PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ARREO Cleaners
2. Site Name (For example, plant name or number):
ARPeco Cleaners / word Sanchez
3. Hazardous Waste Generator Identification Number:
not known.
4. Facility Location: 22/9 NW 28 At. Street Address:
City: NUAMU County: Flanci - Dale Zip Code: 33/42.
5 - Faculity-Identification Number (DEP Use ONLY ado not fill in)
Responsible Official
6. Name and Title of Responsible Official:
Name: Mora SANCHEZ Title: WWW. Okrator.
7. Responsible Official Mailing Address: Organization/Firm: 2219 WW 28 At Street Address:
City: Manu County: F/ Zip Code: 33/42.
8. Responsible Official Telephone Number:
Telephone: (305) 638-5898 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
nova Sanchez Owner - Operator
10. Facility Contact Address:
Street Address: 221971W 28 At.
City: Mami-Date Zip Code: 33142.
11. Facility Contact Telephone Number:
Telephone: (305) 43-8-5898 Fax: () -

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

Facility Name and Location

Facility Information

* SEE FAXED ADDENOUM DATED 11/25/08 - APPLICATION COMPLETED

1 (a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry ma			on.
For each dry-to-dry mach Date Initially Purchased From Manufacturer	Status (circle one)	c provide the following information Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/Ne	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 o	on-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between I after September 22, 1993 are allo	December 9, 1991 and September 22, owed to operate under this general
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between I	December 9, 1991 and September 22, owed to operate under this general
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ne was purchased to units purchased er machine on-site Status	from the manufacturer between I after September 22, 1993 are allow, please provide the following information of Control Device Required*	Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ne was purchased to units purchased er machine on-site Status (circle one)	from the manufacturer between I after September 22, 1993 are allow, please provide the following information (circle one)	December 9, 1991 and September 22, owed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ne was purchased to units purchased or machine on-site Status (circle one) Existing/New	from the manufacturer between I after September 22, 1993 are allow, please provide the following information (circle one) RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general ormation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K	ne was purchased to units purchased or machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	from the manufacturer between I after September 22, 1993 are allow, please provide the following information (circle One) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlor	ne was purchased to units purchased or machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	from the manufacturer between I after September 22, 1993 are allow, please provide the following information (circle Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlor	ne was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between I after September 22, 1993 are allow, please provide the following information (circle Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = the following information (circle one)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlor [] gallor (b) If less than 12 more	ne was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between I after September 22, 1993 are allow, please provide the following information (control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = the control of	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber nonths?
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlor [] gallor (b) If less than 12 more	ne was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between I after September 22, 1993 are allow, please provide the following information (circle Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = the following information (circle one)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber nonths?

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3. What is the facility's source classification based of Indicate with an "X". Select one classification	
Small Area Source []	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source []	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant 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 []
	units shall not be eligible to use the general permit pursuant to not water generating units on-site meet the following exemption ed 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 fue [] No. 6 fue	
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
a) Purchase receipts and solvent purchases/solvent a	ddition log []
b) Leak detection inspection and repair	[].
c) Refrigerated condenser temperature monitoring	[]
d) Carbon adsorber exhaust perc concentration monitoring	itoring []
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	te 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 for
Responsible	Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
1	ne of responsible official
Signature	Date 10/82/08.

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

Facility Name and Location

(FAX)863 956 3444 FDEP DIVISION OF AIR

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* ADDENOUM 10 10/21/2008 APPLICATION

PERCHLOROETHYLENE DRY CLEANER

AIR GENERAL PERMIT NOTIFICATION FORM

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. See a completed form to the address listed in the instructions and keep a conv of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ARREO Cleaners
2. Site Name (For example, plant name or number):
ARPeco Cleaners / roma Sanchez
3. Hazardous Waste Generator Identification Number:
not known
4. Facility Location: 2219 NW 28 At Street Address:
City: Manu County: Flore Jale Zip Code: 33/42.
Responsible Official
6. Name and Title of Responsible Official:
Name: 71 n Ch & a not had Title: 1711710 w . Ohmot
PLUTOL SATTETIEZ DOUBLET - URITATOT
7. Responsible Official Mailing Address:
Organization/Firm: 2219 UW 28 St. Street Address:
City/Marci County: F/ Zip Code: 33,142.
8. Responsible Official Telephone Number:
Telephone: (305) 638-5898 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
nova Sanchez owner - Oberator
10. Facility Contact Address:
Street Address: 22 19 WW 28 At.
City Mani County: Mianti-Dade Zip Code: 33142.
11. Facility Contact Telephone Number:
Telaphona: (20x) /222- Kall C Fax: ()

Facility Information

1 (a) DRY-TO-DRY M	iachines onl'	Y ,	. •
How many dry-to-dry m	achines do you hav	ve on-site?	•
For each dry-to-dry mac	hine on-site, please	provide the following information	on:
Date Initially Furchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
2002	Existing	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
	Existing/No	nw RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	4	
How many washers do yo	ou have on-site?	<u></u>	•
How many dryers/reclain	ocrs do you have o	n-site?	e e e e e e e e e e e e e e e e e e e
If the temperature and inc.	on sumbased from	the manufacturer miss to or on D	combar 0 1001 it is an EYISTING
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe	ne was purchased in the units purchased a for machine on-site,	from the manufacturer between D after September 22, 1993 are allow please provide the following info	mation:
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased for units purchased a	from the manufacturer between D after September 22, 1993 are allo	ecember 9, 1991 and September 22, wed to operate under this general
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased a to units purchased a or machine on-site, Status (circle one)	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required*	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased a to units purchased a er machine on-site, Status (circle one) Existing/New	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one)	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased as units purchased as machine on-site, Status (circle one) Existing/New	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased as units purchased as machine on-site, Status (circle one) Existing/New	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	ine was purchased a to units purchased a er machine on-site, Status (circle one) Existing/New Existing/New Existing/New	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlore	ine was purchased in units purchased in units purchased in units purchased in machine on-site. Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA =	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlore [] gallon	ine was purchased in ounits purchased as units purchased as in machine on-site. Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required rigerated condenser CA = ave you used within the last 12 modes is in)	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlore [ine was purchased in units purch	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required rigerated condenser	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlore [ine was purchased in ounits purchased in ounits purchased in ounits purchased in machine on-site, Status (circle one) Existing/New	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required rigerated condenser	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlore [ine was purchased in units purch	from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required rigerated condenser	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?

NOV-25-2008(TUE) 15:03 Toyota of Winter Haven 11/25/2008 15:14 8509226979

(FAX)863 956 3444 FDEP DIVISION OF AIR

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Indicate with an "X". Solec		only.)	
Small Area Source	\sim		
Dry-to-dry ma Transfer only Both machine		(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)	
Large Area Source	<u> </u>	•	
Dry-to-dry ma Transfer only Both machine		(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)	
4. What control technology is re- (Indicate with an "X".)	quired on machines p	pursuant to section (5) of Part II of this notification	n form?
Existing machines at so (NONE REQUIRED)	iall area source	New machines at small area source Refrigerated condenser []	
Existing machines at lar Carbon adsorber Refrigerated condenser	ec area source	New machines at large area source Refrigerated condenser []	
	that all steam and ho	nits shall not be eligible to use the general permit of water generating units on-site meet the following d memo for the criteria).	
All steam and hot water generating No such units on-site	ig units exempt	OR	
How many boilers do you have or	a-site?		
For each boiler, indicate its horse,	power (HP) rating: [
What type of fuel do you use?	[] propage [] No. 2 fuel ([] No. 6 fuel (
6. Equipment Monitoring and Rec	ordkeeping Informat	tion	•
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 p	purchases/solvent add	dition log []	
(b) Leak detection inspection and	repair		
(c) Refrigerated condenser temper	ature monitoring		
d) Carbon adsorber exhaust perc	concentration monito	oring	
e) Startup, shutdown, malfunction	o plan	<u> </u>	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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/. Surremost	of Existing DEP Air Permit(s)
Please indica	te 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
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
Nor	mptly notify the Department of any changes to the information contained in this notification. CO_ Sanchez
Signature	Date Date