

Department of Environmental Protection

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

David B. Struhs Secretary

January 6, 2003

Ms. Cynthia Jones Premier Cleaners Post Office Box 1656 Crawfordville, Florida 32326

Re: Facility No.: 1290097-002

Dear Ms. Jones:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 6, 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

 \mathcal{U}

JK/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

der Owner

Dibble, Dickson

From:

Dibble, Dickson

Sent:

Thursday, October 04, 2007 1:48 PM

To:

Sarasua, Armando

Cc:

Jackson, Angelia; Bradburn, Rick; Mitchell, Erica; Bowman, Sandy; Tart, Cecily; White, Tracy A.;

Grant, Patricia

Subject: RE: Dry Cleaners inactive/closed

Tracking: Recipient

Delivery

Sarasua, Armando Delivered: 10/4/2007 1:49 PM Jackson, Angelia Delivered: 10/4/2007 1:49 PM Bradburn, Rick Delivered: 10/4/2007 1:49 PM Mitchell, Erica Delivered: 10/4/2007 1:49 PM Bowman, Sandy Delivered: 10/4/2007 1:49 PM Delivered: 10/4/2007 1:49 PM Tart, Cecily White, Tracy A. Delivered: 10/4/2007 1:49 PM Grant, Patricia Delivered: 10/4/2007 1:49 PM

AIRS ID#'s 1290097 & 0730077 are now in INACTIVE status.

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection Div. of Air Resource Management Bureau of Air Monitoring & Mobile Sources Air General Permit Program (850) 921-9586 SunCom 291-9586 ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Dibble, Dickson

Sent: Thursday, October 04, 2007 1:28 PM

To: Sarasua, Armando

Cc: Jackson, Angelia; Bradburn, Rick; Mitchell, Erica; Bowman, Sandy; Tart, Cecily; White, Tracy A.

Subject: RE: Dry Cleaners inactive/closed

Armando,

Looks like everyone involved tried their best to get the information that we need, and that's all we can do.

Many times it is not possible to get any information, except that which we get from the inspector. Normally we would like a letter or some indication in writing from the R/O as to the facility status, but like I said, not always possible.

Since we process all of the Title V Air General permitting from this office, we also process all of the associated administrative changes including facility status, ACTIVE/INACTIVE, etc.. Compliance & Enforcement related activities are processed and input by the individual District & Local Program offices.

In situations such as this particular one, where verification from the R/O is not possible, all I would have needed is Tracy's e-mail to me verifying that each facility was closed or out-of-business, or building demolished, or now a drop-store, or no Perc & Perc machines on premise, or switched to Petroleum solvent, or whatever, and then I can make the appropriate changes. That would suffice as a request in writing and a hardcopy would be placed in the file as supporting documentation. In ARMS & GPCI I will record remarks to that effect.

So based on Tracy's e-mail and what findings were eventually discovered, I will change the status of the two facilities (#1290097 & #0730077) to INACTIVE effective the date of Tracy's e-mail (09/18/07).

Thank you for all of your efforts.

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Sarasua, Armando

Sent: Thursday, October 04, 2007 12:21 PM

To: Dibble, Dickson

Cc: Jackson, Angelia; Bradburn, Rick; Mitchell, Erica

Subject: FW: Dry Cleaners inactive/closed

Dick,

This is as far as we could get on these two TV air GPs.

Do you want to take it over now and have your people chase these rabbits?

Don't know if you want to make them inactive and/or rescind their GPs?

R/Armando

From: Jackson, Angelia

Sent: Thursday, September 20, 2007 10:38 AM

To: Sarasua, Armando

Cc: Mitchell, Erica; Bradburn, Rick

Subject: RE: Dry Cleaners inactive/closed

Hi Armando,

I spoke with the primary RO from Capital Cleaners (Permit # 0730077) on yesterday (9/19/2007) and he indicated that the cleaners has not operated in a year and his accountant or legal representative sent something to the Department informing them of this situation. I asked if he had a copy of the letter and he did not. According to the RO they will not be operating the cleaners any longer even though the permit is due to expire 4/25/2009.

Thanks,

Angelia

From: Jackson, Angelia

Sent: Tuesday, September 18, 2007 5:05 PM

To: Sarasua, Armando

Cc: Mitchell, Erica; Bradburn, Rick

Subject: RE: Dry Cleaners inactive/closed

Hi Armando,

Premier Cleaners (Permit # 1290097)

- I tried to contact the Primary Responsible Official (Ms. Cynthia Jones) but the number listed in ARMS, in the inspection report, as well as in the application has been disconnected.
- The permit does not expire until 01/06/2008. Is this facility out of business or just not operational?

Capital Cleaners (Permit # 0730077)

- I left a voice mail for the Primary RO at the number indicated in ARMS but have not heard back from him yet.
- This permit does not expire until 04/25/2009 and as stated earlier are they out of

business or just not operational?

Until the status of the facility is indicated in writing the permits are still open and therefore can not be placed as an inactive status. These Title V Air Generals are permitted from Tallahassee and all correspondence from the RO must be submitted (hard copy) to them.

Thanks,

Angelia

From: Sarasua, Armando

Sent: Tuesday, September 18, 2007 3:26 PM

To: Jackson, Angelia

Cc: Mitchell, Erica; Bradburn, Rick

Subject: FW: Dry Cleaners inactive/closed

Angelia,

Please try to make contact with the permittees to establish facilities' status. Let me know what you find.

R/Armando

From: Mitchell, Erica

Sent: Tuesday, September 18, 2007 2:31 PM

To: Sarasua, Armando

Subject: FW: Dry Cleaners inactive/closed

Hi Armando,

Do we need any additional information (a letter from the RO, etc) to inactivate these? Will Dick Dibble's group be responsible for inactivating these in ARMS?

From: White, Tracy A.

Sent: Tuesday, September 18, 2007 2:23 PM

To: Mitchell, Erica **Cc:** Neubauer, Gerry

Subject: Dry Cleaners inactive/closed

Hello.

I inspected the following drycleaner sites for FFY 2007 and noted they were out-of-business (need to be made inactive in ARMs):

- 1. Premier Cleaners: 1290097
- 2. Sulollori Cleaners (Capital Cleaners): 0730077

I will put the inspection dates in GPCI, but will not be sending out any inspection reports for the above.

Tracy White Environmental Specialist Northwest District Branch Office 630 - 3 Capital Circle NE Tallahassee, Florida 32301 850-488-3704, Fax: (850) 922-3620

TRACY WHITE T

AIRS ID # 1290097-002

CAB

12/12/2002

Spoke with Ms. Cynthia Jones, Owner of Premier Cleaners, and she stated that the facility has a 10 horsepower boiler.

Page 15

5. Add horsepower for each boiler.

NEXT TIME YOU VISIT THIS FACILITY

HAVE RO ON ter 10 HP initial/data

entry - resign last page
Send corrected cy to

NWD & DARM (Dich Butler)

Cildarese

1/8/03

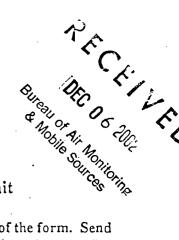
RECEIVED
FEB 27 2003

Bureau of Air Monitoring
Sources
Nobile Sources

JAN 2 3 2003 DEP TALLAHASSEE BRANCH OFFICE

RECEIVED

JAN - 8 2003 NORTHWEST FLORIDA DEP



PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location	~
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
CYNTHIA J. JONES	
2. Site Name (For example, plant name or number):	T T T
Daniel C. Fare	
PREMIER CLEANERS	S & 67
3. Hazardous Waste Generator Identification Number:	or The
A The History and a second and a	n
4. Facility Location: Street Address: 2763 CRAWFORVILLE 14WY	
City: CRAWFO ROVILLE County: WAKULLA Zip Code:	32327
City. CRADFOROVILLE County. WINCOLLIN Zip code.	
5. Facility Identification Number (DEP Use ONLY - do not fill in).	
	nnn
1290091-1	
Responsible Official	
6. Name and Title of Responsible Official:	·
Name: CYNTHIA JONES Title: DUNER	
	·
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: P.O. Box 1656	
City: CRAWFORDVILLE County: WAKVLLA Zip Code:	32326
City. CRAWINGLOSTELE County. WHIEVELA 219 court.	52526
8. Responsible Official Telephone Number:	(
Telephone: (950) 924 - 7735 Fax: () -	`
	· ·
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	·
1	
10. Facility Contact Address:	
Charle Address.	
Street Address: City: County: Zip Code:	
City: County: Zip Code:	·
11. Facility Contact Telephone Number:	
Telephone: () - Fax: (JAN 1 3 2003	
7 2005 () JAN 1 0 2003	
DED TATIONAS	CEE

BRANCH OFFICE

	3. What is the facility's source cla Indicate with an "X". Select			nitions found in se	ction (3) of Part II	•
	Small Area Source	ιX				
	Dry-to-dry maci Transfer only or Both machine ty		(used les	ss than 140 gallons ss than 200 gallons ss than 140 gallons	of perc per year)	
	Large Area Source					
¢.	Transfer only or Both machine ty	ypes on-site	(used 20 (used 14	0 - 2,100 gallons o 0 - 1,800 gallons o 0 - 1,800 gallons o	f perc per year) f perc per year)	
	 What control technology is required. (Indicate with an "X".) 	uired on machines	pursuant	to section (5) of Pa	rt II of this notifica	ation form?
	Existing machines at small (NONE REQUIRED)	all area source		New machines at s Refrigerated conde		
	Existing machines at large Carbon adsorber Refrigerated condenser	ge area source		New machines at 1 Refrigerated conde		
EV.	5) A facility which contains non-Rule 62-213.300, F.A.C. Verify t exemption criteria or that no such All steam and hot water generating No such units on-site	that all steam and l units exist on-site	hot water	generating units or	site meet the follo	
	How many boilers do you have on	ı-site?	7.		1,403	
·	For each boiler, indicate its horse	power (HP) rating:	: لــــا د	1100	1 2	
	What type of fuel do you use?	propane No. 2 fue	el oil el oil	natural gas No. 4 fuel (oil	
	6. Equipment Monitoring and Rec	rordkeening Infor	mation			
	Check all logs which are required			ance with the requi	rements of this ge	neral permit:
	(a) Purchase receipts and solvent				1 /1	•
	(b) Leak detection inspection and	-				
	(c) Refrigerated condenser temper	rature monitoring				
	(d) Carbon adsorber exhaust perc	concentration mo	nitoring			
	(e) Startup, shutdown, malfunction		-			
	•		J	AN 1 3 2003		

D E P TALLAHASSEE BRANCH OFFICE

7. Surrender	of Existing DEP Air Permit(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
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notij statemen maintain	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 its 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.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
\mathcal{C}	INDY SONES
Print nar	ne of responsible official
Signatur	jude Jones 1/24/03 Date

TRACY WHITE T

AIRS ID # 1290097-002

CNB

12/12/2002

Spoke with Ms. Cynthia Jones, Owner of Premier Cleaners, and she stated that the facility has a 10 horsepower boiler.

Page 15

5. Add horsepower for each boiler.

NEXT TIME YOU VISIT THIS FACILITY

HAVE RO OUTER 10 HP initial/date

entry - resign list page
Send corrected cy to

NWD & DARM (Shich Butler)

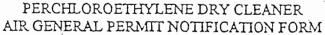
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1/8/03

JAN 1 3 2003 DEP TALLAHASSEE DERANCH OFFICE

FECTIVED

JAN - 8 2003 NORTHWEST FLORIDA OEP



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.

1.	acility Name and Location	
١.,	Facility Owner/Company Name (Name of corporation, agency, or in	dividual owner):
	CYNTHIA J. JONES	
		,
2.		
	PREMIER CLEANERS	`
3.	Hazardous Waste Generator Identification Number:	·
4.	Facility Location:	
	Street Address: 2763 CRAWFORVILLE 14WY	2277
	City: CRAWFO-ROVILLE County: WAKULLA	Zip Code: 32327.
5.	Facility Identification Number (DEP Use ONLY - do not fill in):	
	Inani	797-002
		17'1' UUW
ъ.,	consorthly Official	
6.	esponsible Official Name and Title of Responsible Official:	
	ame. O Title:	
1 1 1 1 1	CYNTHIA JONES	DUNER
7.		
	Organization/Firm:	
	Street Address: P.O. Box 1656	
ŀ		
	City: CRAWFORDVILLE County: WAKVLLA	Zip Code: 32326
8		Zip Code: 32326
8.	Responsible Official Telephone Number:	Zip Code: 32326
8.		Zip Code: 32326
8.	Responsible Official Telephone Number:) -
Fac	Responsible Official Telephone Number: Telephone: (850) 924 - 7735 Fax: (acility Contact (If different from Responsible Official)	Zip Code: 32326
Fac	Responsible Official Telephone Number: Telephone: (850) 94 - 7735 Fax: (Bureau Bureau
Fac	Responsible Official Telephone Number: Telephone: (850) 924 - 7735 Fax: (acility Contact (If different from Responsible Official)	Bureau Bureau
Fac	Responsible Official Telephone Number: Telephone: (850) 94 - 7735 Fax: (acility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	Bureau of his
Fac	Responsible Official Telephone Number: Telephone: (850) 924 - 7735 Fax: (acility Contact (If different from Responsible Official)	JAN 27 Bureau of Air a Mobile
Fac	Responsible Official Telephone Number: Telephone: (850) 94 - 7735 Fax: (acility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	JAN 27 Bureau of Air a Mobile
Fac	Responsible Official Telephone Number: Telephone: (850) 94 - 1735 Fax: (decility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:	JAN 27 Bureau of Air a Mobile
Fac 9.	Responsible Official Telephone Number: Telephone: (850) 94 - 7735 Fax: (decility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	JAN 2 7 2003 JAN 2 7 2003 Bureau of Air Monit Bureau of Air Monit Source
Fac 9.	Responsible Official Telephone Number: Telephone: (850) 94 - 7735 Fax: (decility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	JAN 2 7 2003 Bureau of Air Monitorine
Fac 9.	Responsible Official Telephone Number: Telephone: (850) 94 - 7735 Fax: (decility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	JAN 27 Bureau of Air a Mobile

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

13

BRANCH OFFICE

	 What is the facility's source classification based on the defini Indicate with an "X". Select one classification only.) 	tions found in section (3) of Part II?
	Small Area Source	·
	Transfer only on-site (used less	than 140 gallons of perc per year) than 200 gallons of perc per year) than 140 gallons of perc per year)
	Large Area Source	
	Transfer only on-site (used 200	- 2,100 gallons of perc per year) - 1,800 gallons of perc per year) - 1,800 gallons of perc per year)
٠.	4. What control technology is required on machines nursuent to	continu (5) of Dort II of this motification form?
	 What control technology is required on machines pursuant to (Indicate with an "X".) 	section (3) of Part II of this notification form?
		efrigerated condenser [X]
		efrigerated condenser
V.	All steam and hot water generating units exempt All steam and hot water generating units exempt No such units on-site	nerating units on-site meet the following
	How many boilers do you have on-site?	1100 1/24/03
	For each boiler, indicate its horsepower (HP) rating:	
	What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil] natural gas] 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 accordar	ace 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	
	a (d) Carbon adsorber exhaust perc concentration monitoring	لِـا
	(e) Startup, shutdown, malfunction plan	

JAN 1 3 2003 DEP TALLAHASSE

DEP TALLAHASSEE BRANCH OFFICE

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	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
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
I, the und this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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. Imptly notify the Department of any changes to the information contained in this notification.
	ine of responsible official July 1/24/03 Date

AIRS ID # 1290097-002

chB

12/12/2002

Spoke with Ms. Cynthia Jones, Owner of Premier Cleaners, and she stated that the facility has a 10 horsepower boiler.

Page 15

5. Add horsepower for each boiler.

Sureau or Air Monitoring Source Contraction in

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.

1. Facility Owner/Company Name (Name of corporation,			
1. Tacing Owner company rame (traine of corporation,	agency, or indiv	ridual owner):	
_			
CYNTHIA J. JONES	<u>. </u>		,
2. Site Name (For example, plant name or number):			
Paraura Citaria			
TREMIER CLEANERS		<u> </u>	
3. Hazardous Waste Generator Identification Number:			
		·	
A Table Table			
4. Facility Location: Street Address: 2763 CRAWFORVILLE	14624		
City: CRAWFO ROVILLE County: WAK		Zip Code: 32327	
City. CRAWFORDVILLE County. WAR	ULLA	Zip Code. 52627	
5. Facility Identification Number (DEP Use ONLY - do no	a fill in)		
		04-000	ŀ
/X	700	97-002	
Responsible Official			
6. Name and Title of Responsible Official:			
Name:	Title:	UNER	
CYNTHIA JONES			
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address: PO. Box 1656		<i>a</i> . 0.1. 0	
City: CRAWFORDVILLE County: WAKVI	LLA	Zip Code: 32326	.
8. Responsible Official Telephone Number:		·	
d. Responsible Official Telephone Number.			
Telephone: 1962 1976 - 1725	Fav. (\ -	(
Telephone: (850) 94 - 7735	Fax: () -	
Telephone: (850) 94 - 1735	Fax: () -	
	Fax: () -	
Telephone: (850) 924 - 1735 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant)) -	
Facility Contact (If different from Responsible Official)) -	
Facility Contact (If different from Responsible Official)) -	
Facility Contact (If different from Responsible Official)) -	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant) 10. Facility Contact Address:) -	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant) 10. Facility Contact Address: Street Address:			
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant) 10. Facility Contact Address:		Zip Code:	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant and the contact Address: Street Address: City: County:			
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant) 10. Facility Contact Address: Street Address:			

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") 8/3/01 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: 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? [125] gallons (You must fill this in) (b) If less than 12 months, how many? [] months

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [] New machine []

Unopened store [] (date of expected opening

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

	 What is the facility's source classified indicate with an "X". Select 			ection (3) of Part II?	
	Small Area Source	ĽXJ			
	Dry-to-dry mach Transfer only or Both machine ty		(used less than 140 gallor (used less than 200 gallor (used less than 140 gallor	s of perc per year)	
	Large Area Source				
	Dry-to-dry mach Transfer only on Both machine ty		(used 140 - 2,100 gallons (used 200 - 1,800 gallons (used 140 - 1,800 gallons	of perc per year)	
	 What control technology is requ (Indicate with an "X".) 	iired on machines	pursuant to section (5) of I	Part II of this notification form	?
	Existing machines at sma (NONE REQUIRED)	all area source	New machines a Refrigerated con	small area source	
	Existing machines at larger Carbon adsorber Refrigerated condenser	ge area source	New machines a Refrigerated con	large area source denser []	
V.	A facility which contains non- Rule 62-213.300, F.A.C. Verify to exemption criteria or that no such	hat all steam and l	not water generating units	on-site meet the following	ant to
	All steam and hot water generatin No such units on-site	g units exempt	OR		
	How many boilers do you have on	-site?	,		,
	For each boiler, indicate its horsep	ower (HP) rating:			
	What type of fuel do you use?			l oil	_
	6. Equipment Monitoring and Rec	ordkeeping Infort	nation		
	Check all logs which are required	to be kept on-site	in accordance with the req	uirements of this general perm	it:
	(a) Purchase receipts and solvent	purchases/solvent	addition log		
	(b) Leak detection inspection and	гераіг			
	(c) Refrigerated condenser temper	rature monitoring			
	1 (d) Carbon adsorber exhaust perc	concentration mor	uitoring	لِـا	
	(e) Startup, shutdown, malfunction	on plan			•

Guummi Shar	ation - Permit Detail and Log Pern	ARMS Facility		
AREA	AIRS ID 1290097	STATUS OFFICE	MOT NW Br: TALLAHASS	SEE
SITEN	ME WAKULLA CLEANERS		COUNTY WAKULLA	(A) (A) (A)
OWNER/COMP	NY WAKULLA CLEAHERS			All CARLETON
AIR Permit#	1290097 - 001 - AG	Project # 001	CRA Reference #	INC. CALL
Permit Office	TAL (HEADQUARTERS)		Agency Action Effective	1.15 1.25
Project Name	WAKULLA CLEANERS	Desc 111		
Type/Sub/Req	AG /01 Title V General P	ermit	Logg	ed 08/07/1997
Received	08/01/1997 ISS	ued 08/18/1997	Expires 08/18/2002	000
Fee	0.00 Fee Recd	Related Party	Override NONE	
Role APPLIC	ANT	Begin 08/07/1997	End	
Name JOHNSO	N, HOWARD	Compa	iny WAKULLA CLEANERS	
Addr PO BOX	390			20 282 39
City WOODV	IME 74	State FL	Zip 32362 - Co	untry U.S.A.
Phone 850-926	7735 Fax	Processors	Aller - March	p julipre
Processor BR		Y Active 08/07/1997	Inactive	Events