## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

AND 0 5 2009

Bureau of All Montérii:

## 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.

| Fac | cility Name and Location   |   |
|-----|--|---|
| 1.  | Tuesday Thanke (Thanke of Corporation, agency, or marviau                  | al owner):  |
|     | STEVE KIM  |   |
| 2.  |  | $\mathcal{M}$   |
|     | Rainbow Cleaners   | Le .  |
| 3.  | Hazardous Waste Generator Identification Number:                           |   |
|     |  |   |
| 4.  | Facility Location:   | ? D   |
|     | Street Address: 6/2 N GOLVEN ROD F   | 7: 0:1: 20 179  |
|     | Street Address: 672 S GOLDENROD & County: Orange                           | 21p Code: 32 722  |
| 5.  | Facility Identification Number (DEP Use ONLY - do not fill in):            | DESCRIPTION AND REPORT OF THE PROPERTY OF THE |
|     |  | 503/603/03  |
|     |  |   |
| Re  | sponsible Official   |   |
| 6.  | Name and Title of Responsible Official:                                    |   |
| Na  | me: Steve Kim Title: Ov  | oneil   |
| 7.  | Responsible Official Mailing Address:                                      |   |
|     | Organization/Firm: Rainbow Cleaners<br>Street Address: 672 & Golden rod Rd |   |
|     | City County County   | Zip Code: 32822   |
|     | City: Orlando County: Orange   | 21 Code. 318 LL   |
| 8.  | Responsible Official Telephone Number:                                     |   |
|     | Telephone: (407) \$20-7335 Fax: (  | ) -   |
|     |  |   |
| Fac | ility Contact (If different from Responsible Official)                     |   |
| 9.  | Name and Title of Facility Contact (For example, plant manager):           |   |
|     |  |   |
| 10. | Facility Contact Address:  |   |
|     | •  |   |
|     | Street Address:  | 7. 6.1  |
|     | City: County:  | Zip Code:   |
|     |  |   |
| 11. |  | •   |
| 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                        | chines do you ha                       | ve on-site?  |   |             |
| For each dry-to-dry mach                      | ine on-site, pleas                     | e provide the following informatio   | n:  |             |
| Date Initially Purchased<br>From Manufacturer | Status<br>(circle one                  | Control Device Required* (circle one)  | Date Control Device Installed<br>(if already included at time of<br>purchase, write "SAME") |             |
| 8/2005  | 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=1                               | refrigerated condenser CA =  | = carbon adsorber   |             |
| 1.(b) TRANSFER MAC                            | HINES ONLY                             |  |   |             |
| How many washers do yo                        | ou have on-site?                       | <u> </u>   |   |             |
| How many dryers/reclain                       | ners do you have                       | on-site? []  |   |             |
| 1993, it is a NEW unit (n                     | o units purchased                      | after September 22, 1993 are allow, please provide the following information Control Device Required* (circle one) |   |             |
|   | Existing/New                           | RC/CA/None required  |   |             |
|   | Existing/New                           | RC/CA/None required  | ···   |             |
|   | Existing/New                           | RC/CA/None required  |   |             |
| *CONTROL DEVICE K                             | FV· RC-                                | refrigerated condenser CA =  | carbon adsorber   |             |
| 2.(a) How much perchlor                       | roethylene (perc)<br>ns (You must fill | have you used within the last 12 m this in) *B/14/09 - PER TE  |   | ZM<br>TUVEN |
| Check why it is les                           | s than 12 months                       | New owner: [X] Did not kee   | ep records: []  |             |
|   |  | New store: [] New machin   | e []  |             |
|   |  | Unopened store [] (date of   | expected opening)   |             |

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

| 3. What is the facility's source classification based on Indicate with an "X". Select one classification or |   |
|---|---|
| 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)<br>(used less than 200 gallons of perc per year)<br>(used less than 140 gallons of perc per year)   |
| Large Area Source   |   |
| Dry-to-dry machines only on-site<br>Transfer only on-site<br>Both machine types on-site                     | (used 140 - 2,100 gallons of perc per year)<br>(used 200 - 1,800 gallons of perc per year)<br>(used 140 - 1,800 gallons of perc per year)   |
| 4. What control technology is required on machines p (Indicate with an "X".)                                | ursuant 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 []   |
|   | nits shall not be eligible to use the general permit pursuant to<br>t water generating units on-site meet the following exemption<br>I 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: [   | <b>15</b> 1   |
| What type of fuel do you use?  [] propane  [] No. 2 fuel  [] No. 6 fuel                                     |   |
| 6. Equipment Monitoring and Recordkeeping Informa   | tion  |
| 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 ad  | ldition log   |
| (b) Leak detection inspection and repair  | oring     X |
| (c) Refrigerated condenser temperature monitoring   | $\bowtie$   |
| (d) Carbon adsorber exhaust perc concentration monit  | oring []  |
| (e) Startup, shutdown, malfunction plan   | [ <b>×</b> ]  |

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

| 7. Surrender o                   | of Existing DEP Air Permit(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   |
| statemen<br>maintain<br>comply w | 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.  Imptly notify the Department of any changes to the information contained in this notification. |
| S-Print nam                      | e of responsible official  |
| Signature                        | Justin Lin Date \$1/09   |

DEP Form No. 62-213.900(2) Effective: 2/24/99 Rainbow Cleaners 672 & Goldenrad Rd Orlando. Fr. 32822

## CERTIFIED MAIL



7009 0820 0001 85**30 180**6





PAID GOLDENROD.FL 32733 AUG 03. 09 AMOUNT

32399

\$3.24

Greneral Remits Section

Bureau of Air Monitoring and Mobile Source

MS\$510

Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, FL, 32399-2400

9299986542 COO1

հովիովոյին հետևումիական հոկանին հանձանին