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MAY 17 2000

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air, Water,
& 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 Square Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	9023 BISCAYNE BLVD		
Street Address:			
City:	Miami Shores	County:	MIAMI/DADE
		Zip Code:	33138
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250754-004		

-5/26/10-
Apokee with
Elizabeth
Leviton-
corrected
site name
(Shores)
-MB

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Elizabeth Leviton	Title:	V.P.
7. Responsible Official Mailing Address:			
Organization/Firm:	9023 BISCAYNE BLVD		
Street Address:			
City:	Miami Shores	County:	MIAMI/DADE
		Zip Code:	33138
8. Responsible Official Telephone Number:			
Telephone:	(954) 752-9875	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:	() -

Facility Information

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

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

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")
12/9/1991	Existing <u>New</u>	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

-per Ms. Leviton, has RC
-MB

*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?

115 gallons (You must fill this in)

(b) If less than 12 months, how many? 12 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 _____)

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 # 1536.
- 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.

Elizabeth Hewison
Print name of responsible official

Ed H. Ford
Signature

5/14/10
Date

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MAY 1 / 2010

Bureau of Air Monitoring
& Mobile Sources

URGENT!

IMPORTANT

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 RESPONSIBLE OFFICIAL? 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:**

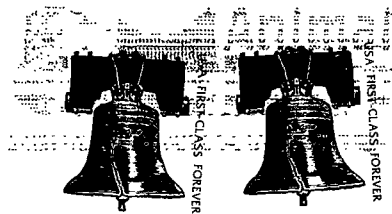
**Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400**

- 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

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



General Permits Section
Bureau of Air monitoring & mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+2400

