PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Surgar Or Soll Solling Solling

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):		
	Site Name (For example, plant name or number):		
2.	Site Name (For example, plant name or number):		
	KWALITY DAY CLEANER, LLC		
3.	Hazardous Waste Generator Identification Number:		
4,	Facility Location: 2668 E. ATLANTIC BLYD. Street Address:		
	City: PROPANO GEACH County: DROWARD Zip Code: 33062		
5.	Facility Identification Number (DEP Use ONLY - do not fill in);		
	01/2504-003		
Re	sponsible Official		
6.			
	me: ROBSON ALVES PRESIDENT		
7.	Responsible Official Mailing Address: Organization/Firm: RVAL, + DQ+ CLCANER		
	Street Address: 9//0 E A LI 0 c +1 c G / 1x D		
	Street Address: 2668 E A+LAN+1C BLVD Zip Code: 33062 POMPANO BRACH BROWARD Zip Code: 33062		
	Pompano GRACIA BROWARD Zip Code: 33062		
8.	Responsible Official Telephone Number:		
	Telephone: (954) 942 9779 Fax: (954) 895-5641		
Facility Contact (If different from Responsible Official)			
9.	Name and Title of Facility Contact (For example, plant manager):		
	Facility Contact Address:		
10.	Facility Contact Address:		
	Street Address:		
	City: County: Zip Code:		
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -		
	Telephone: () - Fax: () -		

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY							
How many dry-to-dry ma	chines do you ha	ve on-site?					
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:				
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/N	ew RC/CA/None required					
	Existing/N	ew RC/CA/None required					
	Existing/N	ew RC/CA/None required	· .				
*CONTROL DEVICE K	EY: $RC = 1$	refrigerated condenser CA =	carbon adsorber				
1.(b) TRANSFER MAC	HINES ONLY						
How many washers do yo	ou have on-site?	[_2_]					
How many dryers/reclain	ers do you have	on-site? []					
unit. If the transfer mach 1993, it is a NEW unit (a permit). For each transf Date Initially Purchased	ine was purchase to units purchase	d from the manufacturer between l	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed				
From Manufacturer	(circle one)	(círcle 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 K	EY: RC = 1	efrigerated condenser CA =	carbon adsorber				
2.(a) How much perchlo	roethylene (nerc)	have you used within the last 12 n	nonths?				
	ns (You must fil	·					
(b) If less than 12 mor	nths, how many?	[] months					
Check why it is les	ss than 12 months	New owner: [] Did not keep records: []					
•		New store: [] New machin	e []				
		Unopened store [] (date of	expected opening)				

Facility information						
I.(a) DRY-TO-DRY M	IACHINES ONL	.Y				
How many dry-to-dry m	achines do you ha	ve on-site?				
For each dry-to-dry mac	hine on-site, pleas	e provide the following information	m :			
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")			
1996	Existing No	ew RC/CA/None required	SAME			
	Existing/Ne	ew RC/CA/None required				
	Existing/No	ew RC/CA/None required				
*CONTROL DEVICE K		efrigenated condenser CA =	curbon adsorber			
How many washers do yo		[_Q_]				
How many dryers/reclain						
1993, it is a NEW unit (t	au units purchased	i from the manufacturer between I i after September 22, 1993 are allow, please provide the following info Control Device Required* (circle one)	December 9, 1991 and September 22, away to operate under this general ormation: Date Control Device Installed (if already included at time of			
	· · · · · · · · · · · · · · · · · · ·		purchase, write "SAME")			
	Existing/New	RC/CA/None required	th to the state of			
	Existing/New	RC/CA/None required				
	Existing/New	RC/CA/None required				
(b) If less than 12 mon	roothylene (perc) l ns (You must fill ths, how many? [have you used within the last 12 m this in)				
CHECK WHY IT IS IES	Check why it is less than 12 months: New owner. [] Did not keep records: [] New store: [] New machine []					
		Unopened store [] (date of e.				
		In an a second framework framework free de-	The state of the s			

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 []				
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) [] 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 []				
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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: [] []				
What type of fuel do you use? [] No. 2 fuel oil [] No. 6 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				
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Startup, shutdown, malfunction plan				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan				

Indicate with an "X". So	c classification based of cloct one classification	on the definitions found in section (3) of Part II?	
Small Area Source	×135		
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	[]		
Transfer or	machines only on-site ly on-site ne 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 (Indicate with an "X".)	required on machines	pursuant to section (5) of Part II of this notification form?	
Existing machines a (NONE REQUIRED		New machines at small area source Refrigerated condenser	
Existing machines a Carbon adsorber Refrigerated conden		New machines at large area source Refrigerated condenser []	
Rule 62-213.300, F.A.C. Ver	ify that all steam and h such units exist on-site	units shall not be eligible to use the general permit pursuant not water generating units on-site meet the following (see attached memo for the criteria). [X] OR	
How many boilers do you have	e on-site? []	 	
For each boiler, indicate its he	orsepower (HP) rating:		
What type of fuel do you use?	[] propanc [] No. 2 fuel [] No. 6 fuel		
6. Equipment Monitoring and	Recordkeeping Inform	nation .	
Check all logs which are requ	ired to be kept on-site i	in accordance with the requirements of this general permit:	
(a) Purchase receipts and solv	ent purchases/solvent a	ddition log []	
(b) Leak detection inspection	and repair		
(c) Refrigerated condenser ter	perature monitoring	[1	
(d) Carbon adsorber exhaust p	erc concentration mon	itoring []	
(c) Startup, shutdown, maiftu	iction plan		
	•	·	

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 authorizing operation of the facility indicated in this notification form; the permit number(s) are				
(X)	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. Print name of responsible official					
Les Signature	12/29106 Date				