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Bureon An Monnorme

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.

ility Name and Location Facility Owner/Company Name				
	(Name of corporation.	agency, or ind	ividual owner):	
	F Enter			
· · · · · · · · · · · · · · · · · · ·				
River W	lalk Cle	aness		
Hazardous Waste Generator Ide	ntification Number:			
		_		
Facility Location: 22	SI E. Sev	noran	Blvd	
City: APOPKA	County: 💍 🗸	ange	Zip Code:	32703
			9510	
ponsible Official			7914	27-0
	_	Title	0.00.16	
AMIN	Ali	Title.	Secart	ary
- 77	SI E.SEM	ORAN	BUD	
5				32703
		Fax:	117) 700	r100
101716	(235	1 ux. (Z	1017 297	- 2688
ility Cantact (If different from	Personaible Official)			
		manager):		
•	• •		ve	
Facility Contact Address	~,~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
- a-my Commet Madiess.	Same a	es Al	oove	
Street Address:				
City:	County:		Zip Code:	Ì
Facility Contact Telephone Nun	nber:			
Telephone: () -	_	Fax: () -	ļ
	Facility Location: Street Address: City: APOPKA Teams destricted and Number ponsible Official Name and Title of Responsible Official Mailing Address: City: APOPKA Responsible Official Mailing Address: City: APOPKA Responsible Official Mailing Address: City: APOPKA Responsible Official Telephone Telephone: (407) 716 illity Contact (If different from Name and Title of Facility Contact Facility Contact Address: City: Facility Contact Telephone Num Facility Contact Telephone Num Facility Contact Telephone Num	Hazardous Waste Generator Identification Number: 950125 Facility Location: 2251 E. Sew Street Address: City: APOPKA County: DV Pagin: Acadinatana Number (Papinas Galletia) Ponsible Official Name and Title of Responsible Official: ne: AMIN Ali Responsible Official Mailing Address: Organization/Firm: Street Address: City: APOPICA County: Ova Responsible Official Telephone Number: Telephone: (407) 716 (235 illity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant Same Official) Facility Contact Address: Same Official Same Official Street Address: City: County: Facility Contact Telephone Number:	River Walk Cleaner's Hazardous Waste Generator Identification Number: 9501256 Facility Location: 2251 E. Semoran Street Address: County: Drange Facility Apolka County: Drange Facility Apolka County: Drange Facility Apolka County: Drange Facility Apolka County: Title: Responsible Official Name and Title of Responsible Official: ne: Amin Ali Title: Responsible Official Mailing Address: Organization/Firm: Street Address: 2251 E. SEmoran City: Apopla County: Orange Responsible Official Telephone Number: Telephone: (407) 716 1235 Fax: (4) Illity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Same Os also Facility Contact Address: Street Address: City: County: Facility Contact Telephone Number:	River Walk Cleaner's Hazardous Waste Generator Identification Number: 9501256 Facility Location: Street Address: City: APOPKA County: Drange Zip Code: But in Identification Number (DEP Lip ONL) - 4 sa filter Ponsible Official Name and Title of Responsible Official: ne: AMIN Ali Title: Secar A Responsible Official Mailing Address: Organization/Firm: Street Address: 2251 E · SEMORAN BUD Street Address: City: APOPKA County: Orange Zip Code: Responsible Official Telephone Number: Telephone: (407) 716 1235 Fax: (467) 299 Illity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Same as above Facility Contact Address: Same as Above Street Address: City: County: Zip Code:

DEP Form No. 62-213.900(2)

Effective: 2/24/99

-7/14/10- spoke with Amin Ali, machine not in use; drop off store -MB

Facility Information		I	otore
1.(a) DRY-TO-DRY M	ACHINES ONL	Y	stoll -m
How many dry-to-dry ma	schines do you hav	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following informat	tion:
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")
DIC 91	Existing/Ne	ew RC/CA/None required	Same
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
		·	·.
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		•
How many washers do yo	ou have on-site?	N/A on-site? N/A	
How many dryers/reclain	ners do you have o	on-site? [N/A]	
unit. If the transfer mach	ine was purchased no units purchased	I from the manufacturer between	n December 9, 1991, it is an EXISTING processing December 9, 1991 and September 22; and Illowed to operate under this general 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	NA
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K 2.(a) How much perchlo		efrigerated condenser CA have you used within the last 12	= carbon adsorber 2 months?
	ns (You must fill	· ·	
(b) If less than 12 mo	nths, how many?] months	
Check why it is le	es than 12 months	. Now owner [1 Did not be	1 []
	33 than 12 months	s: New owner: Did not k	teep records: []

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Unopened store [___] (date of expected opening _____)

3. What is the facility Indicate with a	ity's source classi n "X". Select on			itions found in	section (3) of Par	rt II?	
Small Area	a Source	[X]					
T	Pry-to-dry machin ransfer only on-s oth machine type	site	(used less	s than 200 gallo	ons of perc per year ons of perc per year ons of perc per year	ar)	
Large Area	a Source						
Ti	ry-to-dry machin ransfer only on-s oth machine type	ite	(used 200) - 1,800 gallon:	s of perc per year s of perc per year s of perc per year	•)	
4. What control tecl (Indicate with a		ed on machines	pursuant to	o section (5) of	Part II of this not	tification form	?
	nachines at small EQUIRED) [area source		New machines Refrigerated con	at small area sour	<u>rce</u>]	new/smal
Carbon ads	sorber [ed condenser [area source		New machines Refrigerated co	at large area sour ndenser [<u>ce</u>]	RC
5. A facility which Rule 62-213.300, F exemption criteria of	A.C. Verify tha	t all steam and h	not water g	enerating units	on-site meet the	•	ant to
All steam and hot w No such units on-sit		units exempt	(X)	OR		- 1000	Mr. Ali
How many boilers d	lo you have on-si	te? []				The	Mr Ali
For each boiler, ind	icate its horsepov	wer (HP) rating:	(15)	_][]			- / NID
What type of fuel do	o you use? [[] propane] No. 2 fue] No. 6 fue		natural g No. 4 fu			
6. Equipment Monit	toring and Recor	dkeeping Inforn	nation				
Check all logs whic	h are required to	be kept on-site	in accorda	nce with the red	quirements of this	s general perm	it:
(a) Purchase receipt	s and solvent pur	rchases/solvent a	addition lo	g			
(b) Leak detection is	nspection and rep	pair					
(c) Refrigerated con	idenser temperati	ure monitoring					
(d) Carbon adsorber	exhaust perc co	ncentration mor	nitoring		(X)		
(e) Startup, shutdov	wn, malfunction	plan			[X]		

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7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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 ith 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. One of responsible official
Signature	Date 10
Julian	Dut.



GENRAL PERMIT SECTION Bereau of Air Monitoring Dept of Environmental Protection 2600 Blair stone Rd Tallahassee, Fl 32399-2400

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