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TO: _____

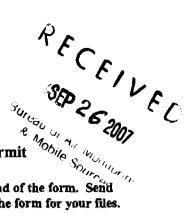
FROM: GANGA ITWARU

FAX: 6865209

TEL: 6865209

COMMENT:

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



Part III. Notification of Intent to Use General Permit 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	a, agency, or individual owner):
	ISES INC
2. Site Name (For example, plant name or number):	
SPRING HILL OLEK	NERS
3. Hazardous Waste Generator Identification Number:	
FLCESQG	2 6 ()
4. Facility Location: 4305 MARINE Street Address:	K BUYS
City: SPRING HILL County: HE	RUANDO Zip Code: 34608
	ACOADEA
Responsible Official	0530350-
6. Name and Title of Responsible Official:	
Name: JAMES TIWARU	Title: PRES.
7. Responsible Official Mailing Address:	-11 1
Organization/Firm: 19105 POWE	LO KD
a:-	
County: County:	Zip Code:
BROOKSVILLE County: HER	KINNOD Zip Code: 34604
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number:	Fax: () -
8. Responsible Official Telephone Number: Telephone: () 683 708/	
8. Responsible Official Telephone Number: Telephone: () 683 708 / Facility Contact (If different from Responsible Official)	Fax: () -
8. Responsible Official Telephone Number: Telephone: ()683 708/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant)	Fax: () -
8. Responsible Official Telephone Number: Telephone: () 683 708 / Facility Contact (If different from Responsible Official)	Fax: () -
8. Responsible Official Telephone Number: Telephone: ()683 708/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant)	Fax: () -
8. Responsible Official Telephone Number: Telephone: () 683 708/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant SAME	Fax: () -
8. Responsible Official Telephone Number: Telephone: () 683 708/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant SAME 10. Facility Contact Address:	Fax: () -
8. Responsible Official Telephone Number: Telephone: () 683 708/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant SAME 10. Facility Contact Address: Street Address: City: County:	Fax: () - t manager):
8. Responsible Official Telephone Number: Telephone: () 683 708/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant SAME 10. Facility Contact Address: Street Address: City: County:	Fax: () - t manager): Zip Code:
8. Responsible Official Telephone Number: Telephone: () 685 708 / Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant SAME 10. Facility Contact Address: Street Address: City: County:	Fax: () - t manager):

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	chines do you ha	ve on-site?	
For each dry-to-dry mach	tine on-site, pleas	se provide the following information	on:
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")
9-12-01	Existing N	ew RC/CA None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC=	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC			
How many washers do yo		<u> </u>	
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchase no units purchase er machine on-sit Status	d from the manufacturer between a dafter September 22, 1993 are allowed, please provide the following into Control Device Required*	Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(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 -	carbon adsorber
2.(a) How much perchlor	oethylene (perc)	have you used within the last 12 n	nonths?
[_ 30 _] gallor	is (You must fill	this in)	
(b) If less than 12 mon	ths, how many?	[] months	
Check why it is les	s than 12 months	: New owner: [] Did not kee	p records: []
		New store: [] New machine	· ()
		Unopened store [] (date of a	expected opening

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

 COVER	

TO: _____

FROM: GANGA ITWARU

FAX: 6865209

TEL: 6865209

COMMENT:



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): Company Name (Name of corporation, agency, or individual owner):	Fa	cility Name and Location	
2. Site Name (For example, plant name or number): SHUMG HILL OCCUPANCES 3. Hazardous Waste Generator Identification Number: Facility Location: Street Address: City: SHUMG HILL County: County: HAWANDD Zip Code: 34608 Responsible Official Name: THARM THARMS Organization/Firm: 1910S Street Address: County: HAMANDD Zip Code: 34604 8. Responsible Official Telephone Number: Telephone: (1640) Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Street Address: City: County: Zip Code:	1.	Facility Owner/Company Name (Name of corporation, agency, or individual	lual owner):
2. Site Name (For example, plant name or number): SHUMG HILL OCCUPANCES 3. Hazardous Waste Generator Identification Number: Facility Location: Street Address: City: SHUMG HILL County: County: HAWANDD Zip Code: 34608 Responsible Official Name: THARM THARMS Organization/Firm: 1910S Street Address: County: HAMANDD Zip Code: 34604 8. Responsible Official Telephone Number: Telephone: (1640) Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Street Address: City: County: Zip Code:		GRL 4 SONS ENTERMISES	INC.
3. Hazardous Wasfe Generator Identification Number: **PUESQC** 4. Facility Location: \$\frac{1}{2}\text{DC} \text{MAUNEL BUTO}\$ Street Address: **City: \$\frac{1}{2}\text{MUNG HULL County: HallANDD}\$ **PUBLISHED Official Title of Responsible Official: **Name: **AMMES TUMARUS** 7. Responsible Official Mailing Address: **Organization/Firm: \$\frac{1}{2}\text{DS} \text{DOMELLS }\text{DOMELLS }DOMELLS	2.	Site Name (For example, plant name or number):	
A. Facility Location: 4305 MACINEL BLAD Street Address: City: SPRING HILL County: HERMAND Zip Code: 34608 Responsible Official 6. Name and Title of Responsible Official: Name: AMES THARKS Title: RESS: 7. Responsible Official Mailing Address: Organization/Firm: 19105 DWELL AD Street Address: Fig. County: HERMAND Zip Code: 34604 8. Responsible Official Telephone Number: Telephone: () 683 7081 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code:		SPRING HILL CLEANERS	
4. Facility Location: Street Address: City: SHANG HILL County: HELLAND Zip Code: 34608 Responsible Official 6. Name and Title of Responsible Official: Name: AMES TIMARIS 7. Responsible Official Mailing Address: Organization/Firm: 19105 ADMELS ADStreet Address: County: HELLAND Zip Code: 34604 8. Responsible Official Telephone Number: Telephone: () 683 W81 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	3.		
Responsible Official 6. Name and Title of Responsible Official: Name: IAMES TIMARUS 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Eiver Address: Eiver Telephone: () 633 7031 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Street Address: Street Address: City: County: Zip Code: 74608		FLCESQG	
Responsible Official 6. Name and Title of Responsible Official: Name: IAMES TIMARUS 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Eiver County: Eiver County: Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Street Address: Street Address: Street Address: County: Zip Code: Fax: () Facility Contact Address: Street Address: City: County: Zip Code:	4.	Facility Location: 4305 MARINER TOLY Street Address:	
Responsible Official 6. Name and Title of Responsible Official: Name: 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Eity: County: Title: County: Fax: () Fax: () Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Street Address: City: County: Zip Code: Title: Title: T			
6. Name and Title of Responsible Official: Name: Title: Responsible Official Mailing Address: Organization/Firm: Street Address: County: Responsible Official Telephone Number: Telephone: Telephone: Telephone: Tacility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code: Zip Code: Zip Code: Zip Code: Zip Code: Zip Code:	, å.	THE STATE OF THE PARK WELL STATES OF	The best of the
6. Name and Title of Responsible Official: Name: 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 6. Name and Title of Responsible Official Mailing Address: Organization/Firm: Street Address: 6. Name and Title of Facility Contact (For example, plant manager): 7. Responsible Official Telephone Number: Telephone: 8. Responsible Official Telephone Number: Fax: () - Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 8. AMM 10. Facility Contact Address: City: County: Zip Code:			
6. Name and Title of Responsible Official: Name: Title: Responsible Official Mailing Address: Organization/Firm: Street Address: County: Responsible Official Telephone Number: Telephone: Telephone: Telephone: Tacility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code: Zip Code: Zip Code: Zip Code: Zip Code: Zip Code:			
Name: JAMES TIWARD Title: WES. 7. Responsible Official Mailing Address: Organization/Firm: 19105 POWELD D. Street Address: County: Lip Code: 34604 8. Responsible Official Telephone Number: Telephone: () 635 7081 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: City: County: Zip Code:			
7. Responsible Official Mailing Address: Organization/Firm: Street Address: County: County: Responsible Official Telephone Number: Telephone: Telephone: Pacility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SHIME 10. Facility Contact Address: Street Address: City: County: Zip Code: Zip Code: Zip Code: Zip Code:	1		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: County: Responsible Official Telephone Number: Telephone: Telephone: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code: Zip Code: Zip Code:	Nau	SHIMES TIMIARU YA	US:
Responsible Official Telephone Number: Telephone: Telephone: () 6835 708/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: City: County: Zip Code: Zip Code: Zip Code:	7.	Personsible Official Mailing Address:	
8. Responsible Official Telephone Number: Telephone: () 685 208/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \$\frac{3}{3}\text{MWE}\$ 10. Facility Contact Address: Street Address: City: County: Zip Code:		Street Address: 19105 POWIELS KD) -
8. Responsible Official Telephone Number: Telephone: () 685 208/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \$\frac{3}{3}\text{MWE}\$ 10. Facility Contact Address: Street Address: City: County: Zip Code:		County: HELLIANDD	Zip Code: 34604
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SHIP 10. Facility Contact Address: Street Address: City: County: Zip Code:	8.	Responsible Official Telephone Number:	
9. Name and Title of Facility Contact (For example, plant manager): SHWE 10. Facility Contact Address: Street Address: City: County: Zip Code:		Telephone: (Fax: () -
9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	Fac	ility Contact (If different from Responsible Official)	
10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	9.	Name and Title of Facility Contact (For example, plant manager):	
Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:		SAME	
City: County: Zip Code: 11. Facility Contact Telephone Number:	10.	Facility Contact Address:	
11. Facility Contact Telephone Number:		Street Address:	
		City: County:	Zip Code:
	11.	Facility Contact Telephone Number:	
relephone: () - rax: () -		Telephone: () - Fax: () -

DEP Form No. 62-213.900(2) Effective: 2/24/99 6865209

Facility Information 1.(a) DRY-TO-DRY M	ACHINES ONI	N	
How many dry-to-dry me			
		se provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")
9.12.01	Existing/N	ew RC/CA None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC=	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[_ D _]	
	as purchased fro	m the manufacturer prior to or on	December 9, 1991, it is an EXISTING December 9, 1991 and Sentember 22.
If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (r	as purchased from the was purchase to units purchase	m the manufacturer prior to or on d from the manufacturer between	December 9, 1991 and September 22, owed to operate under this general
If the transfer machine wunit. If the transfer machine 1993, it is a NEW unit (remnit). For each transfer Date Initially Purchased	as purchased from the was purchase to units purchase or machine on-sit Status	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in Control Device Required*	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
If the transfer machine wunit. If the transfer machine 1993, it is a NEW unit (remnit). For each transfer Date Initially Purchased	as purchased from the was purchase to units purchase or machine on-sit Status (circle one)	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in: Control Device Required* (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
If the transfer machine wunit. If the transfer machine 1993, it is a NEW unit (remnit). For each transfer Date Initially Purchased	as purchased from the was purchase to units purchase or machine on-sit Status (circle one) Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in: Control Device Required* (circle one) 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
If the transfer machine wunit. If the transfer machine 1993, it is a NEW unit (remnit). For each transfer Date Initially Purchased	as purchased from the was purchase to units purchase or machine on-sit Status (circle one) Existing/New Existing/New Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in: Control Device Required* (circle one) 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
If the transfer machine wunit. If the transfer machine 1993, it is a NEW unit (remit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI	as purchased from was purchase to units purchase or machine on-sit Status (circle one) Existing/New Existing/New Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in: Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA =	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")
If the transfer machine wunit. If the transfer machine 1993, it is a NEW unit (remit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI	as purchased from the was purchase to units purchase or machine on-sit Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in: Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required cfrigerated condenser CA =	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")
If the transfer machine wunit. If the transfer machine 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KJ 2.(a) How much perchlor [30] gallor	as purchased from the was purchase to units purchase (circle one) Existing/New Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required cfrigerated condenser CA = have you used within the last 12 m this in)	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")
If the transfer machine wunit. If the transfer machine wunit. If the transfer machine would be solved in the transfer machine to the solved in the transfer machine. The transfer machine is a solved in the transfer machine with the transfer ma	as purchased from was purchase to units purchase or machine on-sit Status (circle one) Existing/New	m the manufacturer prior to or one of from the manufacturer between defeater September 22, 1993 are allowed the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = this in)	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?
If the transfer machine wunit. If the transfer machine wunit. If the transfer machine would be solved in the transfer machine to the solved in the transfer machine. The transfer machine is a solved in the transfer machine with the transfer ma	as purchased from was purchase to units purchase or machine on-sit Status (circle one) Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required cfrigerated condenser CA = have you used within the last 12 m this in)	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?

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

3. What is the facility's source classification based or Indicate with an "X". Select one classification of	n the definitions found in section (3) of Part II? only.)
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 []
5. A facility which contains non-exempt emissions a Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
All steam and hot water generating units exempt No such units on-site	OR OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	[10] [_]
What type of fuel do you use? propane No. 2 fuel No. 6 fuel	
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 at	
(b) Leak detection inspection and repair	· ×
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration moni	
(e) Startup, shutdown, malfunction plan	Ţ X

/. Sumender o	of existing DEP Air Pennin(s)
Please indicat	e 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 prof	dersigned, 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 s 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 it all terms and conditions of this general permit as set forth in Part II of this notification form, mptly notify the Department of any changes to the information contained in this notification. Solution: All Many Many Many Many Many Many Many Many
Signature	Date