

RECEIPT OF COPY 04/23/08 ORIGINAL

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air, Monitoring  
& Mobile Sources

MAY 09 2008

RECEIVED

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

Facility Name and Location 0810186

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Purity Cleaners Inc.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD108946757		
4. Facility Location:			
Street Address:			
City:	2331-3 Whitfield Ind. Way	County:	Sarasota FL 34243
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0810186-009		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JERZY BALDUN	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	2331-3 Whitfield Industrial Way		
Street Address:			
City:	Sarasota	County:	Sarasota FL 34243
8. Responsible Official Telephone Number:			
Telephone:	(941) 752-9999	Fax:	(941) 752-9999

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	same as above		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( ) -	Fax:	( ) -

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 2 ]

For each dry-to-dry machine on-site, please provide the following 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")
<u>03/18/2007</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>same</u>
<u>03/18/2007</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>same</u>
_____	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 dryers/reclaimers do you have on-site? [ \_\_\_\_\_ ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following 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	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[ 100 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ \_\_\_\_\_ ] months

Check why it is less than 12 months: New owner: [ \_\_\_\_\_ ] Did not keep records: [ \_\_\_\_\_ ]

New store: [ \_\_\_\_\_ ] New machine [ \_\_\_\_\_ ]

Unopened store [ \_\_\_\_\_ ] (date of expected opening \_\_\_\_\_)

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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/>            |

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:  50

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 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

7. Surrender 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**

*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.*

JERRY TALDUN  
Print name of responsible official

  
Signature

4-21-08  
Date

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Purity Cleaners Inc. DATE: 4-21-08  
FACILITY LOCATION: 2331-R Wintfield ~~ave~~ Ind. Way  
Sarasota, (Manatee County) FL 34243

Annual Reporting Period: Oct 1 2006 TO Sept. 30 2007

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  
Were not aware of the <sup>Permit</sup> requirements  
Exact period of non-compliance: from 07-06 to 4-08  
Action(s) taken to achieve compliance: Submitting Application  
Method used to demonstrate compliance: Filling out & sending in Application.

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  
\_\_\_\_\_  
Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

As the responsible official, I hereby certify, based on information and beliefs formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JERRY BALDUN [Signature] 4-21-08  
Name (Please Print) Signature Date

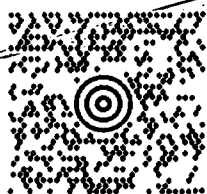
\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

PURITY CLEANERS  
(941) 752-3862  
THE UPS STORE #5184  
1523 PALMBRUSH TRL  
BRADENTON FL 34202-2917

1 LBS 1 OF 1  
SHP WT: 1 LBS  
DATE: 08 MAY 2008

SHIP DEPT. OF ENVIRONMENTAL PROTECTION  
TO: 2600 BLAIRSTONE RD

TALLAHASSEE FL 32399-6542



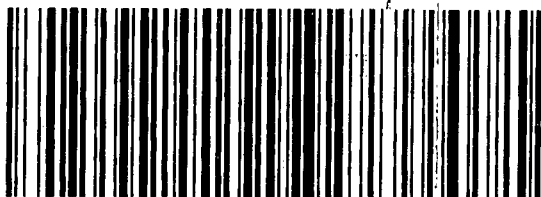
FL 323 0-01



UPS NEXT DAY AIR SAVER

TRACKING #: 1Z R03 1R6 13 0568 3496

1P



BILLING: P/P

8.00 E2844 75.5A 01/2008



International Shipping Notice -  
Certain Rules Relating to these  
Conventions. These conventions  
For shipping pieces, call 1-800-

DEPT OF ENVIRONMENTAL PROTECTION  
2600 BLAIRSTONE RD

in for the Unification of  
the by Road (the "CMR")  
to U.S. law provided,  
Service, Louisville, KY

TALLAHASSEE FL 32399-6542

P: BROWN S: OUT I:

BLAR-1141



1ZR031R6130568 3496

1500

RGNTXOR FLTAL114 May 09 07:56:54 2008  
TB 3230 HIP 7.0.6 INT4420