Mpdated form for original form dated RECEIVED 6/28/10 MB RECEIVEL

JUN 2 8 2010

VII 27 2010

Bureon Mobile Sources

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Woomform, & 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.

Facili					Foomprati					
1. F			•		-			idual owner):		
	K	K	buc	FE	Ente	r pris	ses	Inc		
2. Si	te Name (F	-						· · · · · · · · · · · · · · · · · · ·		
	R	140	()A	NLL	C	leane	45			
3. H:	azardous Wa					-	······································			
	424.4045 (//		rator race	_		ر <u></u>				
		·**	······································		012					
	icility Locat		225	51 E	E · Se	mora	M	BIVA		•
		POPI		Co	unty: 💍	rana	0	Zip Code:	3270	3
	THE PERSON NAMED OF THE PE	7CCDAGG2	arayara (ara-te	a we first to the same of the same	CONTRACTOR OF THE PARTY OF THE				TATE OF THE PARTY	0-10-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
D				•		į	1)4	15/2	7 7 U	
	nsible Offic ame and Titl		onsible C	official:			V			
						Title	2:	Serav	formal	
Name:		IMP	N	Ali		Title	»: —————	Secar	tory	
Name:	esponsible C	4MI Ifficial M	<mark></mark> ailing Add	Ali dress:				1	fary	
Name: 7. Ro	esponsible C ganization/ reet Address	4MI Official M Firm:	ilailing Ad	Ali dress:		MORA	N E	3KND		
Name: 7. Re Or Str	esponsible C ganization/ reet Address	4MI Official M Firm:	ilailing Ad	Ali dress:		MORA	N E	3KND	fary 327	03
Name: 7. Re Or Str Ci	esponsible C rganization/ reet Address ty:	AMI Official M Firm: :: POP	Nailing Add	Alidress: County			N E	3KND		03
V. Re Or Str Ci	esponsible Corganization/ reet Address ty:	AMI Official M Firm: POP	ailing Add	Alidress: County	01	nora range	N E	3CVO Zip Code:	327	
Name: 7. Re Oi Sti	esponsible C rganization/ reet Address ty:	AMI Official M Firm: POP	ailing Add	Alidress: County	01	nora range	N E	3KND	327	
7. Re Or Stu Ci 8. Re Te	esponsible Corganization/reet Address ty: Address esponsible Collephone: (AMI Official M Firm: POP Official To 407	idling Add 225 164 elephone 1	Alidress: County Vumber: 123	5	noRA. range	N E	3CVO Zip Code:	327	
Name: 7. Ré Oi Sti Ci 8. Ré Te	esponsible Corganization/ reet Address ty:	AMI Official M Firm: POP Official To 407	iailing Add 225 ICA elephone ? 716	Alidress: County Vumber: 123	O l	mora. range Fax	N 6	3CVO Zip Code:	327	
Name: 7. Ré Oi Sti Ci 8. Ré Te	esponsible Coganization/reet Address ty: Assponsible Costephone: (AMI Official M Firm: POP Official To 407	ailing Add	Alidress: County Number: 1232 Responsible (For ex	5 Die Officiz	mora. range Fax:	w t	3LVD Zip Code: 57) Z99	327	
Name: 7. Ré Or St Ci 8. Ré Te Facilit 9. No	esponsible Corganization/ reet Address ty: A esponsible Collephone: (exponsible Collephone: (exponsible Collephone: (AMI Official M Firm: POP Official To 407 If difference of Face	ailing Add	Alidress: County Number: 1232 Responsible (For ex	5 Die Officiz	mora. range Fax:	w t	3LVD Zip Code: 57) Z99	327	
Name: 7. Re On Str Ci 3. Re Te	esponsible Coganization/reet Address ty: Assponsible Costephone: (AMI Official M Firm: POP Official To 407 If difference of Face	ailing Add	Alidress: County Number: 1232 Responsible (For ex	5 Die Officiz	mora. range Fax	w t	3LVD Zip Code: 57) Z99	327	
Name: 7. R6 Or Str Ci 8. R6 Te Facilit 9. No	esponsible Coganization/ reet Address ty: Responsible Costephone: (y Contact (ame and Title cility Contact reet Address	AMI Official M Firm: POP Official To 407 If differed te of Fact ct Addres	ailing Add	Alidress: County Vumber: 123: Responsible to (For example) San	ole Officiz cample, pl	mora. range Fax:	w t	3UD Zip Code: 37) Z99	327	
Name: 7. Ré On Str Ci 3. Ré Te Facilit O. Na O. Fa	esponsible Coganization/ reet Address ty: esponsible Costephone: (y Contact (ame and Title cility Contact cility Contact	AMI Official M Firm: POP Official To 407 If differed te of Fact ct Addres	ailing Add	Alidress: County Number: 1232 Responsible (For ex	ole Officiz cample, pl	mora. range Fax:	w t	3LVD Zip Code: 57) Z99	327	
Name: 7. R6 Or Str Ci 8. R6 Te Facilit 9. No	esponsible Coganization/ reet Address ty: Responsible Costephone: (y Contact (ame and Title cility Contact reet Address	AMI Official M Firm: POP Official To 407 If different to of Factor ct Address:	ailing Add	Alidress: County Vumber: 123: Responsible tot (For example) San County	ole Officiz cample, pl	mora. range Fax:	w t	3UD Zip Code: 37) Z99	327	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

14

Reviewed: 7-26-10 JB

-7/14/10- spoke with Amin Ali, machine

Facility Information		I	not in we, wiep	
1.(a) DRY-TO-DRY M	IACHINES ONL	Y	store -	MB
How many dry-to-dry m		A		
For each dry-to-dry mac	hine on-site, pleas	e provide the following informati	on:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")	
Dic 91	Exysting	ew RCA tone required	Same	-
	Éxisting/No	ew RC/CA/None required		1
	Existing/No	ew RC/CA/None required		
			*,	
*CONTROL DEVICE K	EY: RC=r	efrigerated condenser CA =	ecarbon adsorber	
L(b) TRANSFER MAC	HINES ONLY	1).		
How many washers do yo	ou have on-site?	[N/A]		
How many dryers/reclain	ners do you have o	on-site? [N/A]		
	as purchased from	n the manufacturer prior to or on	December 9, 1991, it is an EXISTING	G
1993, it is a NEW unit (r	ine was purchased no units purchased	from the manufacturer between	December 9, 1991 and September 22, owed to operate under this general	G Vij. 6
1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required*	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of	G G
1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status (circle one)	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of	
1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased or machine on-site Status (circle one) Existing/New	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of	
1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased in machine on-site Status (circle one) Existing/New Existing/New Existing/New	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of	
1993, it is a NEW unit (neprmit). For each transf Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo	ine was purchased to units purch	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	G
1993, it is a NEW unit (neprmit). For each transf Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo	ine was purchased to units purchased to units purchased in machine on-site status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 to this in)	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	
CONTROL DEVICE K 2.(a) How much perchlo [ine was purchased to units (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New in this, how many?	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 to this in)	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber months?	
CONTROL DEVICE K 2.(a) How much perchlo [ine was purchased to units (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New in this, how many?	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA-efrigerated condenser CA-efrigerated within the last 12 to this in) months	December 9, 1991 and September 22; owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	

DEP Form No. 62-213.900(2) Effective: 2/24/99

	rce classification based of Select one classification	on the definitions found in section (3) of Part II?	
Small Area Source	e (<u>X</u>)		
Transfer	ry machines only on-site only on-site chine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)	
Large Area Source	<u>[]</u>		
Transfer	y machines only on-site only on-site thine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)	
4. What control technology (Indicate with an "X".)	is required on machines	s pursuant to section (5) of Part II of this notification	n form?
Existing machines (NONE REQUIRE	at small area source	New machines at small area source Refrigerated condenser [X]	" new/smal
Existing machines Carbon adsorber Refrigerated conde	at large area source	New machines at large area source Refrigerated condenser	RC
Rule 62-213.300, F.A.C. V	erify that all steam and l	units shall not be eligible to use the general permit hot water generating units on-site meet the following (see attached memo for the criteria).	pursuant to g
All steam and hot water ger No such units on-site	nerating units exempt	OR	1 m. noi-1
How many boilers do you he	ave on-site? 1	Den long	per Mr Ali 1
For each boiler, indicate its	horsepower (HP) rating	: (15) []	•
What type of fuel do you use	e? [] propane [] No. 2 fue [] No. 6 fue		Weekshada warne o
6. Equipment Monitoring ar	nd Recordkeeping Inform	mation	
Check all logs which are rea	quired to be kept on-site	in accordance with the requirements of this genera	I permit:
(a) Purchase receipts and so	lvent purchases/solvent	addition log	
(b) Leak detection inspectio	n and repair	اللا اللا	
(c) Refrigerated condenser t	emperature monitoring	TXI &	3
Carbon adsorber exhausi	t perc concentration mor	- *	quired.
(e) Startup, shutdown, maif	unction plan	X	-

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s)	•
Please indicate with an "X" the appropriate selection:	
this notification form; the permit number(s)	nits authorizing operation of the facility indicated in) are
No DEP air permits currently exist for the ofform.	operation of the facility indicated in this notification
Responsible Official Certification	
I, the undersigned, am the responsible official, as define this notification. I hereby certify, based on information statements made in this notification are true, accurate maintain the air pollutant emissions units and air pollutant emissions of this general per limit promptly notify the Department of any changes to Amia Ali Print name of responsible official	n and belief formed after reasonable inquiry, that the and complete. Further, I agree to operate and ution control equipment described above so as to ermit as set forth in Part II of this notification form. The information contained in this notification.
	6 13 10
Signature	Date .
Minde	7/27/10
Signature (for changes made)	Date (Changes made)