AIRS ID# 0710177 Lehigh Cleaners & Tailor Shop 25 Homestead Rd N, #17 Lehigh, Florida 33936-6607



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):	
Tony + Elsie Jordan K	
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number): Lehigh Cleaners D-Tailor Shop Inc.	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 25 Homestead Rd N #17 Street Address:	
City: Lee Zip Code: 33936	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	19
	7
	-
Responsible Official	
6. Name and Title of Responsible Official: Name: Title:	ŀ
Name: Tony Jordan Title: owner	
7. Responsible Official Mailing Address: Organization/Firm: Same as above	
Organization/Firm: Dame as above Street Address:	
City: County: Zip Code:	
enj.	
8. Responsible Official Telephone Number:	
Telephone: (239)368 - 8220 Fax: (239)368 - 8223	
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Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
Elsle or Tony Jordan	
10. Facility Contact Address:	\neg
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	\neg
Telephone: () - Fax: () -	
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

l (a) DRY-TO-DRY M	ACHINES ONL		
How many dry-to-dry ma	chines do you ha	ve on-site?	
or each dry-to-dry mach	ine on-site, pleas	se provide the following information	on:
Date Initially Purchased From Manufacturer		Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
April-05	Existing	RC/CA/None required	
	Existing/No	ew RC/CA/None required	
<u> </u>	Existing/Ne	ew RC/CA/None required	•
CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA =	carbon adsorber
.(b) TRANSFER MAC	HINES ONLY		
Iow many washers do yo	ou have on-site?		•
the transfer mathine winit. If the transfer machi	ine was purchased	he he manufacturer prior to or on I d from the manufacturer between I	December 9, 1991 and September 2
The dansfer machine we nit. If the transfer machine 1993, it is a NEW unit (nermit). For each transfer	aspurchased from ine was purchased to units purchased	n he manufacturer prior to or on I	December 9, 1991 and September 2 owed to operate under this general formation: Date Control Device Installed (if already included at time of
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che dansfer machine winit. If the transfer machine 993, it is a NEW unit (nermit). For each transfer rom Manufacturer CONTROL DEVICE K. (a) How much perchlor [15] gallor (b) If less than 12 more	as pulsassed from the was purchased for units purchased for units purchased for machine on-sit status (circle one) Existing/New EXISTING/New	he manufacturer prior to or on I d from the manufacturer between I d after September 22, 1993 are allower, please provide the following inf Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 2 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?
che Lansfer mathine wanit. If the transfer machine 1993, it is a NEW unit (notermit). For each transfer machine 1993, it is a NEW unit (notermit). For each transfer mathine 1993, it is a NEW unit (notermit). For each transfer machine 1993, it is a New unit (notermit). For each transfer machine 1993, it is a New unit (notermit). For each	as pulsassed from the was purchased for units purchased for units purchased for machine on-sit status (circle one) Existing/New EXISTING/New	he manufacturer prior to or on Id from the manufacturer between Id after September 22, 1993 are allowed, please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser CA = have you used within the last 12 ml this in) [] months	December 9, 1991 and September owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber carbon adsorber carbon adsorber

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	cility's source classificati h an "X". Select one clas		on the definitions found in section (3) of Part II?
Small A	Area Source		the state of the s
	Dry-to-dry machines or Transfer only on-site Both machine types on-		(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 A	Area Source	[]	
	Dry-to-dry machines or Transfer only on-site Both machine types on-	•	(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 to (Indicate with		machines	pursuant to section (5) of Part II of this notification form?
	g machines at small area REQUIRED)	source]	New machines at small area source Refrigerated condenser [X]
Carbon	adsorber [rated condenser [source]]	New machines at large area source Refrigerated condenser
Rule 62-213.300	, F.A.C. Verify that all s	steam and l	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following e (see attached memo for the criteria).
All steam and he No such units on	ot water generating units	exempt	OR
How many boiler	rs do you have on-site?		
For each boiler, i	indicate its horsepower (HP) rating:	: 15 1
What type of fue	l do you use?] propane] No. 2 fue] No. 6 fue	
6. Equipment Mo	onitoring and Recordkee	ping Inforr	mation
Check all logs w	hich are required to be k	ept on-site	in accordance with the requirements of this general permit:
(a) Purchase rece	eipts and solvent purchase	es/solvent	
(b) Leak detection	on inspection and repair		
	condenser temperature m	_	nitoring [V]
	ther exhaust perc concent down, malfunction plan	tration moi	nitoring [Y]
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7. Surrender of E	xisting DEP Air Permit(s)
Please indicate w	ith an "X" the appropriate selection:
th	hereby surrender all existing DEP air permits authorizing operation of the facility indicated in us notification form; the permit number(s) are
	o DEP air permits currently exist for the operation of the facility indicated in this notification orm. Renewing wrent Permit
Responsible Offi	icial Certification ATPSID# 071017
this notificati statements m maintain the comply with a	igned, am the responsible official, as defined in Part II of this form, of the facility addressed in ion. I hereby certify, based on information and belief formed after reasonable inquiry, that the ade in this notification are true, accurate and complete. Further, I agree to operate and air pollutant emissions units and air pollution control equipment described above so as to all terms and conditions of this general permit as set forth in Part II of this notification form.
Tony	If y notify the Department of any changes to the information contained in this notification. f responsible official
Signature	9-11-08 Date