

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. J. David Barker
Jasper Laundry and Dry Cleaners
Post Office Box 229
Jasper, Florida 32052

Re: Facility No.: 0470012-002

Dear Mr. Barker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 2001.

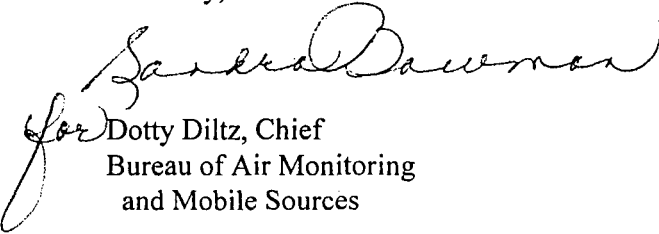
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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): <i>J. David Barker</i>
2. Site Name (For example, plant name or number): <i>Jasper Laundry + Dry Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 981026339</i>
4. Facility Location: Street Address: <i>214 S.W. Martin Luther King Dr</i> City: <i>Jasper</i> County: <i>Hamilton</i> Zip Code: <i>32052</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0470012-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>J. David Barker</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Jasper Laundry + Dry Cleaners</i> Street Address: <i>P.O. Box 229</i> City: <i>Jasper</i> County: <i>Hamilton</i> Zip Code: <i>32052</i>
8. Responsible Official Telephone Number: Telephone: (<i>904</i>) <i>772-1430</i> Fax: () - <i>386</i>

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")
<u>Apr 1 1991</u>	<u>Existing/New</u>	<u>RC/CA/None required</u>	_____
_____	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 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 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) Purchased

(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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

444817 JAN21 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 470012 10
JASPER LAUNDRY & DRY CLEANERS
214 SW 1st Street
JASPER, FL 32052

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

458300 JAN 20 2006

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

470012 10
JASPER LAUNDRY & DRY CLEANERS
214 SW 1st Street
JASPER, FL 32052

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000000

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

Printed on recycled paper.

RECEIVED
JAN 20 2006
Bureau of
& Mobile
Services
Training



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

pp
11/17/03
refund request
422546 FEB 5 2003

Do NOT Remove Label

AIRS ID # 0470012
JASPER LAUNDRY & DRY CLEANERS
DAVID BARKER
PO BOX 229
JASPER FL
32052

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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



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

Do **NOT** Remove Label

ID# 470012
DAVID BARKER
JASPER LAUNDRY & DRY CLEANERS
PO BOX 229
JASPER, FL 32052

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

436360 FEB132004

RECEIVED

FEB 19 2004

Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413870 FEB 7 2002

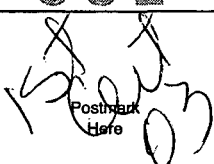
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 4

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

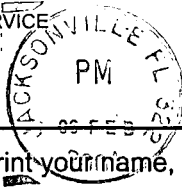
AIRS ID # 0470012
JASPER LAUNDRY & DRY CLEANERS
DAVID BARKER
PO BOX 229
JASPER FL
32052

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

7003 2260 0003 5651 1748	U.S. Postal Service™	
	CERTIFIED MAIL™ RECEIPT	
	<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	For delivery information visit our website at www.usps.com	
	OFFICIAL USE	
Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
ID# 470012		
DAVID BARKER		
JASPER LAUNDRY & DRY CLEANERS		
PO BOX 229		
JASPER, FL 32052		
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. 	A. Signature <input checked="" type="checkbox"/> <i>David Barker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>2/20/04</i>
ID# 470012 DAVID BARKER JASPER LAUNDRY & DRY CLEANERS PO BOX 229 JASPER, FL 32052	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7003 2260 0003 5651 1748
PS Form 3811, August 2001	Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
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 9 2004

RECEIVED



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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> AIRS ID # 0470012 JASPER LAUNDRY & DRY CLEANERS DAVID BARKER PO BOX 229 JASPER FL 32052 </div>	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label)	3. Service Type <input 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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952		

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
7000 0600 0026 4326 6693	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here
AIRS ID # 0470012		
Total P: JASPER LAUNDRY & DRY CLEANERS		
Recipient DAVID BARKER		
Street, Apt PO BOX 229		
City, State JASPER FL		
32052		
PS Form 3800, February 2000 See Reverse for Instructions		