

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 17 2008
Bureau of Air Monitoring
& Mobile Sources

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): <i>Daniel RUEHLMAN</i>
2. Site Name (For example, plant name or number): <i>Four Seasons Dry Cleaners Westgate Shopping Center</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>2785 N. HAWAIIAN Rd</i> City: <i>ORLANDO</i> County: <i>ORANGE</i> Zip Code: <i>32818</i>
5. Facility Identification Number (DEP Use - QMIS - do not fill in): <i>0951246-004</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Daniel RUEHLMAN</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>14 Spanish Oak Lane</i> City: <i>Apopka</i> County: <i>Seminole</i> Zip Code: <i>32703</i>
8. Responsible Official Telephone Number: Telephone: <i>(321) 303-4327</i> Fax: <i>(407) 786-8208</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME AS ABOVE</i>
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")
8/2000	Existing/New	RC/CA/None required	SAME
8/2000	Existing/New	RC/CA/None required	SAME
	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? [1]

How many dryers/reclaimers do you have on-site? [1]

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")
3/2008	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? 6 weeks
 [14] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] 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 _____)

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.

P. Daniel Ruchlman
Print name of responsible official

P. Daniel Ruchlman
Signature

12/9/08
Date

Four Seasons Dry Cleaners
14 Spanish Oak Lane
Apopka, FL 32703

MID FLORIDA P&DC
FL 327
15 DEC 2008 PM 1:1



Dept of Environmental Protection
Attn: General Permits Section
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+6542

