JEFF 2 DOH - (561) 876-2573

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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

R E C 54-5/251 2009

Prior to filling out this form, please read the instructions provided at the end of the form. Serid representation to the address listed in the instructions and keep a copy of the form for your files.

Bureau or Air Wormon to

Facility Name and Location	Mobile Same
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
M+D cleaners IGOR KleyraA,	
2. Site Name (For example, plant name or number):	
M-PD CLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLD 981030828	
4. Facility Location: 9841-GLAdes RD. Street Address: 9841-GLAdes RD.	
City: BOCA RATON County: PALM BCH Zip Code: 334	134
5. Facility Identification Number (DEP Use ONLY - do not fill in):	4 1
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990362	- ()()
Responsible Official	
6. Name and Title of Responsible Official:	1
Name: TGOR KILYWAN 7. Responsible Official Mailing Address: Title: PRESIDENT	
7. Responsible Official Mailing Address:	•
Organization/Firm: Street Address: 9841-GIAdes RD,	
City: County:	
City: DOCA RATION County: PALM BEACH Zip Code: 330	134
6. Responsible Official Telephone Number.	
Telephone: (561)554-0743 Fax: (561)451-175	3
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
SAME	
10. Facility Contact Address:	
Street Address:	
City Zin Code:	İ
SAMC County. Zap code.	
11. Facility Contact Telephone Number:	
Telephone: () - All P	
SAWL_	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing New 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? How many dryers reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to of 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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (sircle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [65] 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

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	3. What is the facility's source classification of the second of the sec		n the definitions found in section (3) of Part II? only.)		
	Small Area Source				
	Dry-to-dry machines only on-site Transfer only on-site Both machine 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				
	Dry-to-dry machines Transfer only on-site Both machine types o	-	(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)		
. O. A.	4. What control technology is required (Indicate with an "X".)	on machines	pursuant to section (5) of Part II of this notification form?		
PARCH STORM	Existing machines at small are (NONE REQUIRED)	ea source	New machines at small area source Refrigerated condenser []		
L Vo.	Existing machines at large are Carbon adsorber [Refrigerated condenser [ea source	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				
$\langle \rangle \times \langle \rangle $	No such units on-site How many boilers do you have on-site?				
	For each boiler, indicate its horsepower				
	What type of fuel do you use?] propane] No. 2 fue] No. 6 fue			
	6. Equipment Monitoring and Recordko	eeping Inform	nation		
	Check all logs which are required to be	eck all logs which are required to be kept on-site in accordance with the requirements of this general permit:			
	(a) Purchase receipts and solvent purch	ases/solvent	addition log		
	(b) Leak detection inspection and repair	r	∠ j		
	(c) Refrigerated condenser temperature	monitoring	\swarrow		
	(d) Carbon adsorber exhaust perc conce	entration mor	addition log		
	(e) Startup, shutdown, malfunction pla	n.			

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

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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 proi	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. Imptly notify the Department of any changes to the information contained in this notification.
Signature	got Zlegnene 12-17-09 Date

FAX-COVER

TEL:(561)504-0743
FAX:(561)451-4855
IGOR KLEYMAN
ATT:

DEC-23	3-2009 03:43P FROM:	0.1856000000
12/23/2	2009 09:14 8509225979 FDEP DIVISION UF AL	0:18509226979 P.2/5
103 59	NUM (JEFF D DOH - (561)	GIALLES 172
W NEI	876-2573	
v Ho	2100.16	614063 110
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* 1999	PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM	· · · · · · · · · · · · · · · · · · ·
2 Pas	16 The state of th	DECTE OF COM
al not	Part III. Notification of Intent to Use General Pert Completed form to the address listed in the instructions and keep a copy of the Facility Name and Location.	
b. Ke.	Prior to filling out this form, please read the instructions provided at the end	of the filter. Zeridanna
100	completed form to the address listed in the instructions and keep a copy of the	form for your files."
*/	Facility Name and Location	L. Martin
	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	M+D CLEANERS I GOR Kleys	aAr
	2. Site Name (For example, plant name or number):	
	M-10 Cleaners	
	3. Hazardons Waste Generator Identification Number:	
	FLD 981030828	
	4. Famility Location: 9841-GLAdes RD. Street Address: 9841-GLAdes RD.	
	City: BOCA RATON County: FL Zip Code:	33434
	Responsible Official	
	6. Name and Title of Responsible Official:	
	Name: IGOR KLEYMAN Title: 12831d	25
	7. Responsible Official Mailing Address:	
	Organization/Firm: ABUI-GIAdes 20, Street Address: ABUI-GIAdes 20,	
	City: CL Zip Code:	33434
	8. Responsible Official Telephone Number:	
	Telephone: (561)504-0743 Fax: (561)451-	1733
,		
j	Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	
	SAME	
	10. Facility Contact Address:	
	Street Address;	
	City: SAWL County: Zip Code.	
	11 Facility Contact Telephone Number:	
	Telephone: () SAULE Fax: ()	
L.		

12/23/2009 09:14 8509226979 FDEP D

	Indicate with an "X". Select one			export (2) of East #1	
	Small Area Source	لكا			
	Dry-to-try machine Trensfer only on-si Both machine types	t o	(used less than 140 gallor (used less than 200 gallor (used less than 140 gallor	ns of perc per year)	
	Large Area Source	[]			
	Dry-to-dry machine Transfer only on-sit Both machine types	te	(used 140 - 2,100 gallons (used 200 - 1,800 gallons (used 140 - 1,800 gallons	of pare per year)	
	 What control technology is require (Indicate with an "X".) 	d on machines	purment to section (5) of I	Part II of this notification	m form?
	Existing machines at small a	rea source	New mechines a Refrigerated con	r amel) area source	
	Existing machines at large at Carbon adsorber [rea source	New machines a Refrigerated con	t lance area source denser []	
(X	S A famility which contains non-ener Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such unit	all steam and h to exist on-site	ot water generating units (on-site meet the following	
(v) X	All steam and hot water generating to No such units on-site	uits exemps	OR		
/ /	How many boilers do you have on-site		Ý		
' /	For each boiler, indicate its horsepower (HP) rating: [] []				
X	What type of fuel do you use?] propano] No. 2 fuel] No. 6 fuel		l oil	
	6. Equipment Monitoring and Record	keeping Inform	stion		
	Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:				
	(a) Purchase reocipts and solvent pare	besea/solvent e	ddition log		
	(b) Leak detection inspection and repo	Ř			
	(c) Refrigerated condensor temperatur	e monitoring			
	(d) Carbon adsorber orhaust pero cons		toring		
	(e) Startup, shutdown, malfunction pl	lan			

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

Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Control Device Installed Date Initially Purchased Status Control Device Required (if already included at time of From Manufacturer (circle one) (circle one) purchase, write "SAME") (RCEA/None required 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 housiers do you have on-site? How many dryeratesclaimers do you have on-eite? If the transfer machine was purchased from the manufacturer prior to of an December 9, 1991, it is an EXISTING unit. If the transfer mechine was purchased from the manufacturer lestween December 9, 1991 and September 22, 1993, it is a NEW unit (no units grandased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on site, please provide the following information: Control Device Required® Date Control Device Installed Date Initially Purchased Status From Manufacturer (circle one) (eirole one) (if already included at time of purchase, write "SAME") Bxisting/Mew RC/CA/None required Misting/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchlorouply lenc (perc) have you used within the last 12 months? [6 5] 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 [_] (date of expected opening

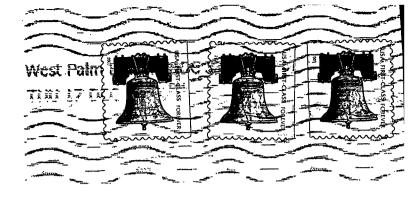
Unopened store

FREP DIVISION OF AIR

P.5/5 PHOL ピン/ ピン

7. Surrander of Existing DEP Air Pegnit(s) Please indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air parmits 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 Responsible Official Cortification I, the undersigned, are 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 stotements 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. GOR KLEYMA Print name of responsible official

M & D Dry Cleaning Inc 9841 Glades Rd Boca Raton, FL 33434



General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400