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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):	
LAST EFFORT INC dba DEERWOOD Station Cles	evors
2. Site Name (For example, plant name or number):	
Deswood Station Cleaners	
3. Hazardous Waste Generator Identification Number:	
FLD 984238998	
4. Facility Location: Street Address:	
City: Jacksonville County: DUVAL Zip Code: 32256	
to the first the first to the f	- ·
Responsible Official 0310404-002	
	•
6. Name and Title of Responsible Official: Name: Steven L Sawyer Title: Vice President	
Name: StEVEN L Sawyer Title: VICE Hesidant	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 8221-14 South Side Blub	•
Street Address: 8 L L1 -19 Jou 17 October 17 Journal 18 June 19 June 1	
City: Jacksonville County: DUVAL Zip Code: 32256	
8. Responsible Official Telephone Number:	
Telephone: (904)646-1514 - Fax: (904)620 9372	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
MANY AND SAWYER CONER/Manager	
10. Facility Contact Address:	-
Street Address: 8221-14 Southside Blub.	
City: Jacksonville County: DUVAL Zip Code: 32256	
11. Facility Contact Telephone Number: Telephone: (904) 646 1514 Fax: (904) 620 9372	

Facility Information	· .	11155167	MI INCHOUNTER 120 X
1.(a) DRY-TO-DRY M	IACHINES ON	LY. WOJICI	N Automation
How many dry-to-dry m	achines do you h	ave on-site?	
For each dry-to-dry mac	hine on-site, plea	se provide the following informat	tion:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required* c) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1998	Existing	RC/CA/None required	Samo
	Existing/N	lew RC/CA/None required	
	Existing/N	lew RC/CA/None required	
*CONTROL DEVICE K	EY: RC =	retrigerated condenser CA	= carbon adsorber
i.(b) TRANSFER MAC	HINES ONLY		
How many washers do ye	ou have on-site?		
If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r	as purchased from ine was purchase no units purchase	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general
unit. If the transfer mach 1993, it is a NEW unit (r	as purchased from ine was purchase no units purchase	m the manufacturer prior to or on d from the manufacturer between	December 9, 1991 and September 22, owed to operate under this general
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If the transfer machine womit. If the transfer machine 1993, it is a NEW unit (repermit). For each transfer machine Initially Purchased from Manufacturer CONTROL DEVICE KI (a) How much perchlor [105 allor) (b) If less than 12 mon	as purchased from the was purchased to units purchased to units purchased or machine on-site status (circle one) Existing/New	m the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all te, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = this in) months	December 9, 1991 and September 22, lowed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber carbon adsorber

DEP Form No. 62-213.900(2)

Effective: 2/24/99

What is the facility's source classification based on Indicate with an "X". Select one classification or	· · · · · · · · · · · · · · · · · · ·
Small Area Source	
Transfer only 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)
Transfer only 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)
 What control technology is required on machines p (Indicate with an "X".) 	ursuant 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 un Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (s	<u> </u>
All steam and hot water generating units exempt No such units on-site	OR K
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [_20
What type of fuel do you use? [] propane [] No. 2 fuel o	
6. Equipment Monitoring and Recordkeeping Informa	tion
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent add	-
(b) Leak detection inspection and repair	oring (X)
(c) Refrigerated condenser temperature monitoring	<u>(*)</u>
(d) Carbon adsorber exhaust perc concentration monitor	oring (人)
(e) Startup, shutdown, malfunction plan	

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

7. Surrender	of Existing DEP Air Permitts)
Please indica	te with an "X" the appropriate selection:
ر ا	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
Ą	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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.
1 -	emptly notify the Department of any changes to the information contained in this notification.
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Print nam	ne of responsible official (
Signature	vers h Jawyer 2/10/06
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