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DIVISION OF AIR RESOURCE MANAGEMENT

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 **Facility Name and Location** 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Site Name (For example, plant name or number) Hazardous Waste Generator Identification 4. Facility Location: Street Address: 3144 W 765+ Zip Code: 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: (7. Responsible Official Mailing Address Organization/Firm: Street Address: Responsible Official Telephone Number: Fax: Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: (Fax: ())

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information		·	
1.(a) DRY-TO-DRY M	ACHINES ONL	Y .	
How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	ı:
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")
7/1//1	Extering	ew RC/CA/None required	SAME
	Existing/N	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 (r	ine was purchased no units purchased		
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 K	EY: RC=r	efrigerated condenser CA=c	carbon adsorber
andra '	roethylene (perc) ns (You must fill	have you used within the last 12 months in)	onths?
(b) If less than 12 mor	ths how/mens/?	[] months	
Check why it is les	-	<i>X</i>	records: [
Cason vily it is to		New store: [] New machine	
		Unopened store [] (date of ex	
		(4.00 0) 0	T2 - k 2

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 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 [X_]			
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".)			
Existing machines at small area source (NONE REQUIRED) [Y.] New machines at small area source Refrigerated condenser []			
Existing machines at large area source Carbon adsorber Refrigerated condenser Mew machines at large area source 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. 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			
(c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration monitoring			
(e) Startup, shutdown, malfunction plan			

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Please indicate with an "X" the appropriate selection: [A] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form, the permit number(s) are [D] 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. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official. Date

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