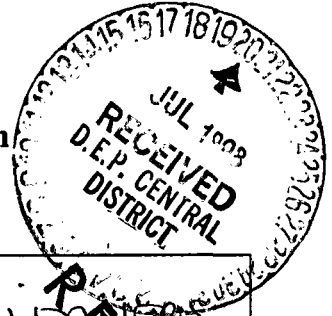


Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location



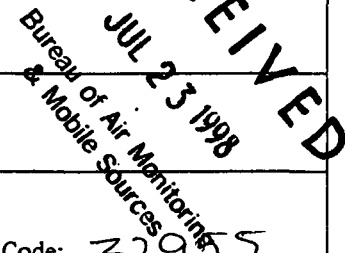
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
BOBBY D. MARTOMA / NU-TOUCH CLEANERS

2. Site Name (For example, plant name or number):  
NU-TOUCH CLEANERS.

3. Hazardous Waste Generator Identification Number:  
FLD 984 232 041

4. Facility Location:  
Street Address: 190 BARTON BLVD  
City: ROCKLEDGE County: BREVARD Zip Code: 32955

5. Facility Identification Number (DEP Use):  
0090111



Responsible Official

6. Name and Title of Responsible Official:  
BOBBY D. MARTOMA / OWNER

7. Responsible Official Mailing Address:  
Organization/Firm: NU-TOUCH CLEANERS  
Street Address: 190 BARTON BLVD  
City: ROCKLEDGE County: BREVARD Zip Code: 32955

8. Responsible Official Telephone Number:  
Telephone: (407) 631-3255 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: ( )

### 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
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	NOV88	NOV88						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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?

136.50 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.*

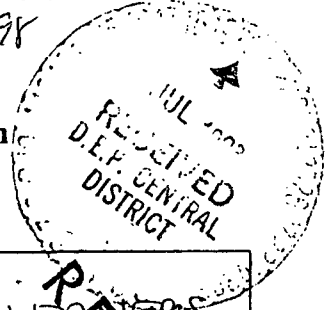
Bobby D. Martins  
Signature

7/17/98  
Date

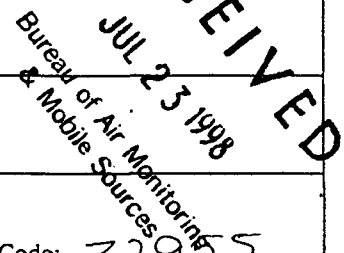
~~Perchloroethylene~~ corrected 11/19/98

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

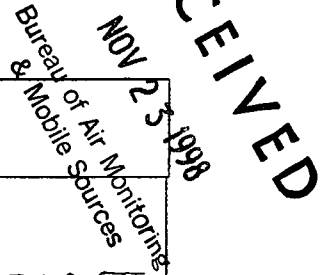


1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BOBBY D. MARTOMA / NU-TOUCH CLEANERS
2. Site Name (For example, plant name or number):	NU-TOUCH CLEANERS.
3. Hazardous Waste Generator Identification Number:	FLD 984 232 041
4. Facility Location: Street Address: City:	190 BARTON BLVD ROCKLEDGE County: BREVARD Zip Code: 32955
5. Facility Identification Number (DEP Use):	0090141



Responsible Official

6. Name and Title of Responsible Official:	BOBBY D. MARTOMA / OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	NU-TOUCH CLEANERS 190 BARTON BLVD ROCKLEDGE County: BREVARD Zip Code: 32955
8. Responsible Official Telephone Number: Telephone:	(407) 631-3255 Fax: ( ) -



Facility Contact (If different from Responsible Official)

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(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  - BMM

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:

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No such units on-site

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

Signature

Bobby D. Martone  
Bobby D. Martone

Date

7/17/98  
11/19/98



0090171

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4. Existing large area source R.C. should not be marked. Mark out and initial.

p 16

Responsible official sign and date for changes.