

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

15 2010

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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):	Valencia Cleaners LLC		
2. Site Name (For example, plant name or number):	N/A		
3. Hazardous Waste Generator Identification Number:	SERVICE DOCUMENT CONT# 91107017344 SKDOT# 0014627 DOC# 40248308 GEN 0002-6734-38 EXPIRES 11/07/10 MANF# VALENCIA CLEANER P#0083270-16G 00754 094 ACTUAL WT/GAL		
4. Facility Location:	8175 Valencia College Lane		
Street Address:			
City:	Orlando	County:	Orange
		Zip Code:	32825-3240
Facility Identification Number (DEP 13670) - 0951274-001 0951274-001Z			

Responsible Official

6. Name and Title of Responsible Official:	Name: Ambrose Castellano		Title: owner
7. Responsible Official Mailing Address:	Organization/Firm: Same as above		
	Street Address:		Zip Code:
	City:	County:	
8. Responsible Official Telephone Number:	Telephone: (407) 381-4141		
	Fax: (407) 381-4141		

Facility Contact (If different from Responsible Official)

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

Facility Information

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

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

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")
2001	Existing <input checked="" type="radio"/> New	RC/CA/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?

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 _____)

Economical reasons / doing less dry cleaning

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 0951274

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.

Ambrose Castellano
Print name of responsible official

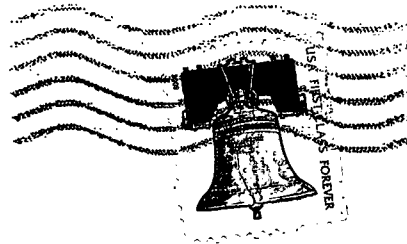
[Signature]
Signature

12/30/2009
Date

VALENCIA CLEANERS
8175 Valencia College Lane
ORLANDO, FL 32825
(407) 381-4141

ORLANDO FL 328

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General Permits Section
Bureau of Air Monitoring and
Mobile Sources, MS 550
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2600 Blair Stone Rd
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