

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 27 2003
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

(FORMERLY GREAT WHITE CLEANERS)

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DOOR TO DOOR DAY CLEANING LLC
2. Site Name (For example, plant name or number): SAME.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: 3269 SW. 42 ND AVE County: MARTIN Zip Code: 32990
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0850115-004

Responsible Official

6. Name and Title of Responsible Official: Name: STEVE JECHEMOTO Title: MEMBER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3269 SW. COCO PALM DR. City: PALM CITY County: MARTIN Zip Code: 32990
8. Responsible Official Telephone Number: Telephone: (772) 781-7769 Fax: () -

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? 1

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>2005</u>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
_____	Existing/New	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? 2 0

How many dryers/reclaimers do you have on-site? 2 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?

0 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 2/20/08)

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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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: 20

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.

Steve Scaramato
Print name of responsible official

Signature

Date

FedEx USA Airbill
Express

FedEx
Tracking
Number

8434 9468 3080

Form
LD No.

0215

Recipient's Copy

1 From This portion can be removed for Recipient's records.

Date 2/26/09 FedEx Tracking Number 843494683080

Sender's Name SCERENSKO Phone 561 286-1700

Company MCCARTHY AND SUMMERS ETAL

Address 2400 SE FEDERAL HWY FL 4 Dept./Floor/Suite/Room

City STUART State FL ZIP 34994-4591

2 Your Internal Billing Reference SCERENSKO

3 To
Recipient's Name DICK DIBBLE Phone

Company FDEP-DARM

Address DICK DIBBLE

Address FAMMS - SUITE 9 We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address AIR GENERAL PROGRAM Dept./Floor/Suite/Room

City TALLAHASSEE State FL ZIP 32301



NO POUCH NEEDED.
See back for peel and stick application instructions.

RECIPIENT: PEEL HERE

4a Express Package Service

FedEx Priority Overnight Next business morning
 FedEx Standard Overnight Next business afternoon
 FedEx First Overnight Earliest next business morning delivery to select locations

FedEx 2Day Second business day
FedEx Envelope rate not avail

4b Express Freight Se

FedEx 1Day Freight* Next business day

* Call for Confirmation.

5 Packaging

FedEx Envelope*

6 Special Handling

SATURDAY Delivery Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

Does this shipment contain
One box must
 No Yes As per attached Shipper's Declaration
Dangerous Goods (including Dry Ice) can

7 Payment Bill to:

Sender Acct. No. in Section 1 will be billed. Re



Total Packages

*Our liability is limited to \$100 unless

8 Release Signature

By signing you authorize and agree to indemnify us.
Questions? Visit our Web site at fedex.com
or call 1.800.Go.FedEx® 800.463.3339.
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PRIORITY OVERNIGHT

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