

# Department of Environmental Protection

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

Colleen M. Castille Secretary

July 28, 2006

Mr. David Barker Jasper Laundry & Dry Cleaners 214 Southwest Martin Luther King Drive Jasper, Florida 32052

Re: Facility No.: 0470012-003

Dear Mr. Barker:

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

Joseph Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Mr. Rick Banks, Northeast District

"More Protection, Less Process"

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NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 1...
SOC REPORTS ...
COMP. STATUS – SNC MNC (IN)

INSP-ClayCo-NED-RB TRIPT-500R-Statement of Compliance Report (3/6/1998)

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):	٦
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
Same as 1	
3. Hazardous Waste Generator Identification Number:	$\neg$
AILS FJH 470012 STCM 38677  4. Facility Location: 214 S.W Martin Lutha King De  Street Address: 214 S.W Martin Lutha King De	١
4. Facility Location: 214 S.W Martin Lutha King Du Street Address:	
City: Jasper County: Hamy Hop Zip Code: 32052	
5 Pacility Identification Number (DEP Use ONLY do not fill in):	EV.
ELECTROPIONES	
Responsible Official	_
6. Name and Title of Responsible Official:	
Name: David Barker Title: Owner	
7. Responsible Official Mailing Address:	
Organization/Firm: POBOX 229 Street Address: 214 m LF M/2	
Street Address: 214 m Lt Du City: 1 Zip Code: 2000	
Joseph Hamilton 32052	
Telephone: (386) 792 - 1430 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	٦
David Barker Owner	
10. Facility Contact Address:	
Street Address: 214 MLK DV	
City: 1 County: 12 Zip Code: 7	- 1
JUSTER MUNTON )1002	
11. Facility Contact Telephone Number: Telephone: (386) 192 - 1430 Fax: () -	-

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information			
1.(a) DRY-TO-DRY MA	ACHINES ONLY	<i>,</i>	
How many dry-to-dry ma	chines do you hav	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following informati	ion:
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")
1992	Existing/Ne	RC/CA/None required	_Same_
	Existing/New	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MACI	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have o	n-site?	
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation:
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 KE	EY: RC = re	frigerated condenser CA	= carbon adsorber
	oethylene (perc) has (You must fill	nave you used within the last 12 this in)	months?
(b) If less than 12 mon	the how many? [	1 months	

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 or Indicate with an "X". Select one classification of</li> </ol>		
Small Area Source		
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(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		
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 (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	New machines at large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions a Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	•	
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:	[25][]	
What type of fuel do you use?  [] propane  [] No. 2 fue  [] No. 6 fue		
6. Equipment Monitoring and Recordkeeping Inform	nation	
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		
(b) Leak detection inspection and repair	À	
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mor	nitoring []	
(e) Startup, shutdown, malfunction plan		

7. Surrender	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
X	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 notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. 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 apply notify the Department of any changes to the information contained in this notification.
Print nam	ne of responsible official
Signature	Vairie Barker

# 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

- 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.

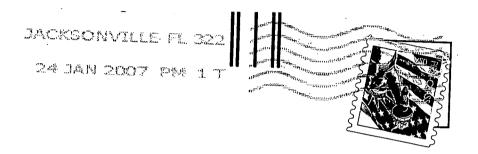
## Responsible Official

- 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.

Jasper Laundry & Drycleaning, Inc. P.O. Box 229 Jasper, Florida 32052



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

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

467672 JAN26 2017

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# 470012 DAVID BARKER 214 S.W. Martin Luther King Dr JASPER, FLORIDA 32052 FLAIR ACCT. CODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
FENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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