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on 3/30/10 -mB

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVEL

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Curcus of Air Monitoring & 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):	
KORETIZING CLEANERS IMC	
2. Site Name (For example, plant name or number):	7
KORETIZING CLEMIERS	
3. Hazardous Waste Generator Identification Number:	7
GU5665 987-0038	
4. Facility Location: 1438 FOGEWOOD AVE (W) Street Address:	
City: JACKCONVILLE County: DUVAL Zip Code: 32208	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	102
5. Facility Identification Number (DEF Use ONLY - do not Int in). 0310370-	UUS
	_
Responsible Official  6. Name and Title of Responsible Official:	7-3125/10-
Name: DARUL DATEL Title: Title:	-3/25/10- called-ho answer
7. Responsible Official Mailing Address: 1438 ENGEWOOD AVE(W) Organization/Firm: KORETIZING CLEANERS Street Address:	1 - 1-0/10
City: JACKSONVILLE County: DUVAL Zip Code: 32208	rated
8. Responsible Official Telephone Number: Telephone: (964) 765-713 Fax: ( ) -	message
Facility Contact (If different from Responsible Official)	0120/10-2
9. Name and Title of Facility Contact (For example, plant manager):	7-366KEWF
9. Name and Title of Facility Contact (For example, plant manager):  JYOTIMORA PATEL — PLANT MANAGER RU	goe fatel
10. Facility Contact Address: 1438 EDGEWOOD AVE (W)	Will update
Street Address: City: TACKSONVILLE County: DUVAL Zip Code: 32208	(2) pages
	ofform
11. Facility Contact Telephone Number: Telephone: (964) 765-713 \ Fax: ( ) -	and fax
107 (10)	and Tox
	-1V1B

DEP Form No. 62-213.900(2)

#### **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: Control Device Required\* Date Initially Purchased Date Control Device Installed Status From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") RC/CA/None required Existing New A/None required Existing/New 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (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 adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? 75 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 \_\_\_\_\_)

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3. What is the facility's source classification based or Indicate with an "X". Select one classification of					
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				
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 at Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site of the contains and the contains and the contains and the contains are contained as the contains and the contains and the contains are contained as the contains and the contains are contained as the containe					
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:	<u>[15]</u> []				
What type of fuel do you use?  [] No. 2 fuel  [] No. 6 fuel	[] natural gas oil [] No. 4 fuel oil				
6. Equipment Monitoring and Recordkeeping Inform	ation				
Check all logs which are required to be kept on-site it	n accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases/solvent ac	ddition log ( <u>×</u> )				
(b) Leak detection inspection and repair	<b>×</b> 1				
(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 moni	· · · · · · · · · · · · · · · · · · ·				
(e) Startup, shutdown, malfunction plan					

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

7. Surrender	of Existing DEP Air Permit(s)
Please indicate	te 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  In the definition of this notification in this notification.  In the definition of the partment of any changes to the information contained in this notification.  In the definition of the partment of any changes to the information contained in this notification.  In the definition of the partment of any changes to the information contained in this notification.  In the definition of the partment of any changes to the information contained in this notification.  In the definition of the partment of any changes to the information contained in this notification.  In the definition of the partment of any changes to the information contained in this notification.  In the definition of the partment of any changes to the information contained in this notification.

DEP Form No. 62-213.900(2)



Flat Rate Mailing Envelope

For Domestic and International Use

**Delivery Attempt** 

**Delivery Date** 



Addressee Copy (P\$

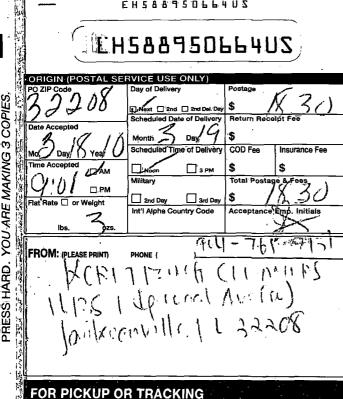
W affi

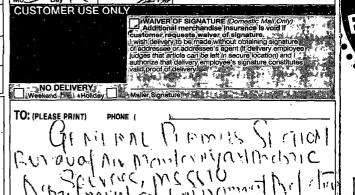
Post Office To Addressee **DELIVERY (POSTAL USE ONLY)** Employee Signature Delivery Attempt

Employee Signature

□ РМ

☐ AM





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FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

850-922-6979. MARNIE

FROM

JOE PATEL

KORETIZING CLEAMERS,

# UPDATED ON 3/30/10-Trusday.

# 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):	
KORATIZING CLAMERAS IMC	
2. Site Name (For example, plant name or number):	
MORETIZING CLEANERS	
3. Hazardous Waste Generator Identification Number:	
C45665 987-0038	
4. Facility Location: 1438 EDGEWCCD AVE (W) Street Address:	
City: JACKCONVILLE County: DOVAL Zip Code: 32208	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
0310370-E	
Responsible Official DIANT MANAGER	
6. Name and Title of Responsible Official:	
Responsible Official  6. Name and Title of Responsible Official: Name: PARTL NOTINDRA Title: PRESIDIAL	
7. Responsible Official Mailing Address: 1日 くく 「一方(丁というの) オンヒ (ル)	
Organization/Firm: MCRETIZING ("LEANERS"	
Street Address: City: TACKICA VILLE County: DUVAL Zip Code: 32208	
Sub- Tylen Alter Commis. M.C. VIE Sub-comm. Jacks Co.	
8. Responsible Official Telephone Number:	
Telephone: $(964) 765 713$ Fax: ( ) -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
9. Name and Title of Facility Contact (For example, plant manager):  TOURN ATEL — PLANT (ANAGER	
<u></u>	
10. Facility Contact Address: 1438 [-DGI WEGOD AVE (W)	
Street Address:	
City: JACKSONIVILLE County: DOVAL Zip Code: 32208	
11. Facility Contact Telephone Number:	
Telephone: $(411)765-713$ Fax: $($	
L	

DEP Form No. 62-213.900(2)

		,	
Facility Information		,	
1.(a) DRY-TO-DRY M	ACHINES ONL	.Y	
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	se provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one	•	Date Control Device Installed (if already included at time of purchase, write "SAME")
1987	Existing/N	ew (RC/CA/None required	SAME
2007	Existing/N		SAME
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have	on-site? []	,
unit. If the transfer mach: 1993, it is a NEW unit (r	inc was purchased to units purchased	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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=r	efrigerated condenser CA =	carbon adsorber
	oethylenc (perc) as (You must fill	have you used within the last 12 n this in)	nonths?
(b) If less than 12 mor	iths, how many?	] months	
Check why it is les	s than 12 months	:: New owner: [] Did not kee	ep records: []
		New store: [] New machin	e []
		Unopened store [] (date of c	expected opening)

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Effective: 2/24/99

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