PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

CTC 1 4 2009

Bureau of All Monitoring & Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Prior to filling out this form, please read the instructions provided at the end of the form. Send

Fac	cility Name and Location
١.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	544 CO-P OF WPB INC
2.	Site Name (For example, plant name or number):
	CRAFT MASTER CLEANERS.
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: OAKLAND PARK FL
	Street Address: 1737 - East Commercial Blud - City: BALLAND FAIL County: FORLAND LL Zip Code: 33334 -
	City. BAKLAND PAAC COUNTY. FEATLANDILL ZIP COURS. 3334-
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	0112408-00
	sponsible Official
	Name and Title of Responsible Official: me: Title: Clungs
Nai	me: Hamis BHATTE TITLE: OWNER.
7.	,
	Organization/Firm: Street Address: 1659 - Wale-bend Ct
	and the second
	West Palm Beach
8.	
	Telephone: $(954)772-8300$ Fax: $(954)772-8300$
	cility 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: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

1.(a) DRY-TO-DRY MA	ACHINES ONLY	Ţ.	•
How many dry-to-dry mad	chines do you have	e on-site?	
For each dry-to-dry machi	ne on-site, please	provide the following information	ı:
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")
1999 Stiner Attantio	Existing/New	w RC/CA/None required	
1993 Skiner Atlanti	Existing/Nev	w RC/CA/None required	·
	Existing/Nev	w RC/CA/None required	
CONTROL DEVICE KI	EY: RC = re	efrigerated condenser CA =	carbon adsorber
.(b) TRANSFER MAC	HINES ONLY		_
low many washers do yo	u have on-site?		•
init. If the transfer machin	ie was nurchased	trom tha moniitactiirar hatuiaan 1 k	
permit). For each transfe Date Initially Purchased	units purchased	after September 22, 1993 are allow please provide the following information Control Device Required* (circle one)	
permit). For each transfe Date Initially Purchased	o units purchased r machine on-site, Status	after September 22, 1993 are allow please provide the following info	wed to operate under this general rmation: Date Control Device Installed (if already included at time of
permit). For each transfe Date Initially Purchased	o units purchased r machine on-site, Status (circle one)	after September 22, 1993 are allow please provide the following information Control Device Required* (circle one)	wed to operate under this general rmation: Date Control Device Installed (if already included at time of
	o units purchased r machine on-site, Status (circle one) Existing/New	after September 22, 1993 are allow please provide the following information Control Device Required* (circle one) RC/CA/None required	wed to operate under this general rmation: Date Control Device Installed (if already included at time of
Permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [140] gallor (b) If less than 12 mon	o units purchased or machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allow please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = nave you used within the last 12 methis in)	wed to operate under this general rmation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
Permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor []40] gallor (b) If less than 12 mon	o units purchased or machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allow please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = nave you used within the last 12 methis in)	wed to operate under this general rmation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?

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3. What is the facility's source classification based on Indicate with an "X". Select one classification o						
Small Area Source						
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 less than 140 gallons of perc per year) According					
(Indicate with an "X".)	sursuant to section (5) of 1 art 11,01 and notification form.					
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser [X]					
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser					
	nits shall not be eligible to use the general permit pursuant to be water generating units on-site meet the following exemption d memo for the criteria).					
All steam and hot water generating units exempt No such units on-site	OR					
How many boilers do you have on-site? [2]						
For each boiler, indicate its horsepower (HP) rating:	30 15					
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel						
6. Equipment Monitoring and Recordkeeping Information	ation					
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases/solvent a	ddition log [X]					
(b) Leak detection inspection and repair	[*_]					
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Startup, shutdown, malfunction plan						

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	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 O 2488.			
· · ·	No DEP air permits currently exist for the operation of the facility indicated in this notification form.			
٠	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.			
	Print name of responsible official			
	12-06-2009			
	Signature Date			

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DepPay - Receipt

Your transaction was processed successfully. Please print this receipt for your records.

Remittance 7117

ID:

Remittance 12/06/2009 07:23:07 PM

Date:

Name: HAMID BHATTI

Address: 11659 WATERBEND CT

WELLINGTON, FL 33414

Payment FDEP Storage Tank/Drycleaner Invoice

Type:

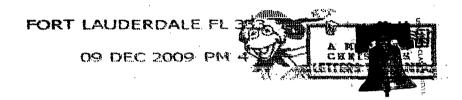
Amount: \$100.00

Print Complete DEP Payment



FDEP Centralized Payment System v1.0
Department of Environmental Protection Office of Technology and Information
Services
Helpdesk: (850) 245-7555

S & H Corp Craft Master Cleaners 1737 East Commercial Blvd Ft. Lauderdale, FL 33334



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Bry Chaus Reg ta Dept.

3900— Common Wealth Blud
M.S. 75. Tallahassee

Fla — 32399

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Corner Cleaners = 1377 Beville Rd 🚁 Daytona Beach, FL 32119 DAYTONA BEACH FL 32 10 DEC 2009 PM 2

TITLE V AIR SENGRAL PERMIT PROGRAM BUREAU OF AIR MONITORING & MODILE SOURCES M5 5510

DEPARTMENT OF GNUIRONMENTAL PROTECTION 2600 BLAIR STONE ROAD TALLA HASSEE, FL. 32399-2400