

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL 28 2008

RECEIVED

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): William N & Queen L. Chamberlain
2. Site Name (For example, plant name or number): Tender Touch Dry Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1515 - 1 ST S.W. City: WINTER HAVEN County: POLK Zip Code: 33881
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1050310-003

Responsible Official

6. Name and Title of Responsible Official: Name: William & Queen Chamberlain Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 1515 - 1 ST ST. N. City: Winter Haven County: Polk Zip Code: 33881
8. Responsible Official Telephone Number: Telephone: (863) 299-6191 Fax: () -

Facility Contact (If different from Responsible Official)

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

SEE ATTACHED
E-MAILS DATED
8/12/08 AS AN
ADDENDUM TO THIS
APPLICATION. D.G.

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")
_____	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

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 _____)

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 (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring 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/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

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 _____
- 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.

William N. Chamberlain
Print name of responsible official

Will N. Chamberlain
Signature

7/1/08
Date

1 Order / such Dry Cleaners
1515 - 1st St. N.
Winter Haven, FL. 33881



General Permit Section
Bureau of Air Monitoring &
Mobile Source, MS 5518
Dept. of Environmental Protection
2600 B/Kir Stone Rd.
Tallahassee, FL. 32399-2480

Dibble, Dickson

From: William Chamberlain [wncham@msn.com]

Sent: Tuesday, August 12, 2008 1:27 PM

To: Dibble, Dickson

Subject: Dry Cleaning Machine

Manufactured Date: 7/27/1989--existing

Bill Chamberlain

Dibble, Dickson

From: William Chamberlain [wncham@msn.com]
Sent: Tuesday, August 12, 2008 3:49 PM
To: Dibble, Dickson
Subject: Re: Dry Cleaning Machine

Refrigerated Condenser!

----- Original Message -----

From: Dibble, Dickson
To: William Chamberlain
Cc: Bowman, Sandy
Sent: 08/12/2008 1:54 PM
Subject: RE: Dry Cleaning Machine

Mr. Chamberlain,

Thank you for supplying the manufacture date of your machine and the fact that it is classified by rule as an "EXISTING" unit.

The remaining part of the same question 1.(a) speaks to Control Device Requirements and asks you to circle the following that apply - **RC/CA/None Required**, where

RC = Refrigerated Condenser
CA = Carbon Absorber or
None Required.

Please let me know what you have, so I can complete this process.

Thank you, and have a great day!

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 Tel. (850) 921-9586
 FAX (850) 922-6979
 ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

From: William Chamberlain [mailto:wncam@msn.com]

Sent: Tuesday, August 12, 2008 1:27 PM

To: Dibble, Dickson

Subject: Dry Cleaning Machine

Manufactured Date: 7/27/1989--existing

Bill Chamberlain