Mr. Dibble Here is the info, I could get. from my parents right now. In at work in another City so its hard to Obtain the info from Helen-. This is a Small mom & Pop-. With our Dry Oheau Machine. ouley -. Mais of their work 15 Laundry - A don't have. Alless to the previous permit FROM- Were. Thak you for your Batievel Maria Greicho

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* ADDENOUM TO 10/21/2008 APPLICATION

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 conv of the form for your filling out the form. 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):		
ARBERO Cleaners		
2. Site Name (For example, plant name or number):		
ARPeco cleaners / word Sanchez		
3. Hazardous Waste Generator Identification Number:		
not known		
4. Facility Location: 2219 NW 28 At		
Street Address:		
Street Address: City: NUANU County: Flori - Dale Zip Code: 33/42.		
Particular Military No. of Control of Contro		
Responsible Official		
6. Name and Title of Responsible Official:		
Name: Mora SANCHEZ Title: DWVIER-ORerator.		
7. Responsible Official Mailing Address:		
Organization/Firm: 2219 WW 28 At.		
Strat Addition		
City: Many County: F/ Zip Code: 33142.		
8. Responsible Official Telephone Number:		
Telephone: (305) 438-5898 Fax: () -		
300 408- 2878		
Facility Contact (If different from Responsible Official)		
9. Name and Title of Facility Contact (For example, plant manager):		
nova Sanchez Owner - Operator		
10. Facility Contact Address:		
Street Address: 221971W 28 At.		
City: Mami-Dade Zip Code: 33142.		
11. Facility Contact Telephone Number:		
Telcphone: (305) 438-5898 Fax: ()		
202 470 28 10		

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Facility	Information
T. INCHASE	THEFT

1.(a) DRY-TO-DRY N	MACHINES ONI	ZY ,	•
How many dry-to-dry m	achines do you ha	ve on-site?	•
For each dry-to-dry mas	hine on-site, pleas	se provide the following information	n:
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")
2002	Existing	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE	CEY: RC=1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY	4	
How many washers do y	ou have on-site?	ا ا	
How many dryers/reclair	nors do you have o	on-site?	
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf	ine was purchased no units purchased	the manufacturer prior to or on De from the manufacturer between De after September 22, 1993 are allow , please provide the following infor	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of
10/19/			purchase, write "SAME")
	Existing/New	RC/CA/None required	purchase, write "SAME")
	Existing/New Existing/New	RC/CA/None required RC/CA/None required	purchase, write "SAME")
			purchase, write "SAME")
1 191	Existing/New Existing/New EY: RC = re	RC/CA/None required RC/CA/None required frigerated condenser	arbon adsorber
2.(a) How much perchion	Existing/New Existing/New EY: RC = 10 coethylene (perc) h as (You must fill the	RC/CA/None required RC/CA/None required frigerated condenser	arbon adsorber
2.(a) How much perchlor [] gallor (b) If less than 12 mon	Existing/New Existing/New EY: RC = 10 coethylene (perc) h as (You must fill the coethylene)	RC/CA/None required RC/CA/None required frigerated condenser	earbon adsorber
2.(a) How much perchlor [] gallor (b) If less than 12 mon	Existing/New Existing/New EY: RC = 10 coethylene (perc) h as (You must fill the coethylene)	RC/CA/None required RC/CA/None required frigerated condenser	earbon adsorber nths?
2.(a) How much perchion [] gailor (b) If less than 12 mon	Existing/New Existing/New EY: RC = 10 coethylene (perc) h as (You must fill the coethylene)	RC/CA/None required RC/CA/None required frigerated condenser	records: []

DEP Form No. 62-213.900(2) Effective: 2/24/99

NOV-25-2008(TUE) 15:03 Toyota of Winter Haven 11/25/2008 15:14 8509226979

(FAX)863 956 3444 FDEP DIVISION OF AIR

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3. What is the facility's Indicate with an "X				n section (3) of Pari	t II7
Small Area So	urce	\swarrow			
Trans	o-dry machines onlifer only on-site machine types on-s	(1	ised less than 140 ga ised less than 200 ga ised less than 140 ga	llons of perc per ye	ar)
Large Area Son	urce		•		•
Trans	o-dry machines only fer only on-site machine types on-si	(u	ised 140 - 2,100 gallo ised 200 - 1,800 gallo ised 140 - 1,800 gallo	ins of perc per year)
4. What control technolo (Indicate with an "X"		nachines purs	suant to section (5) o	FPart II of this noti	fication form?
Existing maching (NONE REQU	nes at small area so	u <u>rce</u>	New machine Refrigerated o	s at small area source condenser	<u> </u>
Existing machin Carbon adsorbe Refrigerated co		nce	New machine Refrigerated o	s at large area source ondenser	<u>e</u>
5. A facility which conta Rule 62-213,300, F.A.C. criteria or that no such un	. Verify that all stenits exist on-site (so	am and bot w ce attached m	ater generating units	on-site meet the fol	
All steam and hot water in No such units on-site	generating units ex	empt) OR)		
How many boilers do you	u have on-site?	4			
For each boiler, indicate	its horsepower (HP) rating: [
What type of fuel do you	· · · · · · · · · · · · · · · · · · ·	mopane No. 2 fuel oil No. 6 fuel oil] natural] No. 4 ft [] Other (p		
6. Equipment Monitoring	and Recordkeeping	g Information	1	,	
Check all logs which are	required to be kept	on-site in acc	cordance with the req	uirements of this ge	meral permit:
(a) Purchase receipts and	solvent purchases/s	olvent additio	on log	<u> </u>	•
(b) Leak detection inspec	tion and repair			Ц.	
c) Refrigerated condense	r temperature moni	toring			
d) Carbon adsorber exha-	ust pere concentrati	on monitorin	g ,		
e) Startup, shutdown, ma	alfunction plan		•		

DEP Form No. 62-213.900(2) Effective: 2/24/99

/. Surret	der of Existing DEP Air Permit(s)
Please in	dicate with an "X" the appropriate selection:
<u> </u>	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
Responsi	ble Official Certification
this r states main	undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ments made in this notification are true, accurate and complete. Further, I agree to operate and tain the air pollutant emissions units and air pollution control equipment described above so as to by 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.
	DATE OF responsible official
Signa	ture Date 10/02/08.

TRANSMISSION VERIFICATION REPORT

11/25/2008 15:16 FDEP DIVISION OF AIR 8509226979 8504880114 BROG2J568046 TIME : NAME : FAX : TEL : SER.#:

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

11/25 15:14 618639563444 00:01:22 05 OK STANDARD ECM

Post-it® Fax Note 7671	Date 1/24 /08 # of pages > 5
TO MARIA V.	From DICK DIBBLE
Co./Dept.	Co. FOEP
Phone #	Phone #
Fax # 863 -956-3444	Fax #

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