

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 25 2006

Bureau of Air Monitoring
Mobile Sources

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):	LYNN HAVEN DRY CLEANERS LLC		
2. Site Name (For example, plant name or number):	LYNN HAVEN DRY CLEANERS 2008 HWY 77		
3. Hazardous Waste Generator Identification Number:	DEP FAC ID # 0395 01042		
4. Facility Location:	Street Address: 2008 HWY 77 City: LYNN HAVEN County: BAY Zip Code: 32444		
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0050086-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: KIRIT R PATEL Title: OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: PO Box 548 Street Address: PO Box 548 City: LYNN HAVEN County: BAY Zip Code: 32444		
8. Responsible Official Telephone Number:	Telephone: (850) 265-6535 Fax: (850) 265-6535		

Facility Contact (If different from Responsible Official)

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

TBD 6/2000

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>MAY 2000</u>	Existing/ <u>New</u>	RC/CA/None required	<u>SAME</u>
<u>FEB 2004</u>	Existing/ <u>New</u>	RC/CA/None required	<u>SAME</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?

78 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:

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.

KIRIT R PATEL

Print name of responsible official

Signature



Date

11/17/06

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	JAN 25 2006
LYNN HAVEN DRY CLEANERS	
2. Site Name (For example, plant name or number):	Bureau of Air Monitoring & Mobile Sources
LYNN HAVEN DRY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address:	
City:	County:
1812 S. HWY 77, LYNN HAVEN	FL 32444
5. Facility Identification Number (DEP Use):	

Responsible Official

6. Name and Title of Responsible Official:	
KIRIT R. PATEL AND/OR AJAY D. PATEL (OWNERS)	
7. Responsible Official Mailing Address:	
Organization/Firm: LYNN HAVEN DRY CLEANERS	
Street Address: P.O. Box 548	
City: LYNN HAVEN FL	County: FLA
	Zip Code: 32444
8. Responsible Official Telephone Number:	
Telephone: (850) 265-6535	Fax: (850) 265-6535

Facility Contact (If different from Responsible Official)

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

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>Don't know</i> <i>D-35</i>									
<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	MAY 1985	MAY 1985						
(2) w/ carbon adsorber									
(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?

106 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.

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.

Signature



Date

5/28/98

PERCHLOROETHYLENE DRY CLEANER
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Bureau of Air Monitoring
& Mobile Sources

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
LHDC LLC
2. Site Name (For example, plant name or number):
LYNN HAVEN DRY CLEANERS 1812 S. HUY 77 UNIT 123
3. Hazardous Waste Generator Identification Number:
DEP FAX ID # 03950104L
4. Facility Location:
Street Address: 1812 S. HUY 77 UNIT 123
City: LYNN HAVEN County: BAY Zip Code: 32444
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official:
Name: KIRIT R PATEL Title: OWNER
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: P.O. BOX 548
City: LYNN HAVEN County: BAY Zip Code: 32444
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Facility Contact (If different from Responsible Official)

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Street Address:
City: SAME County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
SAME

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>Dec 1985</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>Dec 1985</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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:

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_____	Existing/ <u>New</u>	<u>RC</u> /CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

155 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:

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:


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

KIRIT R PATEL
Print name of responsible official


Signature

3/24/2000
Date