

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. completed form to the address listed in the instructions and keep a copy of the form for your files.

	ame and Location
1. Facili	ty Owner/Company Name (Name of corporation, agency, or individual owner):
	LEBRITY CLEANERS OF DELRAY BEACH, INC.
	ame (For example, plant name or number):
	ELEBRITY CLEANERS
3. Hazar	dous Waste Generator Identification Number:
	112099
4. Facili Street	Address: 4751 W. ATLANTIC AVE
City:	DELLAY BEACH County: PALM BEACH Zip Code: 33445
5. Facili	y Identification Number (DEP Use ONLY - do not fill in):
	y Identification Number (DEP Use UNLY - do not hit in): 3990391-00
	ole Official
6. Name	and Title of Responsible Official:
	IEFFREY CAHN Title: PRESIDENT
	nsible Official Mailing Address:
Organ	ization/Firm:
City:	Address: 957 GREENSWARD LANE DELRAY BEACH County: PALM BEACH Zip Code: 33445
	DELRAY BEACH County: PALY BEACH Zip Code: 33445
	nsible Official Telephone Number:
Telep	none: (561)498-8900 Fax: (561)498-3291
Facility C	ontact (If different from Responsible Official)
	and Title of Facility Contact (For example, plant manager):
7	EFFREY CAHIN Mevi9228@aol.com
10. Facilit	y Contact Address:
Street	Address: 957 GREENSWARD LAINE
	DELRAY BEACH County: PALM BEACH Zip Code: 33445
	y Contact Telephone Number:
Telepl	ione: \$61 865-0030 Fax: \$61 498-3291

DEP Form No. 62-213.900(2)

Facility Information

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

low	many dr	y-to-dry	y machine	es do y	ou hav	e on-site?	[Ö	2
					_		 _	_	_

For each	ı dry-to-dr	y machine on	-site, plea	ase provide	the fol	llowing in	formation
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For each dry-to-dry mach	ille ou-site, picas	e provide the following informati	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")
Aug. 2005 Aug. 2005	Existin	RC/CA/None required	
AU6 2005	Existing/No	RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?	[]	
How many dryers/reclaim	ers do you have o	on-site? []	,
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	I from the manufacturer between	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 KI	EY: RC = r	efrigerated condenser CA	= carbon adsorber
	oethylene (perc) as (You must fill	have you used within the last 12 this in)	months?
(b) If less than 12 mon	ths, how many?] months	
Check why it is les	s than 12 months	: New owner: [] Did not ke	ep records: []
•		New store: [] New machi	
			f expected opening)
		(auto o	

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	lity's source classificat an "X". Select one cla			itions found in se	ection (3)	of Part II?	
Small Are	ea Source	(X)					
7	Ory-to-dry machines or Fransfer only on-site Both machine types on		(used less	s than 140 gallon s than 200 gallon s than 140 gallon	s of perc j	per year)	
Large Are	ea Source	[]					
٦	Dry-to-dry machines or Fransfer only on-site Both machine types on	·	(used 200) - 2,100 gallons) - 1,800 gallons) - 1,800 gallons	of perc pe	r year)	
4. What control ted (Indicate with a	chnology is required or an "X".)	n machines	pursuant to	o section (5) of P	art II of th	his notification form?	
	nachines at small area EQUIRED) [source]	<u>]</u>	New machines at Refrigerated cond	small are denser	a sburce	
Carbon ac	nachines at large area Isorber [ted condenser [source]]		New machines at Refrigerated cond		<u>a source</u> []	
Rule 62-213.300, I	h contains non-exempt F.A.C. Verify that all or or that no such units e	steam and h	not water g	enerating units o	n-site med		
All steam and hot No such units on-s	water generating units ite	exempt		OR			
How many boilers	do you have on-site?						
For each boiler, inc	dicate its horsepower (HP) rating:	[20][_][]			
What type of fuel d	Ĺ] propane] No. 2 fuel] No. 6 fuel		natural ga No. 4 fuel Other (ple	oil		
6. Equipment Mon	itoring and Recordkee	ping Inform	nation				
Check all logs which	ch are required to be k	ept on-site	in accorda	nce with the requ	irements	of this general permit:	
(a) Purchase receip	(a) Purchase receipts and solvent purchases/solvent addition log						
(b) Leak detection	(b) Leak detection inspection and repair						
(c) Refrigerated co	ndenser temperature m	onitoring					
(d) Carbon adsorbe	(d) Carbon adsorber exhaust perc concentration monitoring						
e) Startup, shutdown, malfunction plan							

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

RECEIVED

ADDENOUM TO ORIGINAL APPLICATION

DATED OUT 27, 2008

OCT 3 4 2008

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Sureau 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
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
CELEBRITY CLEANERS OF DELFREDERCH, IVE
2. Site Name (For example, plant name or number):
CELEBRITY CLEARERS
3. Hazardous Waste Generator Identification Number:
112099
4. Facility Location: Street Address: 4751 W. ATLANTIC AYE
City: DELLAY BEACH County: PALM DEACH Zip Code: 33445
5. Facility Identification Number (DEP Use ONLY - do not fill in): 3990391-00
<i>0470371-00</i>
Responsible Official
6. Name and Title of Responsible Official:
6. Name and Title of Responsible Official: Name: JEFFEEY CAHN Title: PAESIDE AIT
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 957 GPEENSWARD LANE City: DELRAY BEACH County: PALM BEACH Zip Code: 33445
City: DELRAY BEACH County: PALM BEACH Zip Code: 33445
8. Responsible Official Telephone Number:
Telephone: (561)478-8900 Fax: (561)478-3291
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
JEFFREY CAHIN MCV9228 @aol.com
10. Facility Contact Address:
Street Address: 957 GREENSWARD LAINE
City: DELRAY CERCH County: PILLM BEACH. Zip Code: 33445
11. Facility Contact Telephone Number:
Telephone: 52/365-0230 Fax: 56/498-329/
·

DEP Form No. 62-213.900(2)

Facility Information

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

How many dry-to-dry m	achines do you ha	ive on-site?	
For each dry-to-dry mad	hiuc on-site, plca	se provide the following information	n:
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")
Aug. 2005 Aug. 2005	ExistingN	cuy RC/CA/None required	
Aut 2005	Existing	ew RC/QA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	ŒY: RC=1	refrigerated condenser CA =	carbon adsorber
L(b) TRANSFER MAC	CHINES ONLY		
How many washers do ye	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 (a	ine was purchased no units purchased		
From Manufacturer	(circle one)	(circle one)	(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 KI	EY; RC = re	efrigerated condenser CA = c	arbon adsorber
	oethylene (perc) l	nave you used within the last 12 mo	onths?
(b) If less than 12 mon	ths, how many? [] months	
Check why it is less	s tiran 12 months:	New owner: [] Did not keep	records: []
		New store: [] New machine	[]
		Unopened store [] (date of ex	pected opening)
NED Form No. 42-213 0/V	∿ 2\	15	

What is the facility's source classification I Indicate with an "X". Select one classification	pased on the definitions found in section (3) of Part II?
Small Area Source	X _1
Dry-to-dry machines only of Transfer only on-site Both machine types on-site	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 Arca Source []
Dry-to-dry machines only o Transfer only on-site Both machine types on-site	n-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 ma (Indicate with an "X".)	chines pursuant to section (5) of Part II of this notification form?
Existing machines at small area sour (NONE REQUIRED)	Refrigerated condenser [[]
Existing machines at large area source Carbon adsorber [] Refrigerated condenser []	New machines at large area source Refrigerated condenser []
How many boilers do you have on-site?	<u> </u>
For each boiler, indicate its horsepower (HP) t	ating: [26.] [] []
	pane [X] natural gas 2 fuel oil [] No. 4 fuel oil 6 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept or	n-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/sol	
(b) Leak detection inspection and repair	[عظر]
(c) Refrigerated condenser temperature monito	-
(d) Carbon adsorber exhaust perc concentration	n monitoring [<u>×</u>]
(e) Startup, shutdown, malfunction plan	<u>[\times_1]</u> .

DEP Form No. 62-213.900(2)

7. Surrender	of Existing DEP Air Permit(s)	
Please indica	te with an "X" the appropriate selection:	
ιχ	I hereby surrender all existing DEP air p this notification form; the permit number	permits authorizing operation of the facility indicated in er(s) are
L]	No DEP air permits currently exist for the form.	ne operation of the facility indicated in this notification
Responsible	Official Certification	
this notif statemen maintain	ication. I hereby certify, based on informa is made in this notification are true, accur the air pollutant emissions units and air p	efined in Part II of this form, of the facility addressed in tion and belief formed after reasonable inquiry, that the ate and complete. Further, I agree to operate and ollution control equipment described above so as to I permit as set forth in Part II of this notification form.
VE	FREY CAHN	es to the information contained in this notification.
Print nam	ne of responsible official	•
		3 Jan 1945
Signature	Y Company	Date

CELEBRITY CLEANERS 4751 W. Atlantic Avenue Delray Beach, FL 33445



United States Postal Service REGISTERED MAIL



RB 897 808 041 US

FLORIDA DEP General Permits Section

Bureau of Air Montoeing + Mobile Sancès 2600 Blair Stone Rd, MS#5510 Tallahassee, FL 32399-2400