

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

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AUG 13 1998
Bureau of Air Monitoring
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Master Cleaners Inc.</i>
2. Site Name (For example, plant name or number): <i>Master Cleaners - Plant #20</i>
3. Hazardous Waste Generator Identification Number: <i>FLD045142825</i>
4. Facility Location: <i>2490 S. Hopkins Ave</i> Street Address: City: <i>Titusville</i> County: <i>Brevard</i> Zip Code: <i>32780</i>
5. Facility Identification Number (DEP Use): <i>0090179</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Keith Houston - V.P.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Master Cleaners Office</i> Street Address: <i>1242 Dixon Blvd</i> City: <i>Cocoa</i> County: <i>Brevard</i> Zip Code: <i>32780</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 632-1007</i> Fax: <i>(407) 639-8103</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Joy Causey - MGR</i>
10. Facility Contact Address: Street Address: <i>2490 S. Hopkins Ave</i> City: <i>Titusville</i> County: <i>Brevard</i> Zip Code: <i>32780</i>
11. Facility Contact Telephone Number: Telephone: <i>(407) 267-1302</i> 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>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>#1</i>	<i>10-23-92</i>							
(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?

351 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.

Keith Houston
Signature

8-11-98
Date

0090174

p14

(a) Add date control device installed.
If some date as purchase date, add some date.

(c) Should not be marked. Marked out and initial.

p15

(f) Required. Should be marked

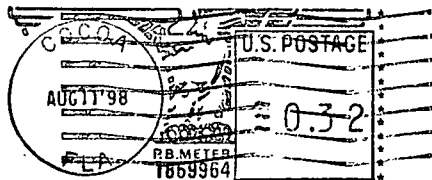
p16

Responsible official sign and date for changes made.

8/26/98 Spoke to D Keith Houston and he stated that the dry to dry machine has a ref. condenser and was installed when the machine was purchased.

Master Cleaners

2490 S. Hopkins Ave.
Titusville, FL 32780



General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl. 32399-2400

32399/2400



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p14

(a) Add date control device installed. If some date as purchase date, add some date.

(c) Should not be marked. Marked out and initial

1. Facility	M
2. Site No	M
3. Hazard	
4. Facility Street City	
5. Facility	

p15

(P) Required. Should be marked

p16

Responsible official sign and date for changes made.

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6. Name	8/26/98 spoke to Keith Houston and he stated that the dry to dry machine
7. Resi Org Stre City	has a ref. condenser and was installed when the machine was purchased.
8. Res Tell	Corrected 10/15/98 SD.

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Bureau of Air Monitoring & Mobile Sources
32780

9. Name	Joy Causey - MGR
10. Facility Contact Address:	Street Address: 2490 S. Hopkins Ave City: Titusville County: Brevard Zip Code: 32780
11. Facility Contact Telephone Number:	Telephone: (407) 267-1302 Fax: ()

CORRECTED

10/15/98

SQ

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3. Hazardous Waste Generator Identification Number:	FLD045142825
4. Facility Location: Street Address: City: Titusville County: Brevard Zip Code: 32780	
5. Facility Identification Number (DEP Use):	0092194

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SHH

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(c) No control devices are required to be installed *SHH*

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New small area source

Existing large area source *SHH*

New large area source *SHH*

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 G24

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser G24

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(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan G24

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

Keith Houston
Signature
Keith Houston

8-11-98
Date
10-14-98