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):
Hitesh latel
2. Site Name (For example, plant name or number):
All Stur Dry Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 126 that Plaza Drie Street Address: City: Parm CoAST County: Flagler Zip Code: 32/37
City: PARM COAST County: Flagler Zip Code: 32/37
F. Franklin Handson Manufacture (NED HandNIEV A. 4 CH. L.)
3. Facility Identification Number (DEP Use ONLY - do not fill in): 0350015-00.
Responsible Official
6. Name and Title of Responsible Official: Name:
Marie HITESH PATEL ME. OWNER
Name: HITES H ATEL Title: OWNER 7. Responsible Official Mailing Address: /26 Flagler Plaga Three Organization/Firm: Street Address:
Street Address: City: Palm CoAST County: Flagler Zip Code: 32/37
8. Responsible Official Telephone Number: Telephone: (316) 439 1600 Fax: (386) 597- 7245
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:
City: County: Zip Code:
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

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

How many dry-to-dry made	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following informat	ion:
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")
15-Jan-95 22-March-0	Existing	RC/CA/None required	Same same
22-Mooth-0	Existing/No	RC/CA/None required	Same
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE KI	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have o	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general 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	
ļ	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE KI	EY: RC = r	efrigerated condenser CA	= carbon adsorber
0 - :	oethylene (perc) s (You must fill	have you used within the last 12 this in)	months?
(b) If less than 12 mon	ths, how many?	[] months	
		: New owner: [] Did not ke	ep records: []
· •		New store: [] New machi	<u>-</u> -
		Unopened store [] (date of	

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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".)				
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 Refrigerated condenser Carbon adsorber Carb				
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? [
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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7. Surrender o	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			
this notifi statement maintain comply w I will pro	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 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 fell partment of any changes to the information contained in this notification. Tell partment of any changes to the information contained in this notification. Tell partment of any changes to the information contained in this notification.			

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Wise, Jane

From:

Wise, Jane

Sent:

Monday, March 02, 2009 3:04 PM

To:

Kirts, Christopher; Banks, Richard

Cc:

Veazey, Sandra; Bowman, Sandy

Subject:

Recently Recieved AG Registrations

Attachments: 0350015-003.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made *after* the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson.dibble@dep.state.fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us

MAILED FROM ZIP CODE 3 2 GENERAL PERMITS SECTION

Buren of Air Moonitoring AND Mobile Sources Defartment of ENVironmental Protection 2600 Blazz Stone Road

Tallahasse FL 32399-2400