator;  THE K DAVIS  Surgar Mobile S  Name of the owner or operator of the dry cleaning facility	Check one: V No Yes
	Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?
Mailing address of the owner or operator of the dry cleaning facility	Check one: No Yes
Mailing address line 2	Is the Perc dry cleaning operation a major or area source?
Jacksonville F1 32256 City State Zip Code	Major Source: Perc consumption is greater than 2100 gallons/year  Area Source: Perc consumption is 2100 gallons/year or below
The address (that is, physical location) of the dry cleaning facility;	The yearly Perc solvent consumption: 195 gallons (How much Perc did you buy over the last 12 months?)
SAVEIBERG CIEANERS  Name of the dry cleaning facility	Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?
Address of the dry cleaning facility (physical location)	Check one:  Yes
Address line 2	All information contained in this statement is accurate and true.
Donte Vedra Beach, Fl 32082 City State Zip Code	Signature of the Responsible Official for the dry cleaning facility
By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch 61 Forsyth Street SW Atlanta, Georgia 30303-8960	Florida Department of Environmental Protection General Permits Section Bureau of Air Monitoring and Mobile Sources 2600 Blair Stone Road, MS #5510 Tallahassee, Florida 32399-2400

Please contact the Florida Small Business Environmental Assistance Program (SBEAP) toll free at: 1-800-722-7457

Or by email @

stephen.mckeough@dep.state.fl.us

Or look at all of our resources for dry cleaners on our online library @

http://www.dep.state.fl.us/air/publications/sbeaplib.htm

Additional calendars may be downloaded and printed from this webpage.



# **ATTENTION:**

The Perc Dry Cleaner Air General Permit is *NOT TRANSFERABLE* and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a registration form and/or have any permitting questions, please contact **Dickson Dibble at 850/921-9586**.

It is the **seller's responsibility** to notify the Florida DEP, Division of Air Resource Management of the pending change in ownership. Likewise, it is the **responsibility of the new owner/company** to submit a new PERC Dry Cleaner Air General Permit Registration Form no later than 30 days prior to the sale. This registration form can be found at the following web location:

http://www.dep.state.fl.us/air/forms/tvgp.htm#drycleaners

All Air General Permit correspondence and forms should be mailed to the following address:

**Air General Permits Section** 

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

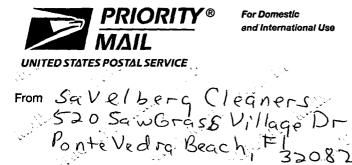
EST AVAILABLE COPY om/postd RMLY 1490 0000 MING LIVERUPU Pomestic and International Use





RETURN RECEIP REQUESTED





us at usps.com

TOF-lorida Department of
Environmental Protection
General Permits Section
Bureau of Air Monitoring and
Mobile Sources
2600 Blair Stone Rd MS5510
Label 228, January 2008 Tallahassee, Fl 32399-2400

For Domestic and International Use