RECEIVEL

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

NO 0 6 2009

Bureau Components

& 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.						
_	Brian Bay Cleaners Site Name (For example, plant name or number):)ac				
2.	Site Name (For example, plant name or number):					
	$\mathcal{N}\mathcal{A}$					
3.	Hazardous Waste Generator Identification Number:					
	FLD020548533					
4.	Facility Location: Street Address: 13035 5. W. 89 PLACE					
	City: County: M/AM) County: M/AMI - DASE Facility Identification Number (DEP Use ONLY - do not fill in):	Zip Code: 37176-5-812				
5.	Facility Identification Number (DEP Use ONLY - do not fill in):					
		フラククミノーククキ				
		20013100				
Res	sponsible Official	_				
6	Name and Title of Responsible Official:					
Nar	Responsible Official Mailing Address:	PRESIDENT				
7.	Responsible Official Mailing Address:					
	Organization/Firm: 5 AME A5 ABOUE Street Address:					
	City: County:	Zip Code:				
8.	Responsible Official Telephone Number:					
	Telephone: (305) 253-7520 Fax: () -				
	(305) 232-5680					
Fac	cility Contact (If different from Responsible Official)					
	Name and Title of Facility Contact (For example, plant manager):					
	ABOVA					
10.	Facility Contact Address:					
	Street Address:					
	City: County:	Zip Code:				
11.	Facility Contact Telephone Number:	,				
	Telephone: () - Fax: (, -				

Facility Information

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

How many dry-to-dry ma	chines do you hav	ve on-site?		
For each dry-to-dry mach	ine on-site, please	e provide the following informat	ion:	
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")	
1993	Existing/No	ew) RC/CA/None required	1993	
	Existing/Ne	ew RC/CA/None required		
· · · · · · · · · · · · · · · · · · ·	Existing/Ne	ew RC/CA/None required		
*CONTROL DEVICE K	EY: RC=r	efrigerated condenser CA	A = carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY	N/A	·	
How many washers do yo	u have on-site?			
How many dryers/reclaim	ners do you have o	on-site? []		
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general 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 KI		efrigerated condenser CA	= carbon adsorber months?	
- · ·	ns (You must fill			
(b) If less than 12 mon	ths, how many? [] months		
Check why it is less	s than 12 months:	New owner: Did not keep records:]		
·		New store: New mach	ine []	
		Unopened store [] (date of	of expected opening)	

3. What is the facility's source class Indicate with an "X". Select of		n the definitions found in section (3) of Part II? only.)			
Small Area Source	$\langle X \rangle$				
Dry-to-dry mach Transfer only on Both machine ty	-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 mach Transfer only on Both machine ty	-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 requ (Indicate with an "X".)	ired on machines p	pursuant to section (5) of Part II of this notification form?			
Existing machines at smale (NONE REQUIRED)	ll 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 []			
	at all steam and h	nits shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption and memo for the criteria).			
All steam and hot water generating No such units on-site	units exempt	OR			
How many boilers do you have on-	site?				
For each boiler, indicate its horsep	ower (HP) rating:	ر_انگا			
What type of fuel do you use?	propane No. 2 fue No. 6 fue				
6. Equipment Monitoring and Reco	ordkeeping Inform	ation			
Check all logs which are required t	o be kept on-site i	n accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent p	urchases/solvent a	ddition log			
(b) Leak detection inspection and r	epair	\mathcal{L}			
(c) Refrigerated condenser temperature monitoring []					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction plan					

15

7. Surrender of	of Existing DEP Air Permit(s)						
Please indicat	te with an "X" the appropriate selection:						
	I hereby surrender all existing DEP air p notification form; the permit number(s) a	permits authorizing operation of the facility indicated in this are					
\mathcal{L}_{1}	No DEP air permits currently exist for the	ne operation of the facility indicated in this notification form					
Responsible	Official Certification						
	•						
this notifi statemen maintain comply w	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 pro	mptly notify the Department of any change	es to the information contained in this notification.					
FRA Print nam	ne of responsible official						
Signature	Tay	Por. 2, 2009 Date					



Delivering Excellence Every Day

Environmental Resources Management Air Quality Management Division 701 N.W. 1st Court, 2nd Floor Miami, Florida 33136-3912 DE233387



02 000 MAI

halludalaladadadadadadadaladada

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400