# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

# Part III. Notification of Intent to Use General Permit

PK K J ROLLON TO THE SOURCES Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location			
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
Handcraft Custom Dry Cleaners Tue			
2. Site Name (For example, plant name or number):			
Hand craft Custom Dry Chaners Inc			
3. Hazardous Waste Generator Identification Number:			
FLD 08/239451			
4. Facility Location:			
Street Address: 2720 to Commercial Blue			
The Landerdall county Broward 21 code 33308			
5. Facility Identification Number (DEP Use ONLY - do not fill in):			
1000000000000000000000000000000000000			
Responsible Official			
6. Name and Title of Responsible Official:			
Name: In thony Chonvalis Title: President			
7. Responsible Official Mailing Address:			
Organization/Firm: Nander aft tustom fly Cfelliners, IM			
Street Address: 2770 F. County: River Cial Blyd.  City: D. Zip Code: 3330			
71. Landerdall browdra 17700			
8. Responsible Official Telephone Number:			
Telephone: 954) 771-8545 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) DRY-TO-DRY MA	CHINES ONLY	Y	
How many dry-to-dry mad	hines do you hav	re on-site?	
For each dry-to-dry machi	ne on-site, please	provide the following informa	tion:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
7/2/1996	Existing Ne		same
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE KE	RC = re	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MACI	IINES ONLY		
How many washers do you	u have on-site?	· . []	
How many dryers/reclaim	ers do you have o	on-site?	•
unit. If the transfer machin 1993, it is a NEW unit (no	ne was purchased o units purchased	from the manufacturer between	n December 9, 1991, it is an EXISTING n December 9, 1991 and September 22, allowed to operate under this general information:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	<u> </u>
	Existing/New	RC/CA/None required	· · · · ·
	Existing/New	RC/CA/None required	
*CONTROL DEVICE KE	EY: $RC = re$	efrigerated condenser CA	\ = carbon adsorber
1	oethylene (perc)	have you used within the last 12 this in)	2 months?

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(b) If less than 12 months, how many? [\_\_\_\_] months

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New store: New machine

Unopened store [\_\_\_\_] (date of expected opening

Check why it is less than 12 months: New owner: [\_\_\_] Did not keep records: [\_\_\_]

3. What is the facility's source of Indicate with an "X". Select			section (3) of Part II?	
Small Area Source	$\mathbf{X}_{\mathbf{i}}$	,		part of the same
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site		(used less than 140 gall (used less than 200 gall (used less than 140 gall	ons of perc per year)	
Large Area Source				
Dry-to-dry ma Transfer only Both machine		(used 140 - 2,100 gallor (used 200 - 1,800 gallor (used 140 - 1,800 gallor	ns of perc per year)	
4. What control technology is re (Indicate with an "X".)	quired on machines	pursuant to section (5) o	f Part II of this notifica	ation form?
Existing machines at sr (NONE REQUIRED)	nall area source	New machines Refrigerated co	at small area source	4
Existing machines at la Carbon adsorber Refrigerated condenser	rge area source	New machines Refrigerated co	at large area source ondenser []	
5. A facility which contains nor Rule 62-213.300, F.A.C. Verify exemption criteria or that no suc	that all steam and l	ot water generating units	on-site meet the follo	
All steam and hot water generate No such units on-site	ng units exempt	<b>∠</b> i or	Ÿ	: \frac{1}{2} 
How many boilers do you have o	on-site?		·	
For each boiler, indicate its horse	epower (HP) rating:	10 -		
What type of fuel do you use?	propane No. 2 fue			·
6. Equipment Monitoring and Re				
	ecordkeeping Inform	nation		
Check all logs which are require			equirements of this ger	neral permit:
Check all logs which are require  (a) Purchase receipts and solvent	d to be kept on-site	in accordance with the re		neral permit:
	d to be kept on-site	in accordance with the re		eral permit:
(a) Purchase receipts and solvent	d to be kept on-site purchases/solvent d repair	in accordance with the re		eral permit:
<ul><li>(a) Purchase receipts and solvent</li><li>(b) Leak detection inspection and</li></ul>	d to be kept on-site t purchases/solvent d repair erature monitoring	in accordance with the readdition log	equirements of this ger	eral permit:

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# 7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID # 0//2200 No DEP 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. I will promptly notify the Department of any changes to the information contained in this notification.

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Signature

Hardcraft Custom Dry Clavers Pac 2720 E. Commercial Blod. H. Landerdale, H. 33300 General Germits Section

Bureau of Cir Monitoring & Mobil Source 1855/6

Department of Environmental Protection 2600 Blais-Tone Road Tallahassee, H. 32399-2400 haliadalahdalahaadalahliadhadladladlad

# RECEIVED PERCHLOROETHYLENE DRY CLEANER VED AIR GENERAL PERMIT NOTIFICATION FORM

# Part III. Notification of Intent & Ganeral Permit & Mobile Sources

L'ELINA ANDONE SOURCES Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location		
1. Facility Owner/Company Name Name of corporation, agency, or individual owner):		
Handeraft Custom Dry Cleaners, Tue		
2. Site Name (For example, plant name or number):		
Hand craft Custom Dry Cleaners Inc		
3. Hazardous Waste Generator Identification Number:		
FLD 08/239451		
4. Facility Location:		
Street Address: 2720 to Commercial Bud.		
City:71. Landerdall County: Broward Zip Code: 33308		
5. Facility Identification Number (DEP Use ONLY - do not fill in):		
01/2200-002		
Responsible Official		
6. Name and Title of Responsible Official:		
Mame: Anthony Chouvalis Title: President		
7. Responsible Official Mailing Address:		
Organization/Firm: Nanderaft Willow Bry Cfelline 15, I'm		
Street Address: 2770 F. County: Proceed Bland.  City: D. Zip Code: 33305		
71. Landerdall promura 1770		
8. Responsible Official Telephone Number:		
Telephone: 954) 771-8545 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:		
July 555		
11. Facility Contact Telephone Number:		
Telephone: ( ) - Fax: ( ) -		
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1.(a) DRY-TO-DRY M	ACHINES ONL	$\mathbf{Y} = \{ i \in \mathbb{N} : i \in \mathbb{N} \mid i \in \mathbb{N} \text{ for } i \in \mathbb{N} \}$	and 12" paragraph of
How many dry-to-dry ma	ichines do you ha	ve on-site?	ere in Table records off
For each dry-to-dry mach	ine on-site, pleas	e provide the following informat	ioniglaent også?
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
7/2/1996	Existing	RCCA/None required	Same
	Existing/Ne	ew RC/CA/None required	. 1
·	Existing/Ne	ew RC/CA/None required	
, , , , , , , , , , , , , , , , , , ,	·	·	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
	•		
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	الـــــا ،	
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general information:
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed
Date Initially Purchased From Manufacturer		Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Status		(if already included at time of
	Status (circle one)	(circle one)	(if already included at time of
	Status (circle one) Existing/New	(circle one)  RC/CA/None required	(if already included at time of
	Status (circle one) Existing/New Existing/New	(circle one)  RC/CA/None required  RC/CA/None required	(if already included at time of
From Manufacturer	Status (circle one)  Existing/New Existing/New Existing/New	(circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	(if already included at time of purchase, write "SAME")
	Status (circle one)  Existing/New Existing/New Existing/New	(circle one)  RC/CA/None required  RC/CA/None required	(if already included at time of
*CONTROL DEVICE K	Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New	RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser CA have you used within the last 12	(if already included at time of purchase, write "SAME")  = carbon adsorber
*CONTROL DEVICE K  2.(a) How much perchlo	Status (circle one)  Existing/New Existing/New Existing/New Existing/New  EY: RC = r  proethylene (perc) ons (You must fill	RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser CA have you used within the last 12 I this in)	(if already included at time of purchase, write "SAME")  = carbon adsorber
*CONTROL DEVICE K	Status (circle one)  Existing/New Existing/New Existing/New EX: RC = r  proethylene (perc) ons (You must fill onths, how many?	RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser	(if already included at time of purchase, write "SAME")  = carbon adsorber  months?
*CONTROL DEVICE K  2.(a) How much perchlo  [120] gallo  (b) If less than 12 mo	Status (circle one)  Existing/New Existing/New Existing/New EX: RC = r  proethylene (perc) ons (You must fill onths, how many?	RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser	(if already included at time of purchase, write "SAME")  = carbon adsorber  months?

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3. What is the facility's source classification based on the Indicate with an "X". Select one classification only.				
Small Area Source				
Transfer only on-site (us	ed less than 140 gallons of perc per year) ed less than 200 gallons of perc per year) ed less than 140 gallons of perc per year)			
Large Area Source				
Transfer only on-site (us	ed 140 - 2,100 gallons of perc per year) ed 200 - 1,800 gallons of perc per year) ed 140 - 1,800 gallons of perc per year)			
4. What control technology is required on machines purs (Indicate with an "X".)	uant to section (5) of Part II of this notification form?			
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser			
Existing machines at large area source  Carbon adsorber  Refrigerated condenser	New machines at large area source Refrigerated condenser [ ]			
5. A facility which contains non-exempt emissions units Rule 62-213.300, F.A.C. Verify that all steam and hot we exemption criteria or that no such units exist on-site (see				
All steam and hot water generating units exempt No such units on-site	S OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating:				
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)			
6. Equipment Monitoring and Recordkeeping Information	n			
Check all logs which are required to be kept on-site in ac	cordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent addit	ion log			
(b) Leak detection inspection and repair	ί <del>χ</del> ι			
(c) Refrigerated condenser temperature monitoring				
(a) Purchase receipts and solvent purchases/solvent addition log  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan				
(e) Startup, shutdown, malfunction plan	[X]			

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### 7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

Och

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

No DEP 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.

Print name of responsible official

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Date