

EXPIRED: 12/31/09

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Bureau of Air Monitoring  
Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MARKE CLEANERS CORP
2. Site Name (For example, plant name or number):	PRONTO CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	104 MAIN street
City:	BROOKSVILLE County: HERNANDO Zip Code: 34601-3335
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0530371-002

Responsible Official

6. Name and Title of Responsible Official: Name:	ROBERT A. RILEY JR	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm:	MARKE Cleaners Corp dba Pronto Cleaners	Street Address:	314 Washington Avenue
City:	MADARYTOWN County: HERNANDO Zip Code: 34604		
8. Responsible Official Telephone Number: Telephone:	(352) 585 3307	Fax:	(352) 799 1831

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ROBERT A RILEY JR
10. Facility Contact Address: Street Address:	MARKE CLEANERS CORP dba Pronto Cleaners 104 MAIN street
City:	BROOKSVILLE County: HERNANDO Zip Code: 34601-3335
11. Facility Contact Telephone Number: Telephone:	(352) 796 2425 Fax: ( ) -

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ 3 ]

For each dry-to-dry machine on-site, please provide the following 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")
1984	<u>Existing</u> /New	RC/CA/None required	SAME
1990	<u>Existing</u> /New	RC/CA/None required	SAME
1992	<u>Existing</u> /New	RC/CA/None required	SAME

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? [ NA ]

How many dryers/reclaimers do you have on-site? [ N/A ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased 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 KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[ 85 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ ] months

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ ]

New store: [ ] New machine [ ]

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

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".)

- |                                                                                                                                              |                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input checked="" type="checkbox"/>                                         | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/> |

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  OR  
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 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

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; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*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.*

Robert A. Riley Jr  
Print name of responsible official

Robert A. Riley Jr  
Signature

1/5/2010  
Date



EG356898370US

EXPRESS MAIL  
POSTAGE PAID



U.S. POSTAGE  
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LAND O LAKES, FL  
34639  
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00049214-15

Place

How

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 34639	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 1.90	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee	
Month Day Year 1 6 10	Month Day Year 1 1 10	\$	
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee	Insurance Fee
	Military	\$	\$
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 15.90	
lbs. 2 ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials DP	

Mo.	Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo.	Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo.	Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

**CUSTOMER USE ONLY**

**WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY**  
Weekend  Holiday  Mailing Signature

**FROM: (PLEASE PRINT)** PHONE ( )

Mark & Cheryl  
314 Washington Ave  
Middletown, FL 34661

**TO: (PLEASE PRINT)** PHONE ( )

General  
Bureau  
Middletown, FL 34661

**FOR PICKUP OR TRACKING**  
Visit [www.usps.com](http://www.usps.com)  
Call 1-800-222-1811

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

3 2 3 9 9 + [ ] [ ] [ ] [ ]

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

A

Marke Cleaners Corp  
dba Pronto Cleaners  
314 Washington Ave  
MASARYKTOWN, FL 34604

GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING & MOBILE SOURCES, MS 5510  
DEPT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD  
TALLAHASSEE, FL 32399-2400