Feestand SOC 4 Compliance IN



Department of **Environmental Protection**

Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

August 6, 2001

Mr. Audie Galliguez ABC Cleaners 7919 Pines Boulevard Pembroke Pines, Florida 33024

Re: Facility No.: 0112255-002

Dear Mr. Galliguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 2001.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Jarret Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4**587**14 FEB 8206

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112255 Ist ABC DRY CLEANERS 7919 Pines Blvd PEMBROKE PINES, FL 33024 BENIFITTING OBJECT CODE 002000

BENIFITTING CATEGORY 000200

FLAIR ACCT. CODE 372020350013755010000

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 459813 MAR10 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Reford 218

Do NOT Remove Label

112255 10 ABC DRY CLEANERS 7919 Pines Blvd

PEMBROKE PINES, FL 330

33024

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



436236 FEB112004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Do NOT Remove Label

TOTAL AMOUNT DUE: \$50.00

OT Remove Label

2255

GALLIGUEZ
DRY CLEANERS
PINES BLVD ID# 112255 **AUDIE GALLIGUEZ** ABC DRY CLEANERS 7919 PINES BLVD PEMBROKE PINES, FL 33026

GEOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 202-035001
Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Grace Agent Addresse B. Received by (Printed Name) AGNES C. Date of Deliver C. Date of Deliver	
Article Addressed to:	D. Is delivery address different/from item 1? Yes If YES, enter delivery address below: No	
ID# 112255 AUDIE GALLIGUEZ ABC DRY CLEANERS	and the second of the second o	
7919 PINES BLVD PEMBROKE PINES, FL 33026	3. Service Type 2. Certified Mail D Registered D Insured Mail C.O.D. Express Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Articl 7003 2260 0003 565	1 0048	
PS Form 3811, August 2001 Domestic Ret	urn Receipt* 102595-02-M-1540	
*	* · · ·	

3 5651 0048	U.S. Postal Service in CERTHFIED MAIL RECEPT (Pomento Mello Information Visito in website at www.despecons) OFFICIAL US Reported in the Prostage \$ 1 contraction of the Prostage \$ 1 contract
000	Certified Fee
	Return Reclept Fee (Endorsement Required)
250	Restricted Delivery Fee (Endorsement Required)
'n	Total Pc ID# 112255
m	Sent To AUDIE GALLIGUEZ
7003	ABC DRY CLEANERS
\	STORE, AP 7919 PINES BLVD
}	City, State
)	FS Form 8300, June 2002



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422056 JAN232983
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026

AIRS ID#0112255

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413726 FEB 1 2002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112255

ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

01/2255-002 P16 (C) \ Not required for Existing Small (d) / Sources.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

o:		DATE:	
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	PENSACOLA	Northwest District	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
-	Тамра	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	
	Reply Optional Date Due	Reply Required Info O	nly
Comn	nents:		
From		Tel.:	

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Suredu or Air Monitorine
Sources orine 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 c	corporation, agency, or individual owner):
ABC CLEANERS	S / AUDIE GALLIGUEZ
2. Site Name (For example, plant name or num	nber):
	PEMBROKE PINES, FL. 33024
3. Hazardous Waste Generator Identification N	Number:
EPA ID # - PLD	CESOG/ F002/D039
4. Facility Location: 7919 Pl	HES BLVD
Street Address:	mm. 2001/470 7in Code: 23074
City PEMBROKE PINES CON	inty: BROWARD Zip Code: 33024
Stracht, demisator vinter DEP 1820.	Very adomination of the second second second
是 1965年1月26日 1965年1月1日 12日 1月1日 1月1日 1月1日 1日 1	は、 は、 は、 は、 は、 は、 は、 は、 は、 は、
Responsible Official	the group of the second of the second of
6. Name and Thie of Responsible Official:	
Name: AUDIE GALLI GUEZ	Title: PR+Shark 1
1,0012	1 M-OIN TIME
7 Responsible Official Mailing Address:	
7. Responsible Official Mailing Address: Organization/Firm:	E AS ABOVE
7 Responsible Official Mailing Address: Organization/Firm: Street Address:	= AS ABOVE
7 Responsible Official Mailing Address: Organization/Firm:	= AS ABOVE
7 Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number:	Zip Code:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:	Zip Code:
7 Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number:	Zip Code:
7 Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number:	Zip Code:
7 Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244	Zip Code: Fax: () -
7 Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244 Facility Contact (If different from Responsible)	Zip Code: Fax: () -
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244 Facility Contact (If different from Responsible 9. Name and Title of Facility Contact (For example 1)	Zip Code: Fax: () -
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244 Facility Contact (If different from Responsible)	Zip Code: Fax: () -
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244 Facility Contact (If different from Responsible 9. Name and Title of Facility Contact (For example 10. Facility Contact Address: Street Address:	Zip Code: Fax: () e Official) imple, plant manager):
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963-2244 Facility Contact (If different from Responsible 9. Name and Title of Facility Contact (For example) 10. Facility Contact Address:	Zip Code: Fax: () e Official) imple, plant manager):
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244 Facility Contact (If different from Responsible 9. Name and Title of Facility Contact (For example 10. Facility Contact Address: Street Address: City: County:	Zip Code: Fax: () e Official) imple, plant manager):
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244 Facility Contact (If different from Responsible 9. Name and Title of Facility Contact (For example 10. Facility Contact Address: Street Address:	Zip Code: Fax: () e Official) mple, plant manager):

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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")
1976	Existing/ly	ew RC/CA None required	
	_	ew RC/CA/None required	
<u> </u>	Existing/N	ew RC/CA/None required	* * * * * * * * * * * * * * * * * * *
*CONTROL DEVICE	KEY: RC = 1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MA	CHINES ONLY	All the world of	H^{∞}
How many washers do y	you have on-site?	All Comments	A Charles Mark
How many dryers/recla	imers do you have	on-site?	
unit. If the transfer mac 1993, it is a NEW unit	hine was purchased (no units purchased	d from the manufacturer between I	December 9, 1991, it is an EXISTE December 9, 1991 and September 2 wed to operate under this general ormation:
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased	hine was purchased (no units purchased afor machine on-sit	d from the manufacturer between I d after September 22, 1993 are allo	December 9, 1991 and September 2 wed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased	hine was purchased (no units purchased sfer machine on-sit	d from the manufacturer between I d after September 22, 1993 are allo te, please provide the following inf Control Device Required*	December 9, 1991 and September 2 wed to operate under this general ormation: Date Control Device Installed
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased	hine was purchased (no units purchased sfer machine on-sit	d from the manufacturer between I d after September 22, 1993 are allo te, please provide the following inf Control Device Required*	December 9, 1991 and September 2 wed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased	hine was purchased (no units purchased sfer machine on-sit 1 Status (circle one)	d from the manufacturer between I d after September 22, 1993 are allo te, please provide the following inf Control Device Required* (circle one)	December 9, 1991 and September 2 wed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased	hine was purchased (no units purchased sfer machine on-sit Status (circle one) Existing/New	d from the manufacturer between I d after September 22, 1993 are allote, please provide the following inf Control Device Required* (circle one) RC/CA/None required	December 9, 1991 and September 2 wed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased From Manufacturer	hine was purchased (no units purchased sfer machine on-sit Status (circle one) Existing/New Existing/New Existing/New	d from the manufacturer between I d after September 22, 1993 are allote, please provide the following inf Control Device Required* (circle one) RC/CA/None required RC/CA/None required	December 9, 1991 and September 2 wed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased From Manufacturer	hine was purchased (no units purchased sfer machine on-sit Status (circle one) Existing/New Existing/New Existing/New Existing/New	d from the manufacturer between I d after September 22, 1993 are allote, please provide the following inft Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA =	December 9, 1991 and September 2 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased From Manufacturer *CONTROL DEVICE I	hine was purchased (no units purchased sfer machine on-sit Status (circle one) Existing/New Existing/New Existing/New Existing/New	d from the manufacturer between I d after September 22, 1993 are allote, please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser CA = 1 have you used within the last 12 m	December 9, 1991 and September 2 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mac 1993, it is a NEW unit permit). For each transpermit. For each transpermit part in the permit permit. For each transpermit permit	hine was purchased (no units fill the purchased (no units	d from the manufacturer between I d after September 22, 1993 are allote, please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser CA = thave you used within the last 12 mills in)	December 9, 1991 and September 2 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer mac 1993, it is a NEW unit permit). For each trans Date Initially Purchased From Manufacturer *CONTROL DEVICE I 2.(a) How much perchl [90] gail (b) If less than 12 m	hine was purchased (no units fill the purchased (no units	d from the manufacturer between I d after September 22, 1993 are allote, please provide the following information (Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser CA = thave you used within the last 12 mil this in)	December 9, 1991 and September 2 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber inorths?
unit. If the transfer mac 1993, it is a NEW unit permit). For each transpermit. For each transfer mac permit. For each transfer mach manufacturer *CONTROL DEVICE IT. (a) How much perchapt it. (b) If less than 12 marks.	hine was purchased (no units purchased (no uni	d from the manufacturer between I d after September 22, 1993 are allote, please provide the following information (Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 m i this in)	December 9, 1991 and September 2 wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber fronths?

DEP Form No. 62-213.900(2) Effective: 2/24/99

.

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.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Lurge Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) [
Existing machines at large area source Corbon adsorber Refrigerated condenser [] 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 (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site 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 [] Other (please list)
6. 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/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

DEP Form No. 62-213.900(2) Effective: 2/24/99

•	7. Surrender	of Existing DEP Air Permit(s)	
.]	Please indica	ate with an "X" the appropriate selection:	
		I hereby surrender all existing DEP air permits authorizing operation of the facility indicated this notification form; the permit number(s) are AIRS 10 + 012255001AG	in .
		No DEP air permits currently exist for the operation of the facility indicated in this notificatio form.	n
_]	Responsible (Official Certification	
	this notifi statemen maintain	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed ification. I hereby certify, based on information and belief formed after reasonable inquiry, that ints made in this notification are true, accurate and complete. Further, I agree to operate and in 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	the
	I will pro	comptly notify the Department of any changes to the information contained in this notification.	
	AUD	DIE GALLIGUEZ	
	Print nan	me of responsible official	
	1	Juefall 6-25-01	
L	Signature	re / Date	

1 46

~ RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JUL - 5 2001 Part III. Notification of Intent to Use General Permit

Cureau of Ar Monitorine Bureau of Prior of Milligout this form, please read the instructions provided at the end of the form. Send & Mocompleted 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, agence	cy, or individual owner):
ABC CLEANERS / AL	•
2. Site Name (For example, plant name or number): 7919 PINES BLVD. PEMBROK	KE PINES, FL. 33024
3. Hazardous Waste Generator Identification Number: EPA ID # -FLD CESOG 4. Facility Location: 7919 PINES BL	FC02 / D039
4. Facility Location: 7919 PINES BL Street Address: City: PEMBROKE PINES County: BROWA	10 RO Zip Code: 33024
STREETHY Hermicalion Number (DEP USE ONLY Almoor file of the control of the contr	
Responsible Official	
6. Name and Thie of Responsible Official: Name: AUDIE GALLIGUEZ T	Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	ABOVE
City: County:	Zip Code:
8. Responsible Official Telephone Number: Telephone: (954) 963 - 2244 F	fax: () -
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant mana	ger):
10. Facility Contact Address:	· ·
Street Address: City: County:	Zip Code:
11. Facility Contact Telephone Number: Telephone: () - F	Fax: () -
DEP Form No. 62-213.900(2)	

Facility Information

1.(a) DRY-TO-DRY M				
	ACHINES ONL	Y	•	
How many dry-to-dry ma	ichines do you ha	ve on-site?	en e	
For each dry-to-dry mach	nine on-sité, pleus	e provide the following 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")	
1976	Existing/ly	ew RC/CA None required		
	Existing/No	ew RC/CA/None required		
	Existing/No	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?			
How many dryers/reclain	ners do you have	on-site?		
	er machine on-sit	d after September 22, 1993 are allowing inf	ormation:	
From Manufacturer	Status (circle one)	Control Device Required* (circle one)		<u>.</u>
From Manufacturer	(circle one)	(circle one)		
From Manufacturer		(circle one)	(if already included at time of	
From Manufacturer	(circle one)	(circle one)	(if already included at time of	
From Manufacturer	(circle one) Existing/New	RC/CA/None required	(if already included at time of	
*CONTROL DEVICE K 2.(a) How much perchlo	Existing/New Existing/New Existing/New Existing/New EY: RC == r roethylene (perc) ns (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 m this in)	(if already included at time of purchase, write "SAME") carbon adsorber	
*CONTROL DEVICE K 2.(a) How much perchlo [90] gallo	Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill nths, 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 nonths?	
*CONTROL DEVICE K 2.(a) How much perchlo [90] gallo (b) If less than 12 more	Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill nths, 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 nonths?	

DEP Form No. 62-213.900(2) Effective: 2/24/99 15

The Solaton State of the Solat

3. What is the facility's source class Indicate with an "X". Select of	sification based on the dence classification only.)	finitions found in section	(3) of Part II?
Small Area Source	[]	5.00	2 11 12 11 11 11 11 11
Dry-to-dry mach Transfer only on Both machine ty	-site (used:	less than 140 gallons of poless than 200 gallons of poless than 140 gallons of poless than 140 gallons of po	erc per year)
Large Area Source		• • • • • • • • • • • • • • • • • • • •	77.00 (1)
Dry-to-dry mach Transfer only on Both machine ty	-sitc (used	140 - 2,100 gallons of per 200 - 1,800 gallons of per 140 - 1,800 gallons of per	c per year)
4. What control technology is required (Indicate with an "X".)	ired on machines pursua	nt to section (5) of Part II	of this notification form?
Existing machines at sma (NONE REQUIRED).	ll area source	New machines at small Refrigerated condenses	
Existing machines at larg Carbon adsorber Refrigerated condenser	e area source	New machines at large Refrigerated condenses	
5. A facility which contains non-c Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such	hat all steam and hot water	er generating units on-site	meet the following
All steam and hot water generating No such units on-site How many boilers do you have on-		OR	The second secon
For each boiler, indicate its horsep	ower (HP) rating: []	6	
What type of fuel do you use?	propane No. 2 fuel oil No. 6 fuel oil	natural gas No. 4 fuel oil Other (please li	st)
6. Equipment Monitoring and Rec	ordkeeping Information		·
Check all logs which are required	to be kept on-site in acco	ordance with the requireme	ents of this general permit:
(a) Purchase receipts and solvent p	ourchases/solvent addition	n log	í
(b) Leak detection inspection and	repaîr	<u></u>	<u>.</u>
(c) Refrigerated condenser temper	ature monitoring	L	Ý
(d) Carbon adsorber exhaust perc	concentration monitoring	· · ·	<u>ن</u>
(e) Startup, shutdown, malfunction	n plan		1

DEP Form No. 62-213.900(2) Effective: 2/24/99

BEST AVAILABLE COPY

7. Surrender o	of Existing DEP Air Permit(s)		
Please indicat	te with an "X" the appropriate selection:	*#*	
ن	I hereby surrender all existing DEP air perm this notification form; the permit number(s)	थान	tion of the facility indicated in
	No DEP air permits currently exist for the of form.		y indicated in this notification
Responsible (Official Certification	·	
this notifi statement maintain	dersigned, am the responsible official, as defir ication. I hereby certify, based on information is made in this notification are true, accurate the air pollutant emissions units and air pollu with all terms and conditions of this general pe	n and belief formed aj and complete. Furthe tion control equipmet	fter reasonable inquiry, that the er, I agree to operate and nt described abov e so as t o
I will pro	emptly notify the Department of any changes t	o the information con	tained in this notification.
	TE GALLI GUEZ ne of responsible official	* :: <u></u>	
1	mefaclif		-25-0/
Signature	Juejally f- 7-03-0	Date Date	

 $\{|\hat{a}I| \rightarrow$