

Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

August 9, 2006

Mr. John Brett O'Brien  
O'Briens Shamrock Cleaners  
3501 McClay Boulevard  
Tallahassee, Florida 32312

Re: Facility No.: 0730075-003

Dear Mr. O'Brien:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 5, 2006.

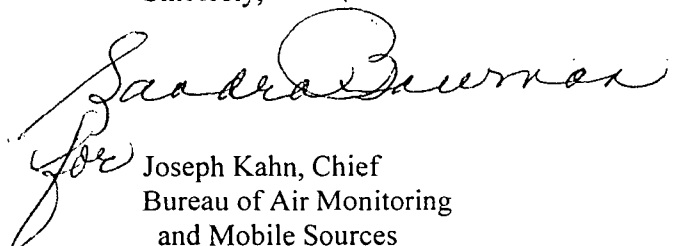
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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

Title V 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 operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Kahn".

Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Charles Norman – Northwest District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES ..... 196-2005 .....  
SOC REPORT ..... 5 .....  
COMPLIANCE STATUS ..... IN .....

9/15/2005 - IN

INSP-LeonCo-NWD-C Norman  
INSP-INS2-compliance inspection  
walkthrough

**Dibble, Dickson**

---

**From:** White, Tracy A.  
**Sent:** Wednesday, August 27, 2008 9:04 AM  
**To:** Mitchell, Erica; Dibble, Dickson  
**Cc:** Bradburn, Rick; Castellano, Marlane; Curle, Mary Beth  
**Subject:** 0730075 O'Brien's  
**Attachments:** O'Brien's Shamrock Cleaners - Air.pdf

Hello,

O'Briens Shamrock appears to now be inactive. Please make the appropriate changes to their entitlement in ARMs. If I need to contact them about anything else, please let me know. Thanks.

Tracy White  
Environmental Specialist  
Northwest District Branch Office  
630 - 3 Capital Circle NE  
Tallahassee, Florida 32301  
850-488-3704, Fax: (850) 922-3620

8/27/2008



# PERCHLOROETHYLENE DRY CLEANERS



## COMPLIANCE INSPECTION CHECKLIST

**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO:

**AIRS ID#:** 0730075 **DATE:** 8/20/2008 **ARRIVE:** \_\_\_\_\_ **DEPART:** \_\_\_\_\_

**FACILITY NAME:** O'BRIEN'S SHAMROCK CLEANERS

**FACILITY LOCATION:** 3501 S Maclay Blvd  
 TALLAHASSEE 32312-3913

**OWNER/AUTHORIZED REPRESENTATIVE:** JOHN O'BRIEN **PHONE:** (850)893-7220

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ENTITLEMENT PERIOD:** 8/5/2006 / 8/5/2011  
 (effective date) (end date)

**PART I: INSPECTION COMPLIANCE STATUS** (check  only one box)

IN COMPLIANCE  MINOR Non-COMPLIANCE  SIGNIFICANT Non-COMPLIANCE

**PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC**

(check  only one box in A)

**A. 1. Existing small area source**   
 dry-to-dry only,  $x < 140$  gal/yr  
 transfer only,  $x < 200$  gal/yr  
 both types,  $x < 140$  gal/yr  
 (constructed before 12/9/91)

**2. New small area source**   
 dry-to-dry only,  $x < 140$  gal/yr  
 transfer only,  $x < 200$  gal/yr  
 both types,  $x < 140$  gal/yr  
 (constructed on or after 12/9/91)

**3. Existing large area source**   
 dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
 transfer only,  $200 \leq x \leq 1,800$  gal/yr  
 both types,  $140 \leq x \leq 1,800$  gal/yr  
 (constructed before 12/9/91)

**4. New large area source**   
 dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
 transfer only,  $200 \leq x \leq 1,800$  gal/yr  
 both types,  $140 \leq x \leq 1,800$  gal/yr  
 (constructed on or after 12/9/91)

**5. Ineligible for General Permit**   
 drop store/out of business/petroleum  
 facility exceeds above limits

**B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 289 gallons.**

**PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC**

(check  only one box for each question)

Does the responsible official of the dry cleaning facility:

1. Store perc, and wastes containing perc, in tightly sealed & impervious containers?  Yes  No  N/A
2. Examine the containers for leakage? -----  Yes  No  N/A
3. Close and secure machine doors except during loading/unloading? -----  Yes  No
4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? -----  Yes  No  N/A
5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? -----  Yes  No  N/A

**PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC**

(Refer to Part II-A.1.-4. Classification: page 1 of 4, this form)

1. If the facility classification is a Existing small area source, no controls are required. Proceed to Part V.
2. If the facility classification is a New small area source, the machine should be equipped with a refrigerated condenser. Complete section A. below.
3. If the facility classification is a Existing large area source, the machine should be equipped with either a refrigerated condenser or a carbon adsorber. Complete both sections A and B below. *Carbon adsorber must have been installed prior to September 22, 1993*
4. If the facility classification is a New large area source, the machine should be equipped with a refrigerated condenser. Complete both sections A and B below.

**A. Has the responsible official of all existing large area & new sources:**

(check  only one box for each question)

1. Equipped all machines with the appropriate vent controls? -----  Yes  No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? -----  Yes  No  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? -----  Yes  No  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? -----  Yes  No
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? -----  Yes  No  N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? -----  Yes  No

**PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)**

**B. Does the responsible official of an existing large or new large area source also:**

(check  only one box for each question)

1. Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? -----  Yes  No
2. Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? -----  Yes  No  N/A
  - a) Is the temperature differential equal to, or greater than 20° F? -----  Yes  No  N/A
3. Measure and record the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped exclusively with a carbon adsorber? -----  Yes  No  N/A
  - a) Is the perc concentration equal to, or less than 100 ppm? -----  Yes  No  N/A
4. Assure that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? -----  Yes  No  N/A
5. Equip transfer machines (dryers, reclaimers, and washers) with individual condenser coils? -----  Yes  No  N/A
6. Route airflow to the carbon adsorber (if used) at all times? -----  Yes  No  N/A

**PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC**

**Does the responsible official:**

(check  only one box for each question)

1. Maintain receipts for perc purchased? -----  Yes  No
2. Maintain rolling monthly total of yearly perc consumption? -----  Yes  No
3. Maintain leak detection inspection and repair reports for the following:
  - a) documentation of leaks repaired w/in 24 hrs? or; -----  Yes  No  N/A
  - b) documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? -----  Yes  No  N/A
4. Maintain calibration data? (for applicable direct reading instruments) -----  Yes  No  N/A
5. Maintain exhaust duct monitoring data on perc concentrations? -----  Yes  No  N/A
6. Maintain a startup/shutdown/malfunction plan? -----  Yes  No
7. Maintain deviation reports? -----  Yes  No  N/A
  - a) Problem corrected? -----  Yes  No  N/A
8. Maintain a compliance plan, if applicable? -----  Yes  No  N/A

**PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC**

(check  only one box for each question)

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

detection and repair inspection? -----  Yes  No

2. Does the facility maintain a leak log? -----  Yes  No

3. Does the responsible official check the following areas for leaks?

|  |   |                              |   |
|--|---|------------------------------|---|
| a) Hose connections, fittings, couplings, and valves ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | g) Muck cookers -----        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b) Door gaskets and seating -----                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | h) Stills -----              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| c) Filter gaskets and seating -----                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | i) Exhaust dampers -----     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| d) Pumps -----   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | j) Diverter valves -----     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e) Solvent tanks and containers--                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | k) Cartridge filter housings | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| f) Water separators -----                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                              |   |

4. Which method(s) of detection (is/are) used by the responsible official?

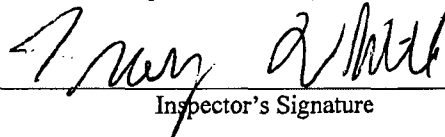
|   |  |
|---|--|
| a) Visual examination (condensed solvent on exterior surfaces) -----        | a) <input type="checkbox"/>                |
| b) Physical detection (airflow felt through gaskets) -----                  | b) <input type="checkbox"/>                |
| c) Odor (noticeable perc odor) -----  | c) <input type="checkbox"/>                |
| d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ----- | d) <input type="checkbox"/> ** (see below) |
| e) Halogen leak detector -----  | e) <input type="checkbox"/>                |

**\*\*If using direct-reading instrumentation, is the equipment: ----- \*\*  N/A**

|  |   |
|--|---|
| 1) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? -----       | 1) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Calibrated against a standard gas prior to and after each use (PID/FID only)? ----- | 2) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Inspected for leaks and obvious signs of wear on a weekly basis? -----              | 3) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Kept in a clean and secure area when not in use? -----                              | 4) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Verified for accuracy by use of duplicate samples (calorimetric only)? -----        | 5) <input type="checkbox"/> Yes <input type="checkbox"/> No |

Tracy White

8/20/2008

Inspector's Name (Please Print)  
  
 Inspector's Signature

Date of Inspection  
 6-12 months  
 Approximate Date of Next Inspection

**COMMENTS:**

I met with Connie and John O'Brien. We observed the new equipment. The PCE machines had been removed. In their place were two new Union HL860 machines that used petroleum-based chemicals. Exxon DF-2000 fluid was in the chemical storage room in a 55-gallon drum.

The O'Briens explained that the old Perc from the old machines was taken off the site by the installers or waste transport service.

The new machines were put into operation around Mid December 2007. I requested the 2007 records for the old machines. The last Perc. rolling total was at 289 gallons as of November 2007. Records were maintained up to December 2007.

The O'Briens had concerns if the new petro machines have any applicable regulations. I told them to contact John Johnson at my office if they had any questions in that regard. Ms. O'Brien said she had earlier contacted Erica Mitchell in regard to the permit, etc.

NOTE: The facility is inactive and the checklist was not completed.

Recommendations:

The facility appeared to no longer be operating with PCE and the equipment appeared to have been removed. I will forward my inspection report to the District office and request that your facility entitlement to operate (permit) be made inactive.

No problems were noted during this final inspection.



# Florida Department of Environmental Protection

Northwest District Branch Office  
630-3 Capital Circle Northeast  
Tallahassee, Florida 32301

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

August 27, 2008

John O'Brien  
O'Brien's Shamrock Cleaners  
3501 South Maclay Boulevard  
Tallahassee, Florida 32312-3913

Dear Mr. O'Brien:

A Department representative inspected your facility to determine compliance with the Air Quality Operating Permit. The program identification number for this facility is 0730075. This letter applies only to activities covered by the Air Resource Management Program.

Based on the inspection results, the Tallahassee Branch Office reported a status of In-Compliance for your facility. Note that your compliance status may be subject to further review by the District Program Office.

In order to complete the yearly inspection process, the enclosed "Annual Compliance Certification Form" will have to be completed. Please fill out your relevant sections of the form, including the Annual Reporting Period. The last recorded end date on your previously submitted form appears to be August 22, 2006. Please check your compliance status box, sign and date the bottom of the form, and return or mail the form back to this office. You may keep the yellow copy for your records.

The assistance you provided is appreciated. You are encouraged to review the enclosed inspection checklist and its comments section. If you have any questions, your local contact is Tracy White at (850) 488-3704 or [tracy.a.white@dep.state.fl.us](mailto:tracy.a.white@dep.state.fl.us).

Sincerely,

Marlane Castellanos  
Branch Manager

MC/tw  
Enclosures

cc: Rick Bradburn, FDEP, Pensacola  
Mary Beth Curle, FDEP  
Erica Mitchell, FDEP



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

466384 DEC22 2006

Do NOT Remove Label

AIRS ID# 730075  
O'BRIEN'S SHAMROCK  
CLEANERS  
3501 S Maclay Blvd  
TALLAHASSEE, FLORIDA

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

DEC 27 2006  
1 3 3 5  
✓  
UNITED STATES MAIL  
& MONEY ORDER

O'BRIEN'S SHAMROCK CLEANERS  
3501 Maclay Blvd.  
Tallahassee, FL 32312

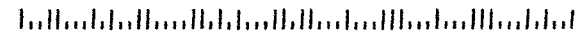
TALLAHASSEE FL 323

21 DEC 2006 PM 2 T



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070-70 B099



RECEIVED

JUL 05 2006

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitor  
& 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): | O'BRIEN'S SHAMROCK CLEANERS |           |  |
| 2. Site Name (For example, plant name or number):                                  |                             |           |  |
| 3. Hazardous Waste Generator Identification Number:                                | CAD 981269095               |           |  |
| 4. Facility Location:  | 3501 McCloy Blvd.           |           |  |
| Street Address:  | 3501 McCloy Blvd.           |           |  |
| City:  | County:                     | Zip Code: |  |
| Tomblessee   | Leew                        | 32312     |  |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):                 | 0730075-003                 |           |  |

Responsible Official

|  |   |           |  |
|--|---|-----------|--|
| 6. Name and Title of Responsible Official: | Name: JOHN BRADFORD O'BRIEN Title: President  |           |  |
| 7. Responsible Official Mailing Address:   | Organization/Firm: 3501 McCloy Blvd.          |           |  |
| Street Address:                            | 3501 McCloy Blvd.                             |           |  |
| City:                                      | County:                                       | Zip Code: |  |
| Tomblessee                                 | Leew  | 32312     |  |
| 8. Responsible Official Telephone Number:  | Telephone: (850) 893-7220 Fax: (850) 893-8315 |           |  |

Facility Contact (If different from Responsible Official)

|   |                             |           |  |
|---|-----------------------------|-----------|--|
| 9. Name and Title of Facility Contact (For example, plant manager): |                             |           |  |
| 10. Facility Contact Address:                                       |                             |           |  |
| Street Address:   |                             |           |  |
| City:   | County:                     | Zip Code: |  |
|   |                             |           |  |
| 11. Facility Contact Telephone Number:                              | Telephone: ( ) - Fax: ( ) - |           |  |



**Facility Information**

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

How many dry-to-dry machines do you have on-site? 2

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") |
|--|---|---------------------------------------|---|
| <u>6/2000</u>                              | Existing <input checked="" type="radio"/> New <input type="radio"/> | RC/CA/None required                   | _____   |
| <u>6/2000</u>                              | Existing <input checked="" type="radio"/> New <input type="radio"/> | RC/CA/None required                   | _____   |
| _____                                      | Existing/New  | RC/CA/None required                   | _____   |

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

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

How many washers do you have on-site?         

How many dryers/reclaimers do you have on-site?         

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?

244 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 type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" 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 checked="" 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?  1

For each boiler, indicate its horsepower (HP) rating:  PB  030  A 30 Horse

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 AIRS ID #0730075
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

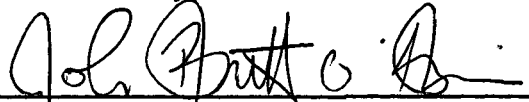
**Responsible Official Certification**

*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.*

JOHN BRETT O. BRIGNO

Print name of responsible official



Signature

6-30-06  
Date

## 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.