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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Tommy Q. White / Dolphin Cleaners		
2. Site Name (For example, plant name or number):	DOLPHIN CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 982153942		
4. Facility Location:	Street Address: 4300 ⁶⁷ KINGS HIGHWAY #604		
	City: PORT CHARLOTTE	County: CHARLOTTE	Zip Code: 33980
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0150062-004		

Responsible Official

6. Name and Title of Responsible Official:	Name: Tommy Q. White Title: OWNER		
7. Responsible Official Mailing Address:	Organization/Firm:		
	Street Address: 25463 RANCAGUA DRIVE		
	City: PUNTA GORDA	County: CHARLOTTE	Zip Code: 33983
8. Responsible Official Telephone Number:	Telephone: (941) 628-9037 - CELL Fax: (941) 627-0614		
	(941) 627-0614 - HOME		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:	SAME		
	Street Address:		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: (941) 743-3535 Fax: () N/A		

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide the following information:

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")
#1 JANUARY, 1999	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
#2 JANUARY, 1999	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

NONE

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 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	_____
_____	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?

38.60 gallons (You must fill this in) (THIRTY EIGHT AND SIX TENTH GALLONS)

N/A

(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 _____)

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".)

- | | |
|---|--|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input type="checkbox"/> | |

N/A

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 OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating: HP

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) ELECTRIC

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

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
0150062-003
- 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.

Tommy Q. WHITE
Print name of responsible official

Tommy Q. White
Signature

MAY 31, 2011
Date



Dolphin Cleaners

SCHOOLHOUSE SQUARE SHOPPING CENTER
4300-G7 KINGS HIGHWAY #604
PORT CHARLOTTE, FL 33980

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

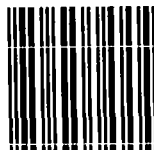
CERTIFIED MAIL™



7004 1350 0000 8309 1876



1000



32399

U.S. POSTAGE
PAID
PORT CHARLOTTE, FL
33948
MAY 31, 11
AMOUNT

\$5.59

00043105-17

AIR GENERAL PERMIT PROGRAM
BUREAU OF AIR MONITORING AND MOBILE SERVICES, MS 5510
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

**RETURN RECEIPT
REQUESTED**

32399+6542

