CACL VERIFIED BY DOWNER TICE,
WE DRY CLEANER
WE DRY CLEANER

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

Facility Owner/Company Name (Name of corporation, agency, or individual owner):

QUALITY Cleaners / Geeg JOHNSON	
2. Site Name (For example, plant name or number):	$\neg$
	1
3. Hazardous Waste Generator Identification Number:	$\dashv$
FLD 98424 9680	İ
4. Facility Location: Street Address: 11 N E 23 R D AVE	$\neg$
City: Gainesville County: ALACHVA Zip Code: 32609	
Saines ville county. ACA CT Zip could. 12001	
5. Facility Identification Number (DEP Use ONLY-do not fill in):	
Responsible Official	
6. Name and Title of Responsible Official:	.
Name: Rofael Castillo Title: PLANT MANAGER	
7. Responsible Official Mailing Address:	ヿ
Organization/Firm:	
Organization/Firm: Street Address: 11 NE 23 RD AVE	ļ
City: Gainesville County: ALACHUA Zip Code: 32609	
8. Responsible Official Telephone Number:	$\neg$
Telephone: (352)379-5600 Fax: (352)379-5550	1
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	1
Same	
10. Facility Contact Address:	
Street Address:	ĺ
City: County: Zip Code:	
	_
11. Facility Contact Telephone Number:	1
Telephone: ( ) - Fax: ( ) -	

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**Facility Name and Location** 

#### **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Shopster 380 96- MULTIMATIC Existing/New (RC)CA/None required 99 - MULTIMATIC LYD Existing/New (RC)CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber1.(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 Status Control Device Required\* Date Control Device Installed 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 KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [725] 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 \_\_\_\_\_

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3. What is the facilit	ty's source classific n "X". Select one c			nitions found in se	ection (3) o	of Part II?	
Small Area	Source						
Tr	ry-to-dry machines ransfer only on-site oth machine types	•	(used le	ss than 140 gallon ss than 200 gallon ss than 140 gallon	s of perc p	er year)	
Large Area	Source						
Tr	ry-to-dry machines ransfer only on-site oth machine types	•	(used 20	10 - 2,100 gallons 00 - 1,800 gallons 10 - 1,800 gallons	of perc per	year)	
4. What control tech (Indicate with an		on machines	pursuant	to section (5) of P	art II of th	is notification form?	
Existing machine (NONE RE	achines at small ar EQUIRED) [_	ea source		New machines at Refrigerated cond		a source	
Carbon ads	achines at large ar sorber ed condenser	ea source		New machines at Refrigerated cond		source	
5. A facility which Rule 62-213.300, F. exemption criteria o	A.C. Verify that a	ill steam and h	ot water	generating units o	n-site mee	eneral permit pursuant t the following	to
All steam and hot w No such units on-sit		its exempt	LX)	OR			
How many boilers d	o you have on-site	? [2]					
For each boiler, indi	icate its horsepowe	er (HP) rating:	[15]	25			
What type of fuel do	you use? [_	] propane ] No. 2 fue ] No. 6 fue			oil		
6. Equipment Monit	toring and Record	eeping Inform	nation				
Check all logs which	h are required to b	e kept on-site	in accord	ance with the requ	uirements o	of this general permit:	
(a) Purchase receipts	s and solvent purcl	nases/solvent a	addition l	og	נאַן		
(b) Leak detection in	nspection and repa	ir					
(c) Refrigerated con-	denser temperature	e monitoring			للاــا		
(d) Carbon adsorber	exhaust perc cond	entration mon	nitoring				
(e) Startup, shutdov	vn, malfunction pl	an					

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7. Surrender	of Existing DEP Air Permit(s)		
Please indica	te with an "X" the appropriate selection:		
	I hereby surrender all existing DEP air per this notification form; the permit number(s	mits authorizing operation of the facility indiss) are	cated in
	No DEP air permits currently exist for the form.	operation of the facility indicated in this noti	fication
Responsible	Official Certification		
this notif statemen maintain comply v	dersigned, am the responsible official, as defi fication. I hereby certify, based on information ts made in this notification are true, accurate the air pollutant emissions units and air poll with all terms and conditions of this general promptly notify the Department of any changes	on and belief formed after reasonable inquiry e and complete. Further, I agree to operate a lution control equipment described above so permit as set forth in Part II of this notificatio	v, that the and as to on form.
RA	FAER CASALLS	io inc ingermaner comanica in one mengeral	
Print nan	ne of responsible official		•
	sif	11-9-06	_
Signatur	ę/	Date	

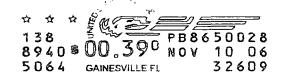
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## Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ıΔ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	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 us 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 pro	omptly notify the Department of any changes to the information contained in this notification.

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Air General Permits Section Bureau of Air Monitoring, MS 5510 Dept. of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400