

Santa Fe
Quality
Cleaners

Perchloroethylene Dry Cleaning Facility Notification

Village
Cleaners

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Santa Fe Quality Cleaners 20/3/14 Village Cleaners

2. Site Name (For example, plant name or number):

3. Hazardous Waste Generator Identification Number:
M.C.F. FLD 984 189 373

4. Facility Location: *4217 NW 16 St*
Street Address:
City: *Seaside FL* County: *Alachua* Zip Code: *32605*

5. Facility Identification Number (DEP Use):
0010088

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AUG 7 1996
BUREAU OF
AIR REGULATION

Responsible Official

6. Name and Title of Responsible Official:
Robert C Parker Owner

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address:
City: *Seaside FL* County: *Alachua* Zip Code:
3521 373 5665

8. Responsible Official Telephone Number:
Telephone: *(952) 375 5665* Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Same as above

10. Facility Contact Address:
Street Address:
City: *Seaside FL* County: *Alachua* Zip Code:

11. Facility Contact Telephone Number:
Telephone: *Same as above* Fax: () -

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Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Purmark Ex M40</i>									
<i>Example, OCT 84 #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92</i> <i>01-01-83</i>									
Dry-to-Dry Unit									
(1) w/ ref. condenser		<input checked="" type="checkbox"/>							
(2) w/ carbon adsorber		<input checked="" type="checkbox"/>							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser		<input checked="" type="checkbox"/>							
(11) w/carbon adsorber		<input checked="" type="checkbox"/>							
(12) w/ no controls									

(b) Control devices are required, but not yet installed *yes.*

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

9

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.

Robert Parker
Signature

7/31/96
Date

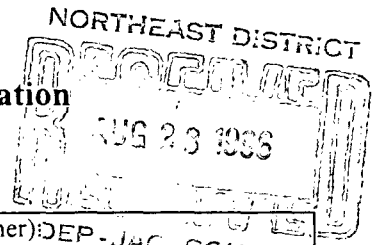
hope I do also OK.

NED

Revised

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location



1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	DEP - JACKSONVILLE
Santa Fe Quality Cleaners DBA Village Cleaners	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
FLD 984189373	
4. Facility Location: 4217 NW 16 BLVD	
Street Address:	
City: Gainesville	County: Alachua
Zip Code: 32605	
5. Facility Identification Number (DEP Use):	
0010088	

Responsible Official

6. Name and Title of Responsible Official:	
Robert C Parker, Owner	
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: Same as above	
City:	County:
Zip Code:	
8. Responsible Official Telephone Number:	
Telephone: (352) 373 5665	Fax: () -

Facility Contact (If different from Responsible Official)

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

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AUG 22 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	01-OCT-83	01-OCT-83						
(2) w/ carbon adsorber	1	01-OCT-83	01-OCT-83	RC					
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

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

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

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.)

Existing small area source

New small area source

Existing large area source

New large area source

Revised

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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I will promptly notify the Department of any changes to the information contained in this notification.


Signature

8/20/96
Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Santa Fe Quality Cleaners DBA Village Cleaners</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>FLD 984189373</i>
4. Facility Location: <i>4217 NW 16 Blvd</i> Street Address: City: <i>Gainesville</i> County: <i>Alachua</i> Zip Code: <i>32605</i>
5. Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official: <i>Robert C Parker, Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>Same as above</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(352) 373-5665</i> Fax: () -

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AUG 22 1995

Bureau of Air Monitoring
& Mobile Sources

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Dry-to-Dry Unit									
(1) w/ ref. condenser	1	01-OCT-83	01-OCT-83						
(2) w/ carbon adsorber	1	01-OCT-83	01-OCT-83						
(3) w/ no controls									
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(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
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(7) w/ ref. condenser									
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Refrigerated condenser

New large area source

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No such units on-site

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Signature

8/20/96
Date