APR 1 5 1999

Perchloroethylene Dry Cleaning Facility Notification ureau of Air Monitoring & Mobile Sources

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
	BREVARD ISLAND CLEANERS INC.			
2.	Site Name (For example, plant name or number):			
	1395 S. PATIZICK DK, SATELLITE BCH FL 32937			
3.	Hazardous Waste Generator Identification Number:			
	FLD 981029465	•		
4.	Facility Location: Street Address: City: County: County: Zip Code:			
	Facility Identification Number (DEP Lise)			
,	1090161			
	Responsible Official			
6.	Name and Title of Responsible Official:			
	L.R MULA PRES			
7.	Responsible Official Mailing Address: 1395 S PATIZICK DR. SATELLITE BCH & Organization/Firm: BREVARD ISLAND CIRS INC	-2 32937-		
	Street Address: As ABOVE County: Green Zip Code:			
8.	Responsible Official Telephone Number: Telephone: (467) ファー 4フリ 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: () -			
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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
Example	#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		2-97							
(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							Ĺ		
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		1		.	<u> </u>			<u> </u>	
(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? [] 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 [] Existing large area source [] New large area source []									

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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 conden	user 💹				
New small area source Refrigerated condenser []					
New large area source Refrigerated condenser []					
5. A facility which contains non-exempt emissions units shall not be eligibursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water 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 l	nformation				
Check all logs which are required to be kept on-site in accordance with the permit:	ne requirements of this general				
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair					
(c) Refrigerated condenser temperature monitoring	\checkmark				
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan					

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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				
this notific statements maintain ti	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the hall terms and conditions of this general permit as set forth in Part II of this notification form.				
I will prom	ptly notify the Department of any changes to the information contained in this notification.				

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009018/ 1.(a)(1) add date Control glevice installed Some as Purchase date. 3. Existing small area source should not be marked.
Work out and initial. New small area source should be marked 21. Existing large area source Ref. Condenses

should not be marked. Workout and instint.

DI I low should New small ared source Ref. Condenses should 5. Choose one (4) Required. Should be marked Responsible Official segmand date for changes made

Spoke to I. M. Mula and he stated that the machine is dry today and has built in control devices. Mr. Mula also stated that the boiler or site is 15 HP and fowered by natural gas.

ISLAND CLOS

139 T S. PASSUCK DK

SATELLITE BLIF FL 31937

CENERAL PERMITT SECTION

GENERAL PERMITT SECTION

BUREAU OF ALL MINITORING + MOBILE

SOUNCES MITTO

DEPT OF ENVIRONMENTAL PRETECTION ZLOW BLAIR STAVE RD.

3233/240A1+0H3/5/H4/11/1/H3/H399-2400