

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

REV 3 0-2009

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

4:40pm
12/02/09 -
PER TELECON
W/PRO ASLAN
M.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MARCO CLEANERS CORP DRY CLEAN N MORE - MUSTAFA ASLAN
2. Site Name (For example, plant name or number):	DRY CLEAN N MORE
3. Hazardous Waste Generator Identification Number:	9800786
4. Facility Location: Street Address:	994 N. BARFIELD ST # 11
City:	MARCO ISLAND County: COLUER Zip Code: 34145-2363
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0210083-003

Responsible Official

6. Name and Title of Responsible Official: Name:	MUSTAFA ASLAN	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	1763 SAN MARCO RD	City:	MARCO ISL County: COLLIER Zip Code: 34145
8. Responsible Official Telephone Number: Telephone:	(239) 642 7222	Fax:	(239) 642 5777

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAUSE
10. Facility Contact Address: Street Address:	City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ()	Fax: ()

Facility Information

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

How many dry-to-dry machines do you have on-site? 1

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>1996</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>YES</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 2

How many dryers/reclaimers do you have on-site? 2

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")
<u>1996</u>	Existing / <u>New</u>	RC/CA/None required	_____
_____	Existing / <u>New</u>	RC/CA/None required	_____
_____	Existing / <u>New</u>	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?

140 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)

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.

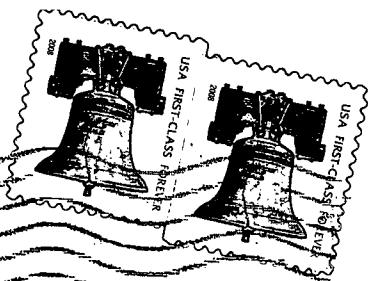
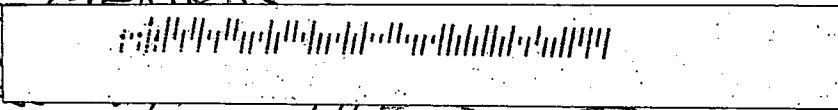
I will promptly notify the Department of any changes to the information contained in this notification.

Mustafa Asim
Print name of responsible official

[Signature]
Signature

11/15/09
Date

MARGARET CLEAR
994
MARGARET CLEAR



POST OFFICE 339-219

ATTN:
DIEBLE

GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND NOISE SOURCES
DEPARTMENT OF ENVIRONMENTAL PROTECTION

2600 BLAIR STONE ROAD

TALLAHASSEE, FL
32399-2400