PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

DEC 2 9 2008

Part III. Notification of Intent to Use General Permit

Bureau of Air Morntonia & Mobile 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):	
AMERICIEAN, INC	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address:	
City: 1486 NE Meany Hardy DR Meani, 71 Zip Code: 9 (County)	
PERCHINADENTHERIORNOM DEPOSE ON SYSTIC TO THE THEORY OF THE THE THEORY OF THE THEORY O	1
Responsible Official	. I a
6. Name and Title of Responsible Official:	נון
Responsible Official 6. Name and Title of Responsible Official: Name: ALEN JACKSON MCRAY 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Title: MeCray 400 @ bellsouth .ne	
7. Responsible Official Mailing Address: Maccan 400 @ hell south	7
Organization/Firm:	
Street Address:	
1486 NE MIAMI GARDEN DR MIAMI 7 33179	
8. Responsible Official Telephone Number:	
Telephone: 786)252-8870 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
JAMES JOHNSON MANAGER	
10. Facility Contact Address:	
Street Address:	
LEGITY: NE MIAMI GARDEN DR MIAMIT 33179	
11. Facility Contact Telephone Number:	
Telephone: (305) $(3-0944)$ Fax: ()	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

			* SEE ATTACHEL	•
1 (a) DRY-TO-DRY M	ACHINES ONLY	ζ,	ADDENDUM TO	
How many dry-to-dry ma	chines do you have	e on-site?	APPLICATION 01/2	2/20
For each dry-to-dry mach	ine on-site, please	provide the following information	OII.	
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/Ne	w RC/CA/None required		
	Existing/Ne	w RC/CA/None required		
· · · · · · · · · · · · · · · · · · ·	Existing/Ne	w RC/CA/None required		
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA	= carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	u have on-site?			
unit. If the transfer machin 1993, it is a NEW unit (no	ne was purchased to units purchased	from the manufacturer between I after September 22, 1993 are allo	December 9, 1991, it is an EXIST December 9, 1991 and September 2 owed to operate under this general	NG 2,
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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 Fincheses
Date Initially Purchases From Manufacturer 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
1.(b) TRANSFER MACHINES ONLY
How many washers do you have on-site?
How many tryof view time to did not have con-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and 1991.
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New store: [___] New machine [___]

Unopened store [____] (date of expected opening 2

How many dry-to-dry mad	chines do you have	on-site?	# SEE ATTACHED ADDENDUM TO
For each dry-to-dry mach	ine on-site, please p	provide the following information	on: APPLICATION-01/23
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 KI	EY: RC = ref	rigerated condenser CA	= carbon adsorber
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1.(b) TRANSFER MAC		r 1	
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Unopened store [___] (date of expected opening 5/1

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and the same and the same of the	rea Source	1 \$ 1	610 X5VQF				
			(used le	ess than 140 gall ess than 200 gall ess than 140 gall	ons of perc p	er year)	
Large Ar	сеа Ѕошсе				٠.		:
	Dry-to-dry mach Transfer only or Both machine ty	*	(used 20	40 - 2,100 gallor 00 - 1,800 gallor 40 - 1,800 gallor	ns of perc per	year)	
4. What control te (Indicate with		ired on machines p	pursuant i	to section (5) of	Part II of this	notification	form?
	machines at sma REQUIRED)	Il area source		New machines Refrigerated co		source]	
Carbon a	machines at large dsorber ated condenser	e area source		New machines Refrigerated co		ZOUTCE	
	le entrainsman	iemot emistidas d	ofes shall	ioi ce en el la c	a ese de gan		ersumers.
Rule 62-213 5000 eritora os that 000	The state of the s	at all steam and mon. on-site (ess adacid	The state of the s	Service and I dertal the Revision of the service	iesi e w eet i	le të lic war	exemption 7
All sicent and hot. No such units on s	words generaling up	inds arcupa		9 k			
How many boilers	do you have on-	site?					
Forewalbailer in	Cicale its dossep		15 JC			,	·
What type of fuel of	do you use?] propage [] No. 2 fuel [] No. 6 fuel		natural g	el oil	· · · · · · · · · · · · · · · · · · ·	·
6. Equipment Mon	itoring and Reco	ordkeeping Informa	ation				
Check all logs whi	ch are required t	o be kept on-site in	accorda	nce with the requ	irements of	this general p	permit:
(a) Purchase receig	ots and solvent p	urchases/solvent ac	ldition lo	g			
(b) Leak detection	inspection and r	epair			المصل		
(c) Refrigerated co	ndenser tempera	ture monitoring					
(d) Carbon adsorbe	er exhaust perc c	oncentration monit	toring				
(e) Startup, shutdo	own, malfunction	plan					

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 [] Dru to day machines only on-site (used 140 - 2 100 gallons of perc per year) ANT A CHED ADDEND OI /23/09 FOR
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 Carbon adsorber Refrigerated condenser [] Refrigerated condenser New machines at large area source 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 [] 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 [] No. 2 fuel oil [] No. 4 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
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender o	f 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 C	Official Certification
this notific statements maintain t comply wi I will pron	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. 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 the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification. OCCUALLY Jockson of responsible official
Signature	Date

Small Area S	Source	[]		•	•	16
Tran	to-dry machines nsfer only on-site h machine types	;	(used les	s than 140 gallons o s than 200 gallons o s than 140 gallons o	f perc per year) * 5
Large Area S	Cource	[]		•		ANAC.
Tran	to-dry machines asfer only on-site a machine types	;	(used 20) - 2,100 gallons of p 0 - 1,800 gallons of p 0 - 1,800 gallons of p	perc per year)	MISSI
4. What control techno (Indicate with an ")		on machines j	pursuant to	section (5) of Part 1	I of this notific	cation form
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Existing mach Carbon adsor Refrigerated		a source		New machines at lar Refrigerated conden		ŧ
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Rule 62-213.300, F.A. criteria or that no such All steam and hot wate No such units on-site How many boilers do : For each boiler, indica What type of fuel do y 6. Equipment Monitor Check all logs which a	C. Verify that a units exist on-site generating units you have on-site te its horsepower [Il steam and he te (see attache ts exempt ?	ot water ged memo for [] [] [] l oil l oil ation n accordan	nerating units on-sit of the criteria). OR natural gas No. 4 fuel oil Other (please	e meet the following list)	owing exer
Rule 62-213.300, F.A. criteria or that no such All steam and hot wate No such units on-site. How many boilers do for each boiler, indica. What type of fuel do y 6. Equipment Monitor Check all logs which a (a) Purchase receipts a	C. Verify that a units exist on-si units exist on-si er generating unity you have on-site te its horsepower [Il steam and he te (see attache ts exempt ?	ot water ged memo for [] [] [] l oil l oil ation n accordan	nerating units on-sit of the criteria). OR natural gas No. 4 fuel oil Other (please	e meet the following list)	owing exen
Rule 62-213.300, F.A. criteria or that no such All steam and hot wate No such units on-site. How many boilers do for each boiler, indica. What type of fuel do y. 6. Equipment Monitor Check all logs which a. (a) Purchase receipts a. (b) Leak detection inspections.	C. Verify that a units exist on-si units exist on-si er generating unity you have on-site its horsepower [Il steam and he te (see attache ts exempt ?	ot water ged memo for [] [] [] l oil l oil ation n accordan	nerating units on-sit of the criteria). OR natural gas No. 4 fuel oil Other (please	e meet the following list)	owing exen
5. A facility which con Rule 62-213.300, F.A. criteria or that no such All steam and hot water No such units on-site. How many boilers do a For each boiler, indicated What type of fuel do you will be a fuel to be	C. Verify that a units exist on-si units exist on-si er generating unity you have on-site attention that its horsepower ou use? [Il steam and he te (see attache ts exempt ? [] r (HP) rating:] propane] No. 2 fue] No. 6 fue eeping Inform kept on-site in asses/solvent and r monitoring	ot water ged memo for [] [] [] [] l oil l oil ation n accordand ddition log	nerating units on-sit of the criteria). OR natural gas No. 4 fuel oil Other (please	e meet the foll	owing exen

* ADDENDUM TO FACILITY # 0250823-006-46 APPLICATION/REGISTRATION FORM - 12/29/08/
** RECEIVED 01/23/09

ATM

MR

DIBBLE

Facility Name and Location



ATCEIVED.

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

DEC 2 9 2008

Part III. Notification of Intent to Use General Permit

Bureau of Air Monaur. & Mobile 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.

1. Pacility Owner/Company Name (Name of corporation, agency, of thinvious)	
AMERICIEAN, INC	
2. Site Name (For example, plant name or number):	7
3. Hazardous Waste Generator Identification Number:	+
	1
4. Facility Location:	ļ
Street Address: County of Tip Code:	
Cirx: NEMERNI Hadri DR Meani 71 33179 (County)	
	1
	16
	ב כ
Responsible Official	,
6. Name and Title of Responsible Official:	
Name: KAREN JACKSON MCRONTICLES Duran	
7. Responsible Official Mailing Address: Mecray 400 @ bellsourh Organization/Firm:	et
Organization/Firm: Street Address:	
City: County: Zip Code:	
14710 NE MAMI GARDEN DR MAMI 77 33179	
8. Responsible Official Telephone Number:	
Telephone: 786) 252 - 827 D Fax: () -	
	,
Facility Contact (If different from Responsible Official)	l
9. Name and Title of Facility Contact (For example, plant manager):	
9. Name and Title of Facility Contact (For example, plant manager): TAMES Johnson Nithile Contact Address: 10. Facility Contact Address: (DADE COUNTY)	
10. Facility Contact Address: (DADE)	1
County	·
Sirect Address:	i
1486 NE MIAMI GARDEN DE MINITER 3317 9	
11. Facility Contact Telephone Number:	
Telephone: (305) 263-0944 Fax: ()	

NO.636

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.

Signature

HERICLEAN INC 1486 NE Meani Gorden Dr. Meani 71. 33179

MENERAL PERMITS SECTION
BUREAU OF AIR MONITORING + MOBILE SOURCES,
MS 5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION,
2600 BLAIR STOLE ROAD

32334 FALLA HASSETT FLI 32399-2400