

# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

June 3, 2009

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Jong Sun Yoon Pablo Plaza Cleaners 1822 3<sup>rd</sup> Street, South Jacksonville, Florida 32250

Re: Facility No: 0310437-003

Dear Mr. Yoon:

The Department has received the Air General Permit Registration Form for the **Perchloroethylene Dry Cleaner** facility that you submitted on May 1, 2009.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-213.300 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect any administrative changes in your mailing address, location address, responsible official, or telephone number, please notify the Department at the following address:

Air General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operation parameters or equipment, or if you have any questions regarding the Air General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely.

Sandra F. Veazey, Chief (

Bureau of Air Monitoring

SFV/pg

# 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Jong Sun Youn / Pablo Plaza Cleaner's Inc  2. Site Name (For example, plant name or number):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2. Site Name (For example, plant name or number):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Publo Plaza Cleanors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3. Hazardous Waste Generator Identification Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 4. Facility Location: Street Address: /812 3rd ST. South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| City: Jacksonville Beach County: Duval Zip Code: 32250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 12114/27-102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Responsible Official 03/0437-003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6. Name and Title of Responsible Official:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Name: Vong Syn Yoon Title: Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7. Responsible Official Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Organization/Firm: Street Address: 1822 3rd ST. GOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| City: Jacksonville Brach County: Dy val Zip Code: 32250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Secretary Dy val                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8. Responsible Official Telephone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Telephone: (904) 241 - 3742 - Fax: () -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Facility Contact (If different from Responsible Official)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9. Name and Title of Facility Contact (For example, plant manager):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 10. Facility Contact Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 11. Facility Contact Telephone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Telephone: ( ) - Fax: ( ) -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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

| Facility Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                      |                  |
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| 1.(a) DRY-TO-DRY MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACHINES ONL                                                                                                                                                                                                                                                                                                                                                                                                        | Y                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |                  |
| How many dry-to-dry ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | chines do you ha                                                                                                                                                                                                                                                                                                                                                                                                   | ve on-site?                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      | . •              |
| For each dry-to-dry mach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ine on-site, pleas                                                                                                                                                                                                                                                                                                                                                                                                 | se provide the following informat                                                                                                                                                                                                                                                                                                                         | tion:                                                                                                                                                                                                | -                |
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| 1996,4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Existing                                                                                                                                                                                                                                                                                                                                                                                                           | ew RC/CA/None required                                                                                                                                                                                                                                                                                                                                    | same                                                                                                                                                                                                 |                  |
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| i.(b) TRANSFER MAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HINES ONLY                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                      |                  |
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| If the transfer machine w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | as purchased from                                                                                                                                                                                                                                                                                                                                                                                                  | n the manufacturer prior to or on                                                                                                                                                                                                                                                                                                                         | n December 9, 1991, it is an EXIS                                                                                                                                                                    |                  |
| If the transfer machine w<br>unit. If the transfer machi<br>1993, it is a NEW unit (n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | as purchased from<br>the was purchased<br>to units purchased                                                                                                                                                                                                                                                                                                                                                       | n the manufacturer prior to or on<br>d from the manufacturer between                                                                                                                                                                                                                                                                                      | n December 9, 1991 and Septembe<br>illowed to operate under this general<br>information:  Date Control Device Installed<br>(if already included at time of                                           | r 22,<br>al<br>d |
| If the transfer machine w<br>unit. If the transfer machi<br>1993, it is a NEW unit (n<br>permit). For each transfe<br>Date Initially Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | as purchased from<br>the was purchased<br>to units purchased<br>er machine on-sit                                                                                                                                                                                                                                                                                                                                  | n the manufacturer prior to or on<br>d from the manufacturer between<br>d after September 22, 1993 are al<br>te, please provide the following in<br>Control Device Required*                                                                                                                                                                              | n December 9, 1991 and Septembe<br>illowed to operate under this general<br>information:  Date Control Device Installed                                                                              | r 22,<br>al<br>d |
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| If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer machine w unit. If the t | as purchased from the was purchased to units purchased er machine on-sit  Status (circle one)  Existing/New                                                                                                                                                                                                                                                                                                        | n the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are also, please provide the following in Control Device Required* (circle one)  RC/CA/None required                                                                                                                                                         | n December 9, 1991 and Septembe<br>illowed to operate under this general<br>information:  Date Control Device Installed<br>(if already included at time of                                           | r 22,<br>al<br>d |
| If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer machine w unit. If the t | as purchased from the was purchased to units purchased er machine on-sit  Status (circle one)  Existing/New  Existing/New                                                                                                                                                                                                                                                                                          | n the manufacturer prior to or one of from the manufacturer between d after September 22, 1993 are alse, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required                                                                                                                                  | n December 9, 1991 and Septembe<br>illowed to operate under this general<br>information:  Date Control Device Installed<br>(if already included at time of                                           | r 22,<br>al<br>d |
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| If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | as purchased from the was purchased to units purchased the machine on-sit  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New                                                                                                                                                                                                                                                             | n the manufacturer prior to or on of from the manufacturer between d after September 22, 1993 are alse, please provide the following is Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required                                                                                                                                   | Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber                                                                                             | r 22,<br>al<br>d |
| If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | as purchased from the was purchased to units purchased the machine on-sit  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New                                                                                                                                                                                                                                                             | n the manufacturer prior to or on the manufacturer between d after September 22, 1993 are also, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  Control Control Device Required  RC/CA/None required  RC/CA/None required  RC/CA/None required                      | Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber                                                                                             | r 22,<br>al<br>d |
| If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | as purchased from the was purchased to units purchased to units purchased the machine on-sit  Status (circle one)  Existing/New                                                                                                                                                      | n the manufacturer prior to or on of from the manufacturer between d after September 22, 1993 are alse, please provide the following is Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA/CA/None required  RC/CA/None required  RC/CA/None required                                               | Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber                                                                                             | r 22,<br>al<br>d |
| If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (near permit). For each transfer machine Purchased From Manufacturer  *CONTROL DEVICE KI  2.(a) How much perchlor [80] gallor (b) If less than 12 more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | as purchased from the was purchased to units purchased the machine on-sit  Status (circle one)  Existing/New  Existing/New | n the manufacturer prior to or on of from the manufacturer between d after September 22, 1993 are alse, please provide the following is Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA/CA/None required  RC/CA/None required  RC/CA/None required                                               | Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?                                                                                    | r 22,<br>al<br>d |
| If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (near permit). For each transfer machine Purchased From Manufacturer  *CONTROL DEVICE KI  2.(a) How much perchlor [80] gallor (b) If less than 12 more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | as purchased from the was purchased to units purchased the machine on-sit  Status (circle one)  Existing/New  Existing/New | n the manufacturer prior to or on of from the manufacturer between d after September 22, 1993 are also, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  Control Device Required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required | December 9, 1991 and September illowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months? | r 22,<br>al<br>d |

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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 (used less than 140 gallons of perc per year)  Transfer only on-site (used less than 200 gallons of perc per year)  Both machine types on-site (used less than 140 gallons of perc per year)                                                                                         |
| Large Area Source                                                                                                                                                                                                                                                                                                     |
| Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  Transfer only on-site (used 200 - 1,800 gallons of perc per year)  Both machine types on-site (used 140 - 1,800 gallons of perc per year)                                                                                               |
| 4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)                                                                                                                                                                              |
| 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  Carbon adsorber Refrigerated condenser                                                                                                                                                                                                 |
| 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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: [10] []                                                                                                                                                                                                                                                         |
| What type of fuel do you use?    No. 2 fuel oil   No. 4 fuel oil   Other (please list)                                                                                                                                                                                                                                |
| 6. Equipment Monitoring and Recordkeeping Information                                                                                                                                                                                                                                                                 |
| 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 addition log                                                                                                                                                                                                                                                      |
| (b) Leak detection inspection and repair                                                                                                                                                                                                                                                                              |
| (c) Refrigerated condenser temperature monitoring                                                                                                                                                                                                                                                                     |
| (d) Carbon adsorber exhaust perc concentration monitoring                                                                                                                                                                                                                                                             |
| (e) Startup, shutdown, malfunction plan                                                                                                                                                                                                                                                                               |

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| 7. Surrender (       | of Existing DEP Air                                                     | Permit(s)                                  |                                    | •                                  |                                | •                               |             |
|----------------------|-------------------------------------------------------------------------|--------------------------------------------|------------------------------------|------------------------------------|--------------------------------|---------------------------------|-------------|
| Please indicat       | te with an "X" the a                                                    | ppropriate selection                       | on:                                | •                                  |                                |                                 |             |
|                      | I hereby surrender<br>this notification to                              |                                            |                                    | thorizing oper                     | ation of the                   | facility indica                 | ited in     |
| (X)                  | No DEP air perm                                                         | its currently exist                        | for the operati                    | on of the facili                   | ity indicated                  | in this notific                 | ation       |
|                      | form.                                                                   |                                            |                                    |                                    |                                |                                 |             |
| Responsible          | Official Certification                                                  | on                                         |                                    |                                    | ·                              | ·                               |             |
| maintain<br>comply w | its made in this notification the air pollutant envith all terms and co | nissions units and<br>onditions of this ge | air pollution o<br>eneral permit d | ontrol equipm<br>is set forth in F | ent describe<br>Part II of thi | d above so as<br>s notification | to<br>form. |
| •                    | omptly notify the De                                                    | •                                          | nunges to the t                    | njormulion co.                     | niainea in ii                  | us noujicuuoi                   |             |
|                      |                                                                         |                                            |                                    |                                    |                                |                                 | 2.          |
|                      | ng Syn You<br>ne of responsible off                                     |                                            |                                    |                                    |                                |                                 | 1.          |
| <u></u>              |                                                                         |                                            |                                    | 4                                  | -/_28                          | 109                             | <b>i.</b>   |

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit. Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources. MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee. FL 32399-2400

#### Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A. Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

#### Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### **Facility Contact**

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Pablo Plaza cleaner 1822 3RD ST. S Jax Beach. FL 32250

JACKSONVILLE FL 322

29 APR 2009 PM 3 L

Title V General Permitting office Bureau of Air Monitoring and Mobile Sources

MS-5510

Department of Environmental Protection 2600 Blair Stone Road Tallahassee. Florida 32399-2400

12359\$6542

Pablo Plaza cleaner 1822 3RD ST. S Jax Beach. FL 32250

DACKSONVILLE FL 322

29 APR 2009 PM 3 L

Title V General Permitting office Bureau of Air Monitoring and Mobile Sources

MS-5510

Department of Environmental Protection 2600 Blair Stone Road Tallahassee. Florida 32399-2400

32399985542

Anthodalahahahahahahahahahahahahah

### Wise, Jane

From:

Wise, Jane

Sent:

Friday, May 08, 2009 2:54 PM

To:

'ROBINSON@coj.net'; 'TUTT@coj.net'

Cc:

Veazey, Sandra; Bowman, Sandy

Subject:

Recently Received AG Registrations

Attachments: 0310437-003.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made after the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson dibble dep.state.fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us