

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>LOAN NGUYEN</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>1058 HIGHWAY A1A</i> City: <i>SATELLITE BEACH</i> County: <i>BREVARD</i> Zip Code: <i>32937</i>
5. Facility Identification Number (DEP Use ONLY; do not fill in): <i>0070167</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>LOAN NGUYEN</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>1058 HIGHWAY A1A</i> Street Address: <i>1058</i> City: <i>SATELLITE BEACH</i> County: <i>BREVARD</i> Zip Code: <i>32937</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 773-3388</i> Fax: () -

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: () -

RECEIVED

MAR 31 1997

Facility Information

1(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase from the manufacturer, 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									
(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 (existing small area source)

2(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
 gallons (You must fill this in)

(b) If less than 12 months, how many? 4 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

OR

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 have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.

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
- ⓐ Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

⓪ 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.

Loan Nguyen
Signature

3/20/97
Date

#0090167

RECEIVED

Atlantic Dry Cleaning

MAY 29 1997

Bureau of Air Monitoring & Mobile Sources

- spoke with Loan Nguyen -
4/28/1997 - boiler exempt -
15HP/nat. gas

1. Facility
2. Site Name
3. Hazard
4. Facility Street City
5. Facility
6. Name Name
7. Resp Orga Street City
8. Resp Tele

P.13 2. add business name ✓

P.14 1.(a) add date machine initially purchased - 1995 + add date control device installed ✓
2.(a) update - 10 gal. s ✓
2.(b) update - 5 mon. s ✓

P.15 5.(d) not required, mark out "X" and initial ✓

P.16 - choose one 5/20/97

737
67
32937

Facility Contact (if different from above)

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: () - -

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MAR 31 1997

Bureau of Air Monitoring & Mobile Sources

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MAY 29 1997

Perchloroethylene Dry Cleaning Facility Notification

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Bureau of Air Monitoring
& Mobile Sources

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3. Hazardous Waste Generator Identification Number:			
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Street Address:			
City:	SAATELITE BEACH	County:	BREVARD
		Zip Code:	32937
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~~MARK OUT~~ OR LA

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Handwritten initials

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Landzugen
Signature

3/20/97
Date

Jeffrey Ruste
Landzugen

5/20/97
5/20/97

#0090167

Atlantic Dry Cleaning

- spoke with Loan Nguyen -
4/28/1997 - boiler exempt -
15HP/nat. gas

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