

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Anver Dawood Nature, Inc. 701 Virginia Drive Orlando, Florida 32803

Dear Mr. Dawood:

The Department has reviewed your notification form to operate a perchloroethylene dry cleaning facility with a general permit pursuant to Section 62-213.300, Florida Administrative Code. In accordance with the information included in your notification form, it appears that your facility is exempt from this air general permit requirement.

An exemption from this air general permit requirement does not necessarily exempt you from all Department permits. Please contact your nearest DEP district or local program office to determine if any other permits are required. You may also contact the Small Business Assistance Program at 800/722-7457.

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

DD/sb

cc: Mr. Louis Nichols, Central District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MATURE. FNC
2. Site Name (For example, plant name or number).
ADAMS CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 98417/165
4. Facility Location: Street Address: 2525 E. South St.
FLD 98417/165 4. Facility Location: Street Address: 2525 E-Soath st. City: 08/ANDO County: 08AN6e Zip Code: 32803
5. Facility Identification Number (DEP Use):
0950314
Responsible Official
Name and Title of Responsible Official:
ANVER DAWOOD.
7. Responsible Official Mailing Address:
Organization/Firm: PATCIPE + NC Street Address: TDI 11 - CO 11 A D C
Organization/Firm: MATCLE FNC Street Address: 701 Virginia Dr. City: Orlando County: Orange Zip Code: 32803
8. Responsible Official Telephone Number: Telephone: 407 8942655 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Ronulo GONTALEZ (President)
Ronulo GONMIEZ (President) 10. Facility Contact Address: 2525. E South St.
Street Address:
City: Or (ANDO County: Or ANSC Zip Code: 32803
11. Facility Contact Telephone Number: Telephone: (407 201 70 20 Fax: () -
1 876-1035
RECEIVE
AUG 3 0 1996
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Bureau of Air Monitoring & Mobile Sources

0950314

1	, Car
	Adam's Cleaners
	7-14-64-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1-
	spoke with Ronulo Gonzalez-
	9/24/96 - incorrect signature
	9/24/96 - incorrect signature for R.O. Certification
·	-facility is undergoing a
1 .	Change of Owner-Ship - Yur.
	Gonzalez plans to open a new dry cleaning business in Nov. of 96 - he plans
·	new dry cleaning business
· .	in Nov. of 96 - he plans
	to use petro.
	7 7 1
	Spoke with Anver Dawood-
	9/24/96 - dry cleaning
	machine has already been
	removed from the facility-
	facility exempt
	<u></u>

Facility Information

(1) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

	:	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-M.4R-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	7	01-1015 8	18	17	OFJUT	88.			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					•				
(4) w/ ref. condenser				T					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			<u> </u>		•				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					<u> </u>	<u>. </u>			L
(10) w/ ref. condenser				Т	1				
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices at 2.(a) What was the total q (b) If less than 12 month Check why it is less	uanti gallo	equired to be ty of perchlo ns ow many? [_	installed [_ roethylene (perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are	elect	one classific	cation only.)		nitions found) of I	Part II?	
Existing large are	a sou	rce []	Ne	w lar	ge area sourc	ce []			

DEP Form No. 62-213.900(2)

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source						
Carbon adsorber [] Refrigerated condenser []						
New small area source						
Refrigerated condenser []						
New 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:						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
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						
(b) Leak detection inspection and repair						
(b) Leak detection inspection and repair (C) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

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Surrender of Existing Air Permit(s)

	Surrenuer of Existing Air Permit(s)						
Please indica	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
ι <u>X</u> į	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to eith all terms and conditions of this general permit as set forth in Part II of this notification form. Imply notify the Department of any changes to the information contained in this notification.						
Signature	Date						

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