CLEANER ATION FORM

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):
METRO CLEANING VENTURES, INC.
2. Site Name (For example, plant name or number):
ADAMS CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 2525 E. SOUTH ST City: DLANDO, FL County: DLANGE Zip Code: 32803
5. Facility Identification Number (DEP Use ONLY - do not fill in): 095/203-005
Responsible Official adamscleaner & gmail.com
6. Name and Title of Responsible Official:
Name: LIEU LE Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2525 E SOUTH ST City: OPLANDO FC County: OPANGE Zip Code: 32803
8. Responsible Official Telephone Number: Telephone: (407)894-1491 Fax: (407)654-845
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager): ANH V. DUONA
10. Facility Contact Address:
Street Address: 2595 E. SOUTH ST City: DRIANDO, FL County: OPANGE Zip Code: 32803
11. Facility Contact Telephone Number: Telephone: (407) 894-1471 Fax: (407) 654-8457

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 ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	n:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Dévice Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
19/1999	Existing N	ew ROCA/None required	SAME
12/2000	Existing/N	ew RC/CA/None required	SAME
	Existing/No	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?		
How many dryers/reclain	ners do you have o	on-site?	
1993, it is a NEW unit (n	o units purchased	I from the manufacturer between D I after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one)	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
[] gallo	roethylene (perc) ns (You must fill	have you used within the last 12 m this in)	= carbon adsorber # ADDENOUM— nonths? SEE ATTACHED PATEO 3/25/09 CORRECT INFO
(b) If less than 12 mor		,	CORRECT INFO
Check why it is les	s than 12 months	: New owner: [Did not kee New store: [New machin	
		Unonened store [] (date of	 -

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 o		
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 p (Indicate with an "X".)	oursuant 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 of water generating units on-site meet the following exemption d 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? [] propane [] No. 2 fuel [] No. 6 fuel	<u> </u>	
6. Equipment Monitoring and Recordkeeping Inform	ation	
Check all logs which are required to be kept on-site is	n accordance with the requirements of this general permit:	
(a) Purchase receipts and solvent purchases/solvent a	ddition log [X_]	
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring	. 🔀	
(d) Carbon adsorber exhaust perc concentration monitoring	itoring []	
e) Startup, shutdown, malfunction plan		

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

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. ANH V. DUONG Print name of responsible official # SEE ATTACHED APPLICATION DATED

03/23/09 FOR CORRECTED
STONATURE.

DEP Form No. 62-213.900(2)

Effective: 2/24/99

ADDENDUM TO ORIGINAL APPLICATION DATED 03/13/09

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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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):
METRO CUEANING VENTURES, INC.
2. Site Name (For example, plant name or number):
ADAMS CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 257 E Court II or
Street Address: 2525 E. SOUTH ST City: ODLANDO, FL County: DRANGE Zip Code: 32803
5. Facility Identification Number (DEP Use ONLY - do not fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: LIEU LE Title: OWNER
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 2525 E. SOUTH ST City: OLLANDO, FL County: ORANGE Zip Code: 32803
City: O Zip code: 90 %
8. Responsible Official Telephone Number:
Telephone: $(407)894-1491$ Fax: $(407)654-845$
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ANH V. DUONG
10. Facility Contact Address:
Street Address: 2525 E. SOUTH ST
Street Address: 2595 E SOUTH ST City: ORLANDO, FL County: ORANGE Zip Code: 39803
11. Facility Contact Telephone Number:

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	·Υ	
How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	se 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")
19/1999	Existing/N	ew RO/CA/None required	SAME
1-1-1-1			
19/2000	Existing/N	ey RC/CA/None required	SAME
	Existing/No	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?		
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer mach 1993, it is a NEW unit (permit). For each transf	ine was purchase no units purchase	d from the manufacturer between d after September 22, 1993 are al e, please provide the following in	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	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA	= carbon adsorber
[2] gallo	ns (You must fil	_	months?
^	ns (You must fil	this in)	months?
[] gallo	ns (You must fill	this in)	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Unopened store [____] (date of expected opening _____)

3. What is the facility's source classification based or Indicate with an "X". Select one classification of	
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 used 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
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	21111
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log [X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Startup, shutdown, malfunction plan	[]

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

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te 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
L	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	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.
1	ne of responsible official 3/18/09

DEP Form No. 62-213.900(2)

Effective: 2/24/99

OLUANDO, 7c 32803

GENERAL PERMIT SECTION BUREAU OF AIR MONITORING & MORICE SOURCES MS 5510 DEPARTMENT OF ENVIRONMENTAL PROTECTION 2600 BLAIR STONE DO TALLAHASSEE, FL 32399-2400

ORIANDO, FL 32803"

ORLANDO FL 328

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DICKSON E. D'IBBLE, ES TIL FL DEPT OF ENVIRONMENTAL PROT. AIR GENERAL PERMIT PROGRAM 2600 BLAIR STONE Rd TALLAHASSEE, PL 32399-2400