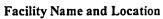
Perchloroethylene Dry Cleaning Facility Notification



1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BOBBY D. MARTOMA/NU-TOUCH CLERNERS
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: 190 BARTON BLVD
	Street Address:
	Street Address: City: ROCKLEDGE County: BREVARD Zip Code: 32955
5.	Facility Identification Number (DEP Use):
	Responsible Official

6.	Name and Title of Responsible Official:
	BOBBY D. MARTOMA / OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: NU-TOUCH CLEANERS
	Organization/Firm: NU-TOUCH CLEANERS Street Address: 190 BARTON BLVD
	City: ROCKLEDGIE 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 Cor	itact (For example, plar	it manager):		٠.	
				·	
10. Facility Contact Address:					
Street Address:				•	
City:	County:			Zip Code:	
11. Facility Contact Telephone Nu	mber:				<u> </u>
Telephone: ()	-	Fax: ()	•	

DEP Form No. 62-213.900(2) Effective: 6-25-96

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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	 	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			·	**********	Pagasapa territoria		•		• • •
(1) w/ ref. condenser	7	NOV88	NOU88						
(2) w/ carbon adsorber		<u> </u>							
(3) w/ no controls						·			
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•."				-			
(7) w/ ref. condenser			, ,					1	
(8) w/ carbon adsorber									
(9) w/ no controls				_					
Reclaimer Unit							-		
(10) w/ ref. condenser									
(11) watarbon 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 of [136:50]			roethylene (p	perc)	purchased in	the latest 12	! mor	iths?	
(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 ar	ea soi	arce 🔀	Ne	w sm	all area sour	rce []]		
Existing large are	a sou	rce []	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (: (Indicate with an "X".)	5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated conden	nser X
New small area source Refrigerated condenser []	•
New large area source Refrigerated condenser []	• •
•	•
·	•
5. A facility which contains non-exempt emissions units shall not be elig to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating 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.	g units on-site meet the following
boiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent su	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping I	Information
Check all logs which are required to be kept on-site in accordance with th	e requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u> </u>
(b) Leak detection inspection and repair	(<u>X</u>)
(c) Refrigerated condenser temperature monitoring	ĽĽ
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

ease indica	te 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
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Bub	by 2 11165 Emis 7/17/98

Perchloroethylene Dry Cleaning Facility Notification Ic.

		Facility Name and	Location	fe	RICTRAL	- 155 - 147
1.	Facility Owner/Company 1	lame (Name of corporation,	agency, or individual owr	ner):	4.7	
		MARTOMA/N	JU-TOUCH	CLER	WERS	
2.	Site Name (For example, p			6 W		
	NU-TOUCH	4 CLEANERS	7 .	The Up	5 150 E	
3.	Hazardous Waste Generato	r Identification Number:		Mor .	J. 1	
	FLD 984 2	232041		Olle S. M.	3g ()
4.	Facility Location: 190	BARTON R	5LVD	OUNCO	io.	
	City: ROCKLED	GE County: 13R	EVARD . zipc	Code: 32	935	
5.	Facility Identification Num	ber (DEP Use):				
			$\mathcal{O}\mathcal{O}$	1101	1/	7
		Responsible O	fficial		Bureau of Air M	5
6.	Name and Title of Respons			· · · · · · · · · · · · · · · · · · ·	Mos 2	
	BOBBY D.	MARTOMA /	OWNER		Olle C. M	1992
7.	D #31 OCC : 134 31	A 11			Outconite	
	Street Address: 10)	NG Address: U-TOUCH CL BARTON BWI)		es William	
	ROCKLES	OGE COMMINIST	BREVARD	Zip Code:	32955	
8.	Responsible Official Telephone: (LVT)		Fax: () -			
	relephone. (HO)	31: 3255	- I ax. ()			
	Facil	ity Contact (If different from	m Responsible Official)			
9.	Name and Title of Facility	Contact (For example, plant n	nanager):			
		•	•	•		
10.	Facility Contact Address:		· · · · · · · · · · · · · · · · · · ·			
	Street Address:					
	City:	County:	Zip C	ode:	ì	

DEP Form No. 62-213.900(2) Effective: 6-25-96

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.

		Date	Date		Date	Date		Date	Date
1		Machine	Control	ĺ	Machine	Control		Machine	Control
	1	Initially	Device	[Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MA R-9
Dry-to-Dry Unit				<u>-</u>	· · · · · · · · · · · · · · · · · · ·				
(1) w/ ref. condenser	7	NOV88	NOU88		T			T	T
(2) w/ carbon adsorber	-		10.00		1				
(3) w/ no controls									
Washer Unit			· · · · · · · · · · · · · · · · · · ·		<u> </u>	1,		·	<u> </u>
(4) w/ ref. condenser		1			1				1
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•.•				<u> </u>		-1	<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									<u> </u>
(9) w/ no controls									
Reclaimer Unit						***		- 	
(10) w/ ref. condenser					T T	1			I
(11) waterbon 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?									
[/36: 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 are	Existing small area source [X] New small area source []								
Existing large are	Existing large area source New large area source								

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	achines pursuant to section (3) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser [] ~ BM
New small area source Refrigerated condenser []	ë ·
New large area source Refrigerated condenser []	
• •	
	issions units shall not be eligible to use the general permit pursuant team and hot water generating units on-site meet the following on-site:
•	site (1) have a total heat input of 10 million BTU/hr or less (298 ely by natural gas except for periods of natural gas curtailment no more than one percent sulfur is fired.
All steam and hot water generating units exer No such units on-site	mpt []
•	
Equipment Monit	toring 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	TX.
(b) Leak detection inspection and repair	X
(c) Refrigerated condenser temperature moni	toring
(d) Carbon adsorber exhaust perc concentration	ion monitoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	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)					
\(\forall \)	No air permits currently exist for the operation of the facility indicated in this notification form.					
·	Responsible Official Certification					
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
DVB Signature	by 2 1116 tome 7/17/98 Date 11/19/58					

0090171 Existing large area source R.C. should not be marked, Mark out and 016 Perforable Official sign and date