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.

racinty Name and Location	
1. Facility Owner/Company Name (Name of corporate	tion, agency, or individual owner):
COASTAL DRY CU	EXNING, INC.
2. Site Name (For example, plant name or number):	
THE WASHING WELL	
3. Hazardous Waste Generator Identification Number	PROMISED SUSTING DIC BIS
HOEV. AREKITY # 0530	PURCHUSED SCISTIBUG DIC BS. 349-203
4. Facility Location: HERNANDO WEST	PLAZA
Street Address: 1498 PINCHURST	DR
City: SPRING HILL County: +	(ERNAN DO Zip Code: 34606
5. Facility Identification Number (DEP, Use ONLY - d	lo not fill in) OC 2 6 2 1 1 0
5. Facility Identification Number (DEP Use ONLY -d	(1)5(1)544-1/
Language to the State of the St	
Responsible Official	
6. Name and Title of Responsible Official:	
Name MICHAEL COWART	Title: PRESIDENT
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address:	
City: County:	Zip Code:
Responsible Official Telephone Number:	
Telephone: (352) 633-9550	Fax: () -
1 (300) 27 . 20	
Facility Courts of It 1980.	• »
Facility Contact (If different from Responsible Offici	
9. Name and Title of Facility Contact (For example, pl	ant manager).
10. Facility Contact Address:	
Canada Addinana	
Street Address:	Tim Code
City: County:	Zip Code:
11. Facility Contact Telephone Number:	
Telephone: () -	Fax: () -
	·

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	* #
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry macl	nine on-site, pleas	e provide the following information	on:
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")
2/11/00	Existing/N	ew ROCA None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY	,	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general ormation: Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(if already included at time of purchase, write "SAME")
NA	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	roethylene (perc)	have you used within the last 12 n	= carbon adsorber nonths?
	ns (You must fill	•	
(b) If less than 12 mon			
Check why it is les	s than 12 months:	New owner: [] Did not ke	-
		New store: [] New machin	
		Unopened store [] (date of	expected opening)

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

3. What is the facility's source classification based on a Indicate with an "X". Select one classification on	· · ·
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pro (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED) []	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
	its shall not be eligible to use the general permit pursuant to t water generating units on-site meet the following exemption I memo for the criteria).
All steam and hot water generating units exempt No such units on-site	IX OR ELECTRIC
How many boilers do you have on-site?	11 And 2.9 KW 220V NOT AVAILABLE CONFORT WHOSE
For each boiler, indicate its horsepower (HP) rating: [Colored with ge
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Informa	tion
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ad	ldition log
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	oring
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Startup, shutdown, malfunction plan	

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

7. Surrender o	of Existing DEP Air Permit(s)
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form, the permit number(s) are
\checkmark	No DEP air permits currently exist for the operation of the facility indicated in this notification form
Responsible (Official Certification
this notific statements maintain t comply wit I will pron	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. Inptly notify the Department of any changes to the information contained in this notification. HAEL WART
Micke Signature	2(2) Cowart 9/20/07

DEP Form No. 62-213.900(2) Effective: 2/24/99 1498 PINEMEST DE SPRING ASII, É 3460



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TITLE V GENERAL PERMITS EFFICE

BUREAU OF ALR MONITORNE PROJECTIONS MS 5570

D. E. P.

2600 BLAIRSTONE ROLD

TALLAHASSET, FL 32399-2400