

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.

Fac	cility Name and Location				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Foodway Marker of Lake Alfred Dre				
2.	Site Name (For example, plant name or number):				
	Trinon- Tidy Clearus				
3.	Hazardous Waste Generator Identification Number:				
	1050288				
4.	Facility Location: 225 West Highland Brive Street Address:				
	City: Lakeland County: POIK PIZip Code: 33813				
35.0	Facility Identification Number (DEP Use: ONLY = do not fill; in): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7			
Res	sponsible Official				
	Name and Title of Responsible Official:				
Nar	Responsible Official Mailing Address: Organization/Firm: Street Address: Organization/Firm: Owner/Pres. 1 Owner/Pres. 1	A			
7.	Responsible Official Mailing Address:				
	Organization/Firm: 25 Wast Highland DR				
	Street Address: City: Alcala County: PolkZip Code: 33813				
8.	Responsible Official Telephone Number:				
	Telephone: (\$63) 644 5481 Fax: () -				
Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):				
	Ross				
10.	Facility Contact Address: 225 West Highland Dr	:			
	Street Address:				
	City: Lakelul County: F1 3 Zip Code: 338/3				
11.	Facility Contact Telephone Number:				
	Telephone: (863)644548/ Fax: () -				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:
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/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: $RO = r$	efrigerated condenser $\overrightarrow{Q}A =$	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased to units purchased	I from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	
$\alpha \alpha$	roethylene (perc) ns (You must fill	have you used within the last 12 n	carbon adsorber nonths?
		:: New owner: [] Did not kee	p records: []
		New store: [] New machine	
		Unopened store [] (date of e	expected opening)

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3. \	3. What is the facility's source classification based on the definitions for Indicate with an "X". Select one classification only.)			
	Small Area Source			
	Transfer only on-site (used less than 200	gallons of perc per year) gallons of perc per year) gallons of perc per year)		
	Large Area Source			
	Transfer only on-site (used 200 - 1,800)	gallons of perc per year) gallons of perc per year) gallons of perc per year)		
	4. What control technology is required on machines pursuant to section (Indicate with an "X".)	(5) of Part II of this notification form?		
		hines at small area source ted condenser		
		hines at large area source ted condenser []		
Ru	5. A facility which contains non-exempt emissions units shall not be elected Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site (see attached memory).	units on-site meet the following		
	All steam and hot water generating units exempt OR No such units on-site			
Ho	How many boilers do you have on-site?			
For	For each boiler, indicate its horsepower (HP) rating:			
Wh	No. 2 fuel oil No. 2 fuel oil	tural gas b. 4 fuel oil her (please list)		
6. I	6. Equipment Monitoring and Recordkeeping Information			
Ch	Check all logs which are required to be kept on-site in accordance with	the requirements of this general permit:		
(a)	(a) Purchase receipts and solvent purchases/solvent addition log	<u></u>		
(b)	(b) Leak detection inspection and repair			
(c)	(c) Refrigerated condenser temperature monitoring			
(d)	(d) Carbon adsorber exhaust perc concentration monitoring	<u></u>		
(e)	(e) Startup, shutdown, malfunction plan			

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riease 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 O	fficial 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. Signature Date				

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Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Michael W. Sole Secretary

Jeff Kottkamp Lt. Governor

February 18, 2008

Ms. Rajendra Dyanand Trim & Tidy Cleaners 225 West Highland Drive Lakeland, Florida 33813

Re: Facility No.: 1050288

Dear Ms. Dyanand:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#4578) dated February 14 in the amount of \$100 for payment of your annual operations General Permit fee.

We appreciate your submittal. However, Rule 62-213.300, Florida Administrative Code (F.A.C.), provides that the owner or operator of a facility must, upon <u>written</u> notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. Since you were not sent an invoice, your check is being returned to you.

If you have any questions, please call me at 850/921-9513.

Sincerely,

Cecily Tart

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Air General Permit Program
Bureau of Air Monitoring

and Mobile Sources

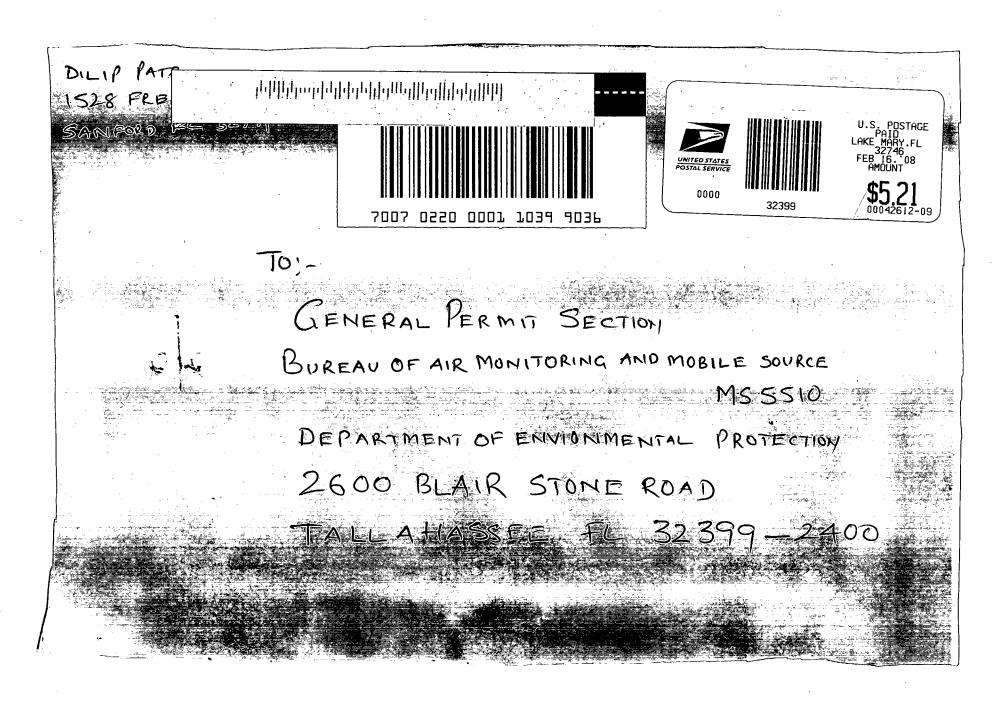
FOODWAY MARKET OF LAKE ALFRED
DBA TRIM AND TIDY
225 W. HIGHLAND DR.
LAKELAND, FL 33813-1542

PAY
TO THE
ORDER OF

Bank of America

ACH R/T 063100277

ACH R/T 063100277



TRIM ... CEANERS 225 W. HIGHLAND DRIVE LAKELAND, FL 33813 LAKELAND EL 338 NUMESTA DEND.

General Permit Section

Bureau of Air Monitoring

Dept. of Emurroneiral Protection

Dept. of Blair Stone Rd

2600 Blair 32399-2400

TRIM 'N TIDY CLEANERS 225 W. HIGHLAND DRIVE WELAND, FL 33813

Florida Dept of EPA

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