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JUN 27 2011

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring & Mobile Sources

## Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Exclusive Cleaners & Laundry Inc.  2. Site Name (For example, plant name or number):
1
Exclusive Cleaners of Laundry IXC.  3. Hazardous Waste Generator Identification Number:
FLCESQG
4. Facility Location: Street Address: 3900 N 9 AVE
City: Persacola County: Escambia Zip Code: 32503
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0330235-
U GO
Responsible Official
6. Name and Title of Responsible Official:
6. Name and Title of Responsible Official:  Name: Henry G. Whigham Title: President  7. Responsible Official Mailing Address: 3900 N. 9th ADE.  Organization/Firm: Exclusive Cleanors + Laundry Inc.  Street Address: 3900 N. 9th AVE.  City: Pensacola  Responsible Official Telephone Number:  8. Responsible Official Telephone Number:
7. Responsible Official Mailing Address: 3900 N. 9th ADE
Street Address: 3000 N. Oth AUE.
City: Peace Le County: Flush Zip Code: 32503
Tensaccia Morida
o. Responsible Official relephone Number.
Telephone: (850) 438-8995 Fax: (850)438-8995
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Coloria Stokes Manager
10. Facility Contact Address:
Street_Address:
City: Pensacola County: Escambia Zip Code: 32503
11. Facility Contact Telephone Number:
Telephone: (850) 698-4084 Fax: (850) 438-8995

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

Facility Information			
1.(a) DRY-TO-DRY MA	ACHINES ONL	Y	$\Phi_{ij} = \{i,j\}$
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	e provide the following infor	mation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Require (circle one)	ed* Date Control Device Installed (if already included at time of purchase, write "SAME")
1999	Existing/N	ew ROCA/None required	2005
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	<del></del>
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser	CA = carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	_	
How many washers do yo			
unit. If the transfer machi 1993, it is a NEW unit (n	s purchased from ne was purchased o units purchased	the Janufacturer prior to o	r on December 9, 1991, it is an <b>EXISTING</b> veen December 9, 1991 and September 22, re allowed to operate under this general and information:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	* "%&*		
*CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser	CA = carbon adsorber
	roethylene (perc) ns (You must fill	have you used within the last this in)	st 12 months?
(b) If less than 12 mor	nths, how many?	months	
Check why it is le	es than 12 months	: New owner: [ ] Did r	not keen records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

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New store: [\_\_\_\_] New machine [\_\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening \_\_\_

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  Refrigerated condenser	ma M				
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to 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					
How many boilers do you have on-site? 2					
For each boiler, indicate its horsepower (HP) rating: [15] [20] []					
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 6 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					
(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 indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form. No DEP air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to

comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Print name of responsible official

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DEP Form No. 62-213.900(2) Effective: 2/24/99 EXCLUSIVE CLEANERS & LAUNDRY 3900 N 9TH AVE PENSACOLA, FL 32503 PENSACOLA FL 325,

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General Permit Section Bureau of Air Monitoring and Mobile Source, MS 5510 2600 Blair Stone Road Tallahassee, FI 32399-2400