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): COMMENCE CLEANCES (ALLA COP) 2. Site Name (For example, plant name or number): Site Name (For example, plant name or number): Site Name (For example, plant name or number): A Facility Location: Site Name (For example, plant name or number): A Facility Location: Site Address: County: A Facility Location: Site Address: County: B C Zip Code: 33+58 Responsible Official Mailing Address: Organization/Firm: SSSS Roo NELLY Fax: (SSI) 743 - 63 (O Facility Contact (If different from Responsible Official) Realthy Contact (If different from Responsible Official) Name and Title of Residity Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facility Contact (For example): B Name and Title of Facilit		
3. Hazardous Waste Generator Identification Number: WP-92-104 EKM five 430-30-2199-010 4. Facility Location: 880, Topiton Park DR (Suine 1-2) Street Address: City: Jupine County: PBC Zip Code: 33458 5. Facility Identification Number (DEP Use ONLY do not fill in) Mame: Bipin Park Title: Paul Devt 7. Responsible Official Mailing Address: Organization/Firm: 5551 Roo Key Phace Street Address: City: Jupine County: PBC Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (56) 143-7582 Fax: (56) 1743-6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Bipine Park DR Street Address: 880 Jupine Park DR Street Address: Syoj Zip Code: 33458	PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM Part III. Notification of Intent to Use General Permit	Pr
3. Hazardous Waste Generator Identification Number: WP-92-104 ERM FILE 4-30-30-2199-010 4. Facility Location: 880, TSPITCH PARK DR (SUINE 1-2) Street Address: City: JSPITCH County: PBC Zip Code: 33458 5. Facility Identification Number (DEP Use ONLY do not fill in) Responsible Official 6. Name and Title of Responsible Official: Name: BIPIN PARE Title: PACIDENT 7. Responsible Official Mailing Address: Organization/Firm: 5551 Roo WEMP PLACE Street Address: City: JSPITCH County: PBC Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (54) 143-7582 Fax: (56) 1743-6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): BIPIN PARE 10. Facility Contact Address: 880 JSPITCH PARK DR Street Address: System PBC Zip Code: 33458	completed form to the address listed in the instructions and keep a copy of the form for your files.	
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4. Facility Location: \$80, TIPLER PARK DR (SUINE 1-2) Street Address: City: Jupiner County: P.B.C. Zip Code: 33458 5. Facility Identification Number (DEP Use ONLY: do not fill in) 9990480-003 Responsible Official 6. Name and Title of Responsible Official: Name: Bipin Papel Title: President 7. Responsible Official Mailing Address: Organization/Firm: 5551 Roo Nery Place Street Address: City: Jupiner County: P.B.C. Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (56) 143- 7582 Fax: (56) 1743- 6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Bipin Papel 10. Facility Contact Address: 8801 Jupiner Papel Street Address: City: Tupiner County: P.B.C. Zip Code: 33458	2. Site Name (For example, plant name or number): 60 mm ERCE CUMWERS 880, JUPITER PARK DR TUPITER FR. 33458	
4. Facility Location: \$80, TIPLER PARK DR (SUINE 1-2) Street Address: City: Jupiner County: P.B.C. Zip Code: 33458 5. Facility Identification Number (DEP Use ONLY: do not fill in) 9990480-003 Responsible Official 6. Name and Title of Responsible Official: Name: Bipin Papel Title: President 7. Responsible Official Mailing Address: Organization/Firm: 5551 Roo Nery Place Street Address: City: Jupiner County: P.B.C. Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (56) 143- 7582 Fax: (56) 1743- 6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Bipin Papel 10. Facility Contact Address: 8801 Jupiner Papel Street Address: City: Tupiner County: P.B.C. Zip Code: 33458	3. Hazardous Waste Generator Identification Number: WP-92-104 ERM FIVE \$ 4-30-30-2199-	010
S. Facility Identification Number (DEP Use ONEY do not fill in) Responsible Official 6. Name and Title of Responsible Official: Name: BIPIN PAPEL 7. Responsible Official Mailing Address: Organization/Firm: 5551 Roo New Phase Street Address: City: JUPINN County: P.B.C. Fax: (561)743 - 6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): BIPIN PARC Street Address: Street Address: Street Address: County: P.B.C. Zip Code: 33458 County: PARC Street Address: Street Address: County: P.B.C. Zip Code: 33458		
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Responsible Official 6. Name and Title of Responsible Official: Name: Bipin papel Title: Pacific Title: Pacifi	City: Jupinen County: P.BC Zip Code: 33458	
6. Name and Title of Responsible Official: Name: BIPIN PAREL 7. Responsible Official Mailing Address: Organization/Firm: 5551 Roo Kerry Street Address: City: JUPIN County: P.B.a Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (561) 143- 7582 Fax: (561) 143- 6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): BIPINE PAREL 10. Facility Contact Address: 8801 JUPUTER PAREL Street Address: City: County: P.B. C Zip Code: 33458	5. Facility Identification Number (DEP Use ONLY -do not fill in) 0990480-003	
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7. Responsible Official Mailing Address: Organization/Firm: 555 Roo Welly Phase Street Address: City: Jupinal County: P.B.a Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (56) 743-7582 Fax: (56) 743-6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Bila Para 10. Facility Contact Address: 880 Jupinal Para Or Street Address: City: Jupinal County: P.B.C Zip Code: 33458	6. Name and Title of Responsible Official:	
Organization/Firm: 5551 ROO KERY PLACE Street Address: City: JUPINA County: P.B.A Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (56) 143- 7582 Fax: (56) 1743- 6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): BIRA PARA 10. Facility Contact Address: 8801 JUPUTER PARA OR Street Address: City: TUPITER County: P.B.C Zip Code: 33458	Name: BiPIN PAREL Title: PROIDENT	
City: Jupina County: P.B.a Zip Code: 33458 8. Responsible Official Telephone Number: Telephone: (56) 143- 7582 Fax: (56) 143- 6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Bila Para 10. Facility Contact Address: 880, Jupina Para Dr Street Address: City: Tupina County: P.B.c Zip Code: 33458	Organization/Firm: 5551 ROOKERY PLACE	
Telephone: (561) 743- 7582 Fax: (561) 743- 6360 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): BIRL PARE 10. Facility Contact Address: \$80, JUPUTER PARK OR Street Address: City: TUPITER County: P.B. C Zip Code: 3345P		
9. Name and Title of Facility Contact (For example, plant manager): BILLY PATEL 10. Facility Contact Address: 880, JUPUTTER PARK OR Street Address: City: TUPLTER County: P.B. C Zip Code: 3345P		
BIRIN PATEL 10. Facility Contact Address: 880, JUPUITER PARK OR Street Address: City: TUPITER County: P.B.C Zip Code: 3345P		
10. Facility Contact Address: 880, JUPUITER PARK OR Street Address: City: TUPITER County: P.B.C Zip Code: 3345P	Facility Contact (If different from Responsible Official)	
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11. Facility Contact Telephone Number:	Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: 880, J.P. I.F. PARK DR Street Address:	
Telephone: (56) 743 7 782 Fax: (56) 743 6360	Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: 880, J.P. I.F. PARK DR Street Address:	

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

JEFF DIUK DOH (561) 355-3070 XT. 1145

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:						
Dec 1995	Existing (New	RC/CA/None required	SAME			
	Existing/Nev	w RC/CA/None required	·			
	Existing/Nev	w RC/CA/None required				
*CONTROL DEVICE R	KEY: RC → ref	frigerated condenser CA	= carbon adsorber			
1.(b) TRANSFER MAC	CHINES ONLY					
How many washers do y	ou have on-site?	Nong				
How many dryers/reclain	mers do you have or		العرب الموادية المراجعة المرا			
unit. If the transfer macl 1993, it is a NEW unit (permit). For each trans Date Initially Purchased	hine was purchased no units purchased fer machine on-site, Status	from the manufacturer between after September 22, 1993 are all please provide the following in: Control Device Required*	Date Control Device Installed			
From Manufacturer	(circle one)	(circle one)	(if already included at time of purchase, write "SAME")			
•	Existing	RC/CA/None required				
	(Existin)	RC/CA/None required				
	Existing/New	RC/CA/None required				
*CONTROL DEVICE K	KEY: RC = ref	rigerated condenser CA =	carbon adsorber			
•		ave you used within the last 12 r	nonths?			
[128] gallo	ons (You must fill the	his in)				
(b) If less than 12 mo	onths, how many? [_] months				
Check why it is le		New owner: Did not kee				
		New store: [] New machin				
		Unopened store [] (date of	expected opening)			

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3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)						
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 pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser [X]					
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 units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached 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? [2]						
For each boiler, indicate its horsepower (HP) rating: $[25][50]$						
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	*					
6. Equipment Monitoring and Recordkeeping Inform	ation					
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/solvent addition log						
(b) Leak detection inspection and repair	\sim					
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Startup, shutdown, malfunction plan						

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7	. Surrender o	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.			
_1	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 fication. 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.			
	I will promptly notify the Department of any changes to the information contained in this notification.				
	Print nam	1340 PENDLA PARE ne of responsible official			
	Signature	Date 11709			

Commerce %4

Dry Cleaners 880 Jupiter Park Drive #1 Jupiter, Florida 33458



GENERAL PERMIT SECTION

BULEAU OF AIR MONITORING & MOBILE POURCE

MS.5000

Dert of Environmental Protection

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