## Perchloroethylene Dry Cleaning Facility Notification

Annual Control of the Control of the

## **Facility Name and Location**

·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  HARVEY C. MANT, INC DBA DELAY SEVANE CLEANERS.  2. Site Name (For example, plant name or number):
A .
Delnay Sovane (leavens.
3. Hazardous Waste Generator Identification Number:
FLD 020-363-362
4. Facility Location: Street Address: 4-751 W. ATLAWTIC Ave
City: De hay beh County: P. B. Zip Code: 33445  5. Facility Identification Number (DEP Use):
5. Facility Identification Number (DEP Use):
0990391
Responsible Official
6. Name and Title of Responsible Official:
HANNEY C. MANT PRESIDENT  7. Responsible Official Mailing Address: Organization/Firm: Street Address:  Street Address:  Asove
7. Responsible Official Mailing Address:
Street Address:  SAME AS ABOVE
City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (561) 498 - 8900 Fax: ( NO) ~ C -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
GANY FRANK. Mgn.
10. Facility Contact Address:
Street Address: 4751 W. ATLANTIC Ave
Street Address: 4751 W. ATLANTIC AND City: Delnay B-h County: P.B Zip Code: 33445
11. Facility Contact Telephone Number: Telephone: (561) 498-8900 Fax: (NUNC)

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Bureau of Air Monitoring & Mobile Sources

## **Facility Information**

Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	<del>                                     </del>			<del></del>					
(1) w/ ref. condenser	41	4.4.91	X			1			T
(2) w/ carbon adsorber	T	1	7.3	1					
(3) w/ no controls									
Washer Unit	T :					<del></del>			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1,1								
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									100
(10) w/ ref. condenser		1	1						
(11) w/carbon adsorber									<del>                                      </del>
(12) w/ no controls	<del> </del>				1				
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control of the contr</li></ul>	are ro	equired to be ity of perchlo ons ow many? [_	oroethylene (	✓ (perc)	_] purchased in				
What is the facility's so (Indicate with an "X".  Existing small are	Selec ea so	t one classifi	cation only.)	)	nitions found		3) of	Part II?	
Existing large are	ea soi	arce [ ]	Ne	ew lai	rge area sour	ce [	1		

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home

(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
(5) A facility which contains non-exempt emissions	units shall not be eligible to use the general permit pursuant
	d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	M/A
Equipment Monitoring a	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	$[\kappa]$
(b) Leak detection inspection and repair	<b>-</b>
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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## Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
LK	No 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 pron	Inputly notify the Department of any changes to the information contained in this notification. $ \frac{8/18/96}{\text{Date}} $					

# 0990391 Delray Square Cleaners spoke with Harvey Mart -9/11/96 Propane - ~900 gal./month x/2 =10,800 gal./yr. PM=43216/yr. NOX=151.2016.lyr. CO=20.52 lb/yr. TOC=5.40lb/yr.

#0990391 Delray Square Cleaners spoke with Harvey Mart -9/11/96-uses approx. 10,800 gal. propane/yr. 1.(a) add date control device installed in place of "X", if 5. Propane boiler - under limits 5.4) required