

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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OCT 04 2006  
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): | Padon Cleaners, Inc.        |           |  |
| 2. Site Name (For example, plant name or number):                                  | Stuart Cleaners and Tailors |           |  |
| 3. Hazardous Waste Generator Identification Number:                                | FLD099613200                |           |  |
| 4. Facility Location:  |                             |           |  |
| Street Address:  |                             |           |  |
| City:  | County:                     | Zip Code: |  |
| 39 SE Kindred St<br>Stuart, FL 34994   | Martin                      | 34994     |  |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in)                  | 080017-003                  |           |  |

Responsible Official

|  |                                    |                  |                |
|--|------------------------------------|------------------|----------------|
| 6. Name and Title of Responsible Official: |                                    |                  |                |
| Name:                                      | Sandra Lather                      | Title:           | MANAGER        |
| 7. Responsible Official Mailing Address:   | 39 SE Kindred St. Stuart, FL 34994 |                  |                |
| Organization/Firm:                         | Stuart Cleaners                    |                  |                |
| Street Address:                            | 39 SE Kindred St.                  |                  |                |
| City:                                      | County:                            | Zip Code:        |                |
| Stuart, FL                                 | Martin                             | <del>47994</del> |                |
| 8. Responsible Official Telephone Number:  |                                    |                  |                |
| Telephone:                                 | (772) 286-3416                     | Fax:             | (772) 286-3448 |

VERIFIED  
BY PHONE  
CALL  
D.E.W.

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 ] 2 perc  
1 petroleum

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") |
|--|---|---------------------------------------|---|
| May 2002                                   | Existing <input checked="" type="radio"/> New | RC/CA/None required                   | <u>SAME</u>   |
| May 2002                                   | Existing <input checked="" type="radio"/> New | RC/CA/None required                   | <u>SAME</u>   |
| May 2002                                   | Existing <input checked="" type="radio"/> New | RC/CA/None required                   | <u>SAME</u>   |

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

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

How many washers do you have on-site?

[ 0 ]

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

[ 0 ]

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?**

[ 515 ] 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".)

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

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:  4  0

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

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SEP 28 2006

DEPT OF ENV PROTECTION  
WEST PALM BEACH

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.*

Sandra Lather  
Print name of responsible official

Sandra Lather  
Signature

9/28/06  
Date

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 0859114.
- 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.*

SANDRA LATHER  
Print name of responsible official

Sandra Lather  
Signature

6/29/06  
Date

Sent in  
June 30, 2006  
General Permits Section  
Department of Environmental Protection  
2600 Blair Stone Rd.  
Tallahassee, FL 32399

# STATEMENT OF COMPLIANCE - TITLE V SOURCE

## RESPONSIBLE OFFICIAL CERTIFICATION

I, the undersigned, am a responsible official (Title V air permit application or responsible official notification form on file with the Department) of the Title V source for which this document is being submitted. With respect to all matters other than Acid Rain program requirements, I hereby certify, based on the information and belief formed after reasonable inquiry, that the statements made and data contained in this document are true, accurate, and complete.

Sandra Lather  
(Signature of Title V Source Responsible Official)

6/24/06  
(Date)

Name: Sandra Lather

Title: Manager  
responsible officer

## ~~DESIGNATED REPRESENTATIVE CERTIFICATION (only applicable to Acid Rain source)~~

~~I, the undersigned, am authorized to make this submission on behalf of the owners and operators of the Acid Rain source or Acid Rain units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.~~

~~(Signature of Acid Rain Source Designated Representative)~~

~~(Date)~~

~~Name: \_\_\_\_\_~~

~~Title: \_\_\_\_\_~~


*(Note: Attachments, if required, are created by a responsible official or designated representative, as appropriate, and should consist of the information specified and any supporting records. Additional information may also be attached by a responsible official or designated representative when elaboration is required for clarity. This report is to be submitted to both the compliance authority (DEP district or local air program) and the U.S. Environmental Protection Agency (EPA) (U.S. EPA Region 4, Air and EPCRA Enforcement Branch, 61 Forsyth Street, Atlanta GA 30303).)*

Memorandum

Florida Department of  
Environmental Protection

RECEIVED  
OCT 04 2006

TO: Sandy Bowman  
Air General Permit Section  
Mail Station 5510

FROM: Allen Rainey   
Environmental Specialist  
Air Program

DATE: 10/3/06

SUBJECT: Notification of Intent to Use General Permit for Padon Cleaners, Inc.  
Facility ID #0850114

Attached is the Notification for the dry cleaning facility we spoke of last week. I have enclosed a copy of the Notification reportedly sent to Tallahassee in June and a page bearing Ms. Lather's original signature. Please process the Notification accordingly. Please contact me at SC 226-6623 if you require more information.