# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

ISEP 1 6 2010

Cureau of Air Monitorin-

### Part III. Notification of Intent to Use General Permit Adolle 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.

1. Facility Owner/Company Name (Name of corporation,	agency, or individual owner):
Hoa Dieu Ly	
2. Site Name (For example, plant name or number):	
Golden Hanger	
3. Hazardous Waste Generator Identification Number:	
FLR 000019836	
4. Facility Location: Street Address: 7108 W. McNab Rd City: Tamarac County: Br	oward Zip Code: 33321
City: Tamarac County: Br	oward Zip Code: 33321
5. Facility Identification Number (DEP Use ONLY - do n	ot fill in): OIZHH-OC
Responsible Official	
6. Name and Title of Responsible Official:	TAL
Name: Hoa Dieu Ly	Title: Manager
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 7108 W. McNab Rd	
City: Tamarac County:	Broward Zip Code: 33321
8. Responsible Official Telephone Number: Telephone: (954) 724-9977	Fax: (954 ) 382 - 1372
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:
City. County.	Zip Code:
11. Facility Contact Telephone Number:	
Telephone: ( · ) -	Fax: ( ) -

DEP Form No. 62-213.900(2)

#### **Facility Information**

#### 1.(a) DRY-TO-DRY MACHINES ONLY $I^{1}$ 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 Control Device Installed Date Initially Purchased Status Control Device Required\* (if already included at time of From Manufacturer (circle one) (circle one) purchase, write "SAME") Dec 1999 Existing New RC/CA/None required SAME Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser \*CONTROL DEVICE KEY: 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 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 adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [\_30\_] 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 New machine Unopened store [ ] (date of expected opening

DEP Form No. 62-213.900(2)

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 X		
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".)		
Existing machines at small area source (NONE REQUIRED)  [X]  New machines at small area source Refrigerated condenser  []		
Existing machines at small area source (NONE REQUIRED) [X]  Existing machines at large area source Carbon adsorber []  Refrigerated condenser [_]  Refrigerated condenser [_]  Refrigerated condenser [_]  The machines at small area source Refrigerated condenser [_]  Refrigerated condenser [_]  The machines at small area source Refrigerated condenser [_]  The machines at small area source Refrigerated condenser [_]  The machines at small area source Refrigerated condenser [_]  The machines at small area source Refrigerated condenser [_]  The machines at small area source Refrigerated condenser [_]  The machines at large area source Refrigerated condenser [_]		
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 No such units on-site  OR		
How many boilers do you have on-site?		
For each boiler, indicate its horsepower (HP) rating: [] [ 2] [ 0]		
What type of fuel do you use?  [X] propane [] natural gas [] No. 2 fuel oil [] No. 4 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		

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)	
Please indica	te with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air permits this notification form; the permit number(s) are	authorizing operation of the facility indicated in
	No DEP air permits currently exist for the oper form.	ration of the facility indicated in this notification
Responsible	Official Certification	
this notif statemen maintain comply w		n control equipment described above so as to it as set forth in Part II of this notification form.
Ноа	a Dieu Ly	
Print nan	pe of responsible official	9/10/2010
Signature		Date

FROM\_:

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

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

2. Site Name (For example, plant name or number):	
Golden Hanger	
3. Hazardous Waste Generator Identification Number:	
FLR 000019836	
4. Facility Location: Street Address: 7108 W. McNab Rd City: Tamarac County:	Broward Zip Code: 33321
5. Facility Identification Number (DEP Use ONLY - d	o not fill in):
Responsible Official	
6. Name and Title of Responsible Official:	Title:
Name: Hoa Dieu Ly	<sup>Ime:</sup> Manager
7. Responsible Official Mailing Address:	
Organization/Firm:	•
Street Address: 7108 W. McNab Rd	g: 0 )
City: Tamarac County:	Broward Zip Code: 33321
8. Responsible Official Telephone Number: Telephone: (954) 724-9977	Fax: (954 ) 382 - 1372
Telephone: (934) /24-99//	Pax: (554 )502 1 1572
E-W-C-A	o D
Facility Contact (If different from Responsible Offici 9. Name and Title of Facility Contact (For example, pl	
7. Traine and The of Facility Conduct (1 or example, p.	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

Facility Name and Location

Hoa Dieu Ly

14

Facility Information				
L(a) DRY-TO-DRY MA	ACHINES 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:				
Dec 1999	Existing (Nev	RC/CA/None required	SAME	
	Existing/New	w RC/CA/None required		
	Existing/New	w RC/CA/None required		
*CONTROL DEVICE K	EY: RC == re	frigerated condenser CA	=: carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	u have on-site?	[]		
How many dryers/reclaim	iers do you have o	n-site?		
unit. If the transfer machi 1993, it is a NEW unit (machine)	ne was purchased to units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general aformation:	
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		
water of 1.2 May water	Existing/New	RC/CA/None required		
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required		
*CONTROL DEVICE K	EY: RC ≃ re	frigerated condenser CA	= carbon adsorber	
2.(a) How much perchlor	roethylene (perc) h	have you used within the last 12	months?	
[3.0] gallor	ns (You must fill t	this in)		
(b) If less than 12 mor	iths, how many? [	] months		
		New owner: [] Did not ke	eep records: []	
		New store: [] New machi		
		Unopened store [ ] (date o	f expected opening )	

DEP Form No. 62-213.900(2)

3. What is the facility's source class Indicate with an "X". Select (		n the definitions found in section (3) of Part Π? only.)
Small Area Source	[X]	
Dry-to-dry mack Transfer only or Both machine ty		(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	<u></u>	
Dry-to-dry mach Transfer only or Both machine ty		(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 (Indicate with an "X",)	uired on machines	pursuant to section (5) of Part $\Pi$ of this notification form?
Existing machines at sma (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser []
Existing machines at large Carbon adsorber Refrigerated condenser	e area source	New machines at large area source Refrigerated condenser [ ]
Rule 62-213.300, F.A.C. Verify t	hat all steam and l	units shall not be eligible to use the general permit pursuant that water generating units on-site meet the following a (see attached memo for the criteria).
All steam and hot water generating No such units on-site	g units exemp(	OR
How many boilers do you have on	-site? []	
For each boiler, indicate its horse	oower (HP) rating:	:[_][2][0]
What type of fuel do you use?	X propane No. 2 fue	
6. Equipment Monitoring and Rec	ordkeeping Inforr	nation
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 temper	ature monitoring	
(d) Carbon adsorber exhaust perc	concentration moi	<del></del>
(e) Startup, shutdown, malfunction plan		

DEP Form No. 62-213.900(2)

7. Surrender	of Existing DEP Air Permit(s)		
Please indicar	te with an "X" the appropriate selection:		
<u>[]</u>	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) arc		
[]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.		
Responsible	Official Cortification		
this notif statemen maintain comply w I will pro Hoz Print nan	ication. I hereby certify, based on informatics made in this notification are true, accurate the air pollutant emissions units and air pollutin all terms and conditions of this general people notify the Department of any changes a Dieu Ly ac of responsible official	ined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and lution control equipment described above so as to permit as set forth in Part II of this notification form.  to the information contained in this notification.	
Signature	-++-	Date	

DEP Form No. 62-213.900(2)

GOLDEN HANGER
7108 W. Mc NAB Rd
TAMARAC, FL 33321

FT LALDERDALE
FLORS
14 SEP2010 PM 1 T

AIR GENERAL PERMIT PROGRAM
BUREAU OF AIR MONITORING MS 5510
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD.
TALLAHASSEE, FL 32399-2400