

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 1 2001

Mr. Gerry Dionne
Emerald Cleaners
868 Blanding Boulevard Suite 136
Orange Park, Florida 32065-8919

Re: Facility No.: 0190041-002

Dear Mr. Dionne:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 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.

0190041-002

p16 5. All steam and hot water units...
should be marked.

(d) Required for all sources

p17 Responsible official sign and date
for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

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):	EMERALD CLEANERS		
2. Site Name (For example, plant name or number):	868 BLANDING BLVD. ORANGE PARK, FL 32065-8919		
3. Hazardous Waste Generator Identification Number:	FLD 981 480 940		
4. Facility Location: Street Address:	868 BLANDING BLVD SUITE 136		
City:	County:	Zip Code:	
ORANGE PARK	CLAY	32065-8919	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0190041-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	Title:	
GERRY DIONNE	OWNER	
7. Responsible Official Mailing Address: Organization/Firm:		
Street Address:	868 BLANDING BLVD SUITE 136	
City:	County:	Zip Code:
ORANGE PARK	CLAY	32065-8919
8. Responsible Official Telephone Number: Telephone:	Fax:	
904 272-9377	(904) 272-9377	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address: Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number: Telephone: () -	Fax: () -		

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")
1986	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	SAME
	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	
	Existing / <input type="radio"/> New	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	RC / <input type="radio"/> CA / <input type="radio"/> None required	
	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	
	Existing / <input type="radio"/> New	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?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification 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".)

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

New machines at large area source
Refrigerated condenser

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: 20

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.

GERRY DIONNE
Print name of responsible official

Gerry Dionne
Signature

6-12-01
Date

RECEIVED
JUN 18 2001
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459245 FEB242005

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

190041 10
EMERALD CLEANERS
868 Blanding Blvd #136
ORANGE PARK, FL 32065

**Printed on recycled paper.*

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

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

447352 FEB232005

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# 190041 10
EMERALD CLEANERS
868 Blanding Blvd #136
ORANGE PARK, FL 32065

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

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FEB 24 2005
Bureau of Air Monitoring
& Mobile Sources

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage AIRS ID# 190041 1stC
 EMERALD CLEANERS
 Sent To 868 Blanding Blvd #136
 ORANGE PARK, FL 32065
 Street, Apt. No., or PO Box No.
 City, State, ZIP+

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3578

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID# 190041 1stC
 EMERALD CLEANERS
 868 Blanding Blvd #136
 ORANGE PARK, FL 32065

7004 2510 0002 3939 3578

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Christina Hall*
 Agent Addressee

B. Received by (Printed Name) *Lisa Lusa* C. Date of Delivery *2/7/05*

D. Is delivery address different from item 1? Yes
 No
 if YES, enter delivery address below: *Christina Hall*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

RECEIVED

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437781 MAR24 2004

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

190041
GERRY DIONNE
EMERALD CLEANERS
368 BLANDING BLVD SUITE 136
ORANGE PARK FL 32065

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

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& Mobile Sources

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 190041

Total Post

Sent To **GERRY DIONNE**
EMERALD CLEANERS
868 BLANDING BLVD SUITE 136
ORANGE PARK, FL 32065

Street, Apt. or PO Box #
 City, State

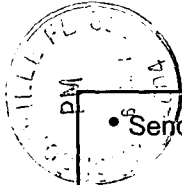
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Linda Minton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Linda Minton</i> C. Date of Delivery <i>3/5/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: right;">AIRS ID # 190041</p> <p>GERRY DIONNE EMERALD CLEANERS 868 BLANDING BLVD SUITE 136 ORANGE PARK, FL 32065</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Tracking Number)</p> <p style="font-size: large; font-weight: bold;">7003 0500 0004 0144 7849</p>	<div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 100px; margin: 0 auto;"> <p>USPS MAR - 6 2004 ADD BRANCH</p> </div>

UNITED STATES POSTAL SERVICE



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DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
Mobile Sources

MAR 12 2004

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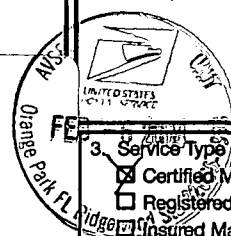
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

ID# 190041
 To GERRY DIONNE
 Sent EMERALD CLEANERS
 868 BLANDING BLVD SUITE 136
 Street or P.O. Box ORANGE PARK, FL 32065
 City

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7734

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Kim Evans</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kim Evans</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 190041 GERRY DIONNE EMERALD CLEANERS 868 BLANDING BLVD SUITE 136 ORANGE PARK, FL 32065 </div>	<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">7003 2260 0003 5650 7734</div>



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• Sender: Please print your name, address, and ZIP+4 in this box.

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DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

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32399+2400





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423460 FEB24 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

Do **NOT** Remove Label

<p>EMERALD CLEANERS GERARD J DIONNE JR 868 BLANDING BLVD #136 ORANGE PARK FL 32065</p>	<p>AIRS ID#0190041</p>
--	------------------------

FOR GOVERNMENT USE ONLY
Org.: 3755010-1000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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FEB 28 2003
Bureau of A. & M. Services

U.S. Postal Service
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7001 0320 0001 7976 5433

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here
[Handwritten Signature]

AIRS ID#0190041

EMERALD CLEANERS
 GERARD J DIONNE JR
 868 BLANDING BLVD #136
 ORANGE PARK FL
 32065

For Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#0190041

EMERALD CLEANERS
 GERARD J DIONNE JR
 868 BLANDING BLVD #136
 ORANGE PARK FL
 32065

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

LOUISE A. DIONNE | *8-7-93*

C. Signature Agent
 Addressee
X Louise Dionne

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Copy from service)

7001 0320 0001 7976 5433

UNITED STATES POSTAL SERVICE



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Permit No. G-10

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2003
BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 1150
2600 BLAIR HITCHCOCK ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2003

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9999/0000



E.P.A.

EMERALD CLEANERS

3/1/02

21933

50.00

Registration Fee

SunTrust

AIRS ID# 0190041

50.00

414463 FEB25 2002

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 # 0190041
EMERALD CLEANERS
GERARD J DIONNE JR
868 BLANDING BLVD #136
ORANGE PARK FL
32065

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 0596

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID # 0190041

Total: EMERALD CLEANERS
Recip: GERARD J DIONNE JR
 868 BLANDING BLVD #136
Street: ORANGE PARK FL
 32065
City, S

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID # 0190041
 EMERALD CLEANERS
 GERARD J DIONNE JR
 868 BLANDING BLVD #136
 ORANGE PARK FL
 32065

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Gerard Dionne Jr

C. Signature

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Copy from service label)
 70000520002093730596

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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DAR/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 10510
2600 STAIN STONE ROAD
TALLAHASSEE, FLORIDA 32389-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2002

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