

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 23 2007
Bureau of Air Quality
& Mobile Source

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): ELMM ENTERPRISES INC
2. Site Name (For example, plant name or number): Tinkerbell Cleaners
3. Hazardous Waste Generator Identification Number: FLCESQG
4. Facility Location: Street Address: 533 S. SEMORAN BLVD City: WINTER PARK County: ORANGE Zip Code: 32792
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0950306-003

Responsible Official

6. Name and Title of Responsible Official: Name: Elia Samm Title: President
7. Responsible Official Mailing Address: Organization/Firm: 533 S. Semoran Blvd Street Address: Winter Park County: Orange Zip Code: 32792
8. Responsible Official Telephone Number: Telephone: (407) 679 5888 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): MIGUEL CARRIO
10. Facility Contact Address: Street Address: 533 S Semoran Blvd City: Winter Park County: Orange Zip Code: 32792
11. Facility Contact Telephone Number: Telephone: (407) 679 5888 Fax: () -

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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")
5-8-99	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	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?

[65] gallons (You must fill this in)

(b) If less than 12 months, how many? [11] 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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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? 1

For each boiler, indicate its horsepower (HP) rating: 0 1 5 15

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:

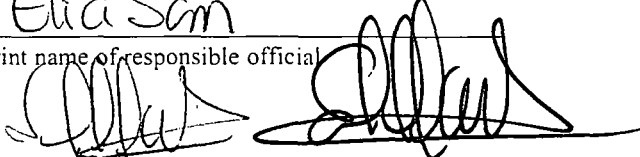
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Elic Sam
Print name of responsible official


Signature

12-01-06 12-01-06
Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ☑ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☑ Print your name and address on the reverse so that we can return the card to you. ☑ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>General Permits Section Bureau of Air Monitoring Mobile Sources, MS 5510 Dept. of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32302</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.2em;">DEC 04 2006</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">DEP MAIL CENTER</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2.</p> <p>PE</p>	<p style="text-align: right;">102595-02-M-1540</p>

Mr Dibbal,

this is a copy of the Certified mail proof,
please call me if you have any
questions.

Thanks,

Elin Ann
Tinkerbell Cleaners
(407) 592-0869

Attn: Dick Dibbal

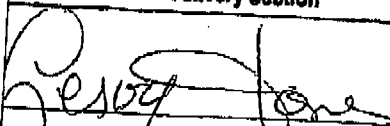
(FAX)

850-922-6979

Dear Postal Customer:

The following is in response to your 01/26/2007 request for delivery information on your Certified item number 7006 0810 0001 0337 4123. The delivery record shows that this item was delivered on 12/04/2006 at 9:48 am in TALLAHASSEE, FL 32399 to L JONES. The scanned image of the recipient information is provided below.

Signature of Recipient:

Delivery Section

Leroy JONES

Address of Recipient:

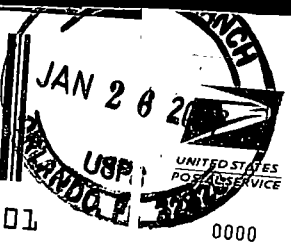
Environat Regulation

SENDER: COMPLETE IN ADVANCE FOR POSTAL SERVICE USE ONLY FORWARDER: COMPLETE IN ADVANCE FOR POSTAL SERVICE USE ONLY	RECEIVED BY: COMPLETE IN ADVANCE FOR POSTAL SERVICE USE ONLY POSSIBLE IF THE SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>General Permits Section Bureau of Air Monitoring Mobile Sources, MS-510 Dpt. of Environmental Protection 2600 Burr Stone Rd Tallahassee, FL 32399-2400</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7006 0810 0001 0337 4123</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>RECEIVED <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">DEC 04 2006</p> <p style="text-align: center;">DEP MAIL CENTER</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

ESAM
40 Tinkerbell Cleaners
533 S. Semoran Blvd
Winter Park, FL 32811



7006 2760 0004 1894 3601



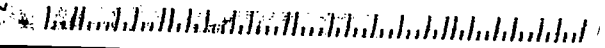
32399

U.S. POSTAGE
PAID
ORLANDO, FL
32828
JAN 26, 07
AMOUNT
\$4.88
00029508-34

General Permits Section
Bureau of Air Monitoring - Mobil Sources, MS 5510
Dept. of Environmental Protection
2600 BLAIR STONE Rd
TALLAHASSEE, FL 32399-2400
ATTN: Dick Dibba

**RETURN RECEIPT
REQUESTED**

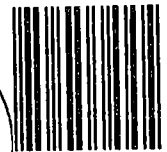
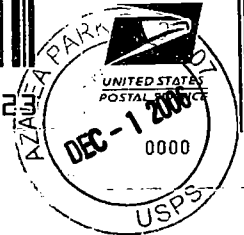
00029508542 0001



ELMINT ENTERPRISES INC
dba Tinkerbell Cleaners
533 S. Semoran Blvd
Winter Park, FL 32792



7006 0810 0001 0337 412



32399

U.S. POSTAGE
PAID
ORLANDO, FL
32807
DEC 01 '06
AMOUNT

\$4.64
00051426-13

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 551
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399 - 2400

**RETURN RECEIPT
REQUESTED**

3239986542 0001

