

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>SOLOMON ENTERPRISES, LLC</b> <b>DBA: BERKSHIRE DRY CLEANERS</b>
2. Site Name (For example, plant name or number): <b>BERKSHIRE CLEANERS &amp; LAUNDRY</b>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <b>7055 RADIO RD.</b> City: <b>NAPLES</b> County: <b>FLORIDA</b> Zip Code: <b>34104</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <b>0210062-004</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>LOUIS SOLOMON</b> Title: <b>PRESIDENT</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>AS ABOVE</b> Street Address: City: <b>NAPLES</b> County: <b>COLLIER - FL</b> Zip Code: <b>34104</b>
8. Responsible Official Telephone Number: Telephone: <b>(239) 455-9666</b> Fax: <b>(239) 455-3913</b> <b>CELL: 239-222-0482 &amp; 239-405-0707</b>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <b>LOUIS OR YVONNE SOLOMON</b> <del>FRANK LOUZA</del> <del>PLANT MANAGER</del> <b>(OWNERS)</b>
10. Facility Contact Address: <b>AS ABOVE</b> Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: <b>AS ABOVE</b> Telephone: ( ) Fax: ( )

**Facility Information**

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

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

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")
<u>S # M103A-TSSCECT-604-503</u> <u>2000</u>	Existing/New	<u>(RC)</u> CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser 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 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?**

[19,30] 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

Unopened store  (date of expected opening \_\_\_\_\_)



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kotthamp  
Lt. Governor

Michael W. Sole  
Secretary

## F A X T R A N S M I T T A L S H E E T

DATE: 12/23/2008

TO: MR. LOUIS SOLOMAN, SOLOMAN ENT. LLC

PHONE: (239) 455-9666 FAX: (239) 455-3913

FROM: Dickson E. Dibble PHONE: (850) 921-9586

Division of Air Resources Management FAX: (850) 922-6979

Bureau of Air Monitoring & Mobile Sources

Air General Permitting

RE: PERC DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

CC: \_\_\_\_\_

Total number of pages including cover sheet: SIX (6)

### Message

DEAR MR SOLOMAN, PER OUR TELECON THIS AFTER-NOON, I AM IN RECEIPT OF THE FIRST TWO OF FOUR PAGES OF YOUR APPLICATION FORM ONLY. YOUR APPLICATION WILL NOT BE COMPLETE UNTIL I RECEIVE THE REMAINING TWO ORIGINALS. PLEASE COMPLETE THE FORM, SIGN AND DATE AND MAIL THE ORIGINALS TO THE ADDRESS SHOWN ON PAGE 18. THANK YOU FOR YOUR ATTENTION TO THIS MATTER. SINCERELY, Dickson E. Dibble

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

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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 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?  1

For each boiler, indicate its horsepower (HP) rating:  30

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) \_\_\_\_\_

#### 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

RECEIVED

DEC 29 2008

Bureau of Air Monitoring  
& Mobile Sources

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

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.*

Louis Solomon

Print name of responsible official



Signature

12/24/08

Date

Berkshire Dry Cleaners  
7055 Radio Road  
Naples, FL 34104

Mr Dickson E. Dibble  
General Permits Section  
Bureau of Air Monitoring & Mobile Sources, MS 5510  
Dept. of Environmental Protection  
2600 Blair Stone Road  
TALLAHASSEE, FL 32399-2400

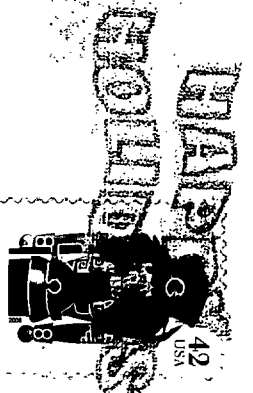
3239952400 C001

Berkshire Dry Cleaners  
7055 Radio Road  
Naples, FL 34104

FDEP  
RECEIPTS  
POST OFFICE BOX 3070  
TALLAHASSEE, FL 32315-3070

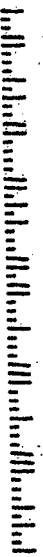
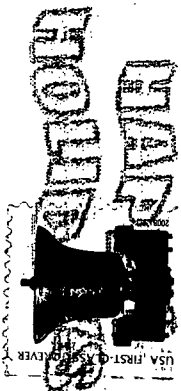
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FORT MYERS FL 339  
25 DEC 2008 PM 4 L



FORT MYERS FL 339

15 DEC 2008 PM 2 T



PERC/DC  
APPLICATION INCOMPLETE

→ ~~LAST TWO PAGES OF FOUR~~  
~~ARE MISSING~~ RECEIVED 12/24/08

→ ~~REFUND DUE \$100<sup>00</sup>~~ REFUND  
~~WRONG FLYER PUT IN~~ COMPLETED 12/31/08  
~~EXP. PERMIT REMINDER~~