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Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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PPRAQD
AIR QUALITY PROGRAM
OCT 28 AM 7:50

Part III. Notification of Intent to Use General Permit

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):	PAUL DRY CLEANING		
2. Site Name (For example, plant name or number):	PAUL'S DRY CLEANING INC.		
3. Hazardous Waste Generator Identification Number:	FLD 106698285		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	3610 N ANDREWS AVE	OAKLAND PK	BROWARD 33309
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112405-003		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	Paul Kim	OWNER
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	3610 N. ANDREWS AVE	
	City:	County: Zip Code:
	OAKLAND PK	BROWARD 33309-5222
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(954) 566-3047	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Paul Kim OWNER		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	3610 N ANDREWS AVE	OAKLAND PK	BROWARD 33309-5222
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(954) 566-3047	() -	

Facility Information

AD

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please 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")
<u>1995</u>	Existing/New	<u>4110 PROTECTA</u> RC/CA/None required	<u>Same</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

X 1.(b) TRANSFER MACHINES ONLY *ND*

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

Call 203-514
If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please 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")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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)
- Large 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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 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

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


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.

Paul Krim
Print name of responsible official


Signature

10/26/09
Date

INVO6) 10-14-09 08:19 AM

PHENIX SUPPLY - TAMPA
CUSTOMER PERC SALES REPORT

PAGE: 1

CUST#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
3605651	NULOOK ONE HR CLNRS #36	F283802	02/03/06	1300014	PERC *DOWPER* - 15-GAL DRUM	1.0	DR
	PAUL'S DRY CLEANING INC	F289785	04/14/06			1.0	DR
	3610 N ANDREWS AVE	F296828	07/14/06			1.0	DR
	FT LAUDERDAL FL 33309	F301920	09/22/06			1.0	DR
		<u>F307477</u>	<u>12/01/06</u>			1.0	DR
		F315448	03/09/07			1.0	DR
		F320832	05/11/07			1.0	DR
		F326268	07/20/07			1.0	DR
		F331869	10/05/07			1.0	DR
		<u>F336312</u>	<u>11/30/07</u>			1.0	DR
		F344723	03/14/08			1.0	DR
		F352613	06/20/08			1.0	DR
		F360689	10/10/08			1.0	DR
		<u>F364813</u>	<u>12/05/08</u>			1.0	DR
		F371668	03/06/09			1.0	DR
		F378810	06/05/09			1.0	DR
		F386165	09/18/09			1.0	DR
TOTAL GALLONS:						255.0	



ENVIRONMENTAL PROTECTION DEPARTMENT
 Air Quality Division
 115 S. Andrews Avenue, Room A240, Fort Lauderdale, FL 33301
 ADDRESS CORRECTION REQUESTED

PRESORTED
FIRST CLASS



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PRSRTD FIRST CLASS 10/31/09

FIDEP
Air General Permit Program
Bureau of Air Monitoring and Mobile Sources
MS-5510
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Tallahassee, FL 32399-2400

H*UFP51 32399

