

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

MAR 25 2011

Part III. Notification of Intent to Use General Permit **Bureau of Air Monitoring & Mobile Sources**

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):	LOOK OF CLASS CLEANERS
2. Site Name (For example, plant name or number):	LOOK OF CLASS CLEANERS
3. Hazardous Waste Generator Identification Number:	1110082
4. Facility Location: Street Address: City: Ft Pierce County: ST LUCIE Zip Code: 34950	129 N 5TH STREET
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1110082-004

Responsible Official

6. Name and Title of Responsible Official: Name: Robert Gordon Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 129 N 5TH STREET City: Ft Pierce County: ST LUCIE Zip Code: 34950
8. Responsible Official Telephone Number: Telephone: (772) 461-4707 Fax: (772) 489-5573

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: () -

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")
<u>2003</u>	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input checked="" type="radio"/> CA/ <input checked="" type="radio"/> None required	<u>SAME</u>
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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 _____)

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.

ROBERT GORDON

Print name of responsible official

Robert Gordon

Signature

3-21-11

Date



IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

RECEIVED

MAR 25 2011

Bureau of Air Monitoring
& Mobile Sources

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400



I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.



My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.

~~Book of Air Cleaners~~

129 N 5TH STREET

FL 34950

MAY 23 201

BE



AIR CLEANER PERMIT # 20982

Bureau of Air Monitoring & Mobile Sources,
Dept of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

323992400
Tallahassee, FL 32399-2400