RECEIVEL

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

& 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):					
A.B. L. Valet Services Inc.					
2. Site Name (For example, plant name or number):					
Shores Sapare Cleaners	-1: 1.				
3. Hazardous Waste Generator Identification Number:	5/26/10				
	مرد و مار ما				
4. Facility Location: 9033 BISCAGNE BIVD Street Address: City: County: Zip Code: 331 38	5/26/10 boke with lizabet evitor recte te ma				
City: Miami Shares County: Zip Code: 33138	ariton				
5. Facility Identification Number (DEP Use ONLY - do not fill in):	ecosto.				
1 1250354-004 (18)	nucce				
DAGO TO PA	te ma				
Responsible Official	hores)				
or remove and recoposition of recoposition	ر در				
Name: ETI roboth Levitor Title: V.P.	-7MI				
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 9033 BISCAUNE BYO					
City: MIAM' Shores County: MIAM' / DADE Zip Code: 33138					
8. Responsible Official Telephone Number: Telephone: (954) 757- 9875 Fax: ()					
(305) MB Cell phone: 954/483-7296-MB. 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:					
11. Facility Contact Telephone Number:					
Telephone: () - Fax: () -					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

racinty intormation				
1.(a) DRY-TO-DRY M	ACHINES ONLY	Υ .		
How many dry-to-dry ma	achines do you hav	e on-site?		
For each dry-to-dry macl	hine on-site, please	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")	
12/9/1991	Existing	w RC/CA/None required	SAME	-per Ms.
	Existing/Ne	w RC/CA/None required		Leviton,
	Existing/Ne	w RC/CA/None required		-per Ms. Leviton, has RC -MB
*CONTROL DEVICE K	REY: RC = re	efrigerated condenser CA	= carbon adsorber	
1.(b) TRANSFER MAC	CHINES ONLY			
How many washers do X	ou have on-site?			
How many dryers/reolain	ners do you have o	n-site? []		
unit. If the transfer mach 1993, it is a NEW unit (1	ine was purchased no units purchased	from the manufacturer between	December 9, 1991, it is an EXISTIN 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 K	EY: RC = re	frigerated condenser CA	= carbon adsorber	
		nave you used within the last 12	months?	
[//5] gallo	ns (You must fill t	this in)		
(b) If less than 12 mor	nths, how many? [[2] months		
Check why it is le	ss than 12 months:	New owner: [] Did not ke	ep records: []	
`		New store: [] New machi	ne []	
		Unopened store [] (date of	expected opening	
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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 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						
Dry-to-dry machines only on-site Transfer only on-site Both machine 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 required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?					
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser [X]					
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 No such units on-site	OR					
How many boilers do you have on-site?						
For each boiler, indicate its horsepower (HP) rating:	Φ \Box \Box					
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel						
6. Equipment Monitoring and Recordkeeping Inform	action					
Check all logs which are required to be kept on-site it	in accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases/solvent a						
(b) Leak detection inspection and repair	itoring X					
(c) Refrigerated condenser temperature monitoring	₽					
(d) Carbon adsorber exhaust perc concentration mon	itoring 🔀					
(e) Startup, shutdown, malfunction plan	\mathcal{L}					

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	7. Surrender o	of Existing DEP Air Permit(s)					
	Please indicat	lease indicate with an "X" the appropriate selection:					
		I hereby surrender all existing Dithis notification form; the permit		g operation of the facility indicated in			
		No DEP air permits currently exiform.	st for the operation of the	facility indicated in this notification			
	Responsible	Official Certification					
	this notifi statement maintain comply w	cation. I hereby certify, based on is made in this notification are true the air pollutant emissions units a ith all terms and conditions of this	information and belief for , accurate and complete. nd air pollution control ed general permit as set for	quipment described above so as to thin Part II of this notification form.			
	Print nam	mptly notify the Department of any of responsible official	TON	5/14/10			
١	Signature	i e	Da	te			



IMPORTANT

MAY 1 / 2010

& Mobile Sources

A facility is eligible to operate under a Title V Air General Permit (TV AGP) for no more than five (5) years. Your facility is approaching the end of the current five (5) year period for which it was entitled to operate under the Title V Air General Permit.



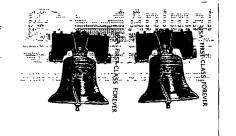
NEW OWNER? If you are a **NEW OWNER**, please check this box and return this page with your completed Title V Air General Permit Notification Form.

- NEW <u>RESPONSIBLE OFFICIAL?</u> If you are a NEW RO, and/or your existing business has moved to a new location, please check this box and return this page with your completed Air General Permit Notification Form.
- If you wish to continue your entitlement, please complete the Air General Permit Notification Form, making certain that it is signed by the Responsible Official (RO), properly dated, and mailed to the following address:

Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

- If you do not wish to continue with your eligibility, please disregard this notice.
- A fee is **NOT** required with the notification form.

Shores Square Cleaners 9023 Biscayne Blvd. Miami Shores, Florida 33138 PARENTE ELSAMENE PARRIMERE E EL LESO ELACTORISMO TOTALEM TOTAL



General Pennts Section
Bureau Of Air Monitering & Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone ROAD
TAllahassee, FL 32399-2400