## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



## Part III. Notification of Intent to Use General Permigureau 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 <i>CD</i>	· · · · · · · · · · · · · · · · · · ·
1. Facility Owner/Company Name (Name of corporation, agency, or	individual owner):
Michael W. VOLK	
2. Site Name (For example, plant name or number):	
ATLANTIC DRY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 1024 HWY AIA, STE. 14	8
City: SAtellite BEACh County: BREVA	Rd Zip Code: 32937
5. Facility Identification Number (DEP Use ONLY do not fill in):	
0090167	-003
Responsible Official MS.  6. Name and Title of Responsible Official: Punman Matta	
Name: MichAEL W. VOLK Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: ATLAUTIC DRY CLE Street Address: 1024N HWY AIA, STE 148	HNERS
7. Responsible Official Mailing Address: Organization/Firm: ATLAUTIC DRY CLET Street Address: 1024N HWY AIA, STE 148 City: Satellite BEARounty: BREVARD	2 Zip Code: 32937
8. Responsible Official Telephone Number:	Zip Code: 32937
8. Responsible Official Telephone Number:	Zip Code: 32937
8. Responsible Official Telephone Number: Telephone: (321) 773-3388 Fax:	Zip Code: 32937
8. Responsible Official Telephone Number:	Zip Code: 32937
8. Responsible Official Telephone Number: Telephone: (321) 773-3388 Fax:  Facility Contact (If different from Responsible Official)	Zip Code: 32937
8. Responsible Official Telephone Number: Telephone: (321) 773-3388 Fax:  Facility Contact (If different from Responsible Official)	Zip Code: 32937
8. Responsible Official Telephone Number: Telephone: (321) 773-3388 Fax:  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address:	Zip Code: 32937
8. Responsible Official Telephone Number: Telephone: (321) 773-3388 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:	Zip Code: 32937 ( ) -
8. Responsible Official Telephone Number: Telephone: (321) 773-3388 Fax:  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address:	Zip Code: 32937
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

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## **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 Control Device Required\* Date Control Device Installed Status 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 RC = refrigerated condenser CA = carbon adsorber \*CONTROL DEVICE KEY: 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 Control Device Installed Date Initially Purchased Control Device Required\* Status 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 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: [ 6 Did not keep records: [ New store: New machine Unopened store [ ] (date of expected opening

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<ol><li>What is the facility's source classification based Indicate with an "X". Select one classification</li></ol>	
Small Area Source [X]	
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 machine (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser  []	New machines at large area source Refrigerated condenser []
	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following exemptioned memo for the criteria).
All steam and hot water generating units exempt No such units on-site	[X] OR
How many boilers do you have on-site?	]
For each boiler, indicate its horsepower (HP) rating	;: <u>[1</u> 5]
What type of fuel do you use? [] propane [] No. 2 fu [] No. 6 fu	el oil No. 4 fuel oil
6. Equipment Monitoring and Recordkeeping Inform	mation
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	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration more	nitoring []
(e) Startup, shutdown, malfunction plan	

7. Surrender o	f 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
Responsible (	No DEP air permits currently exist for the operation of the facility indicated in this notification form.  Present Permits MS#5510, MC Acct#5521  Official Certification
icsponsible C	Ametal Col ancation
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
_	nptly notify the Department of any changes to the information contained in this notification.
	CHAEL W. VOLK c of responsible official
Signature	Just W. Wh. 1/21/04