

Air Resource Management System - Facility													
AREA	Office *	SEPB	SE: PALM BEACH	County *	PALM BEACH	AIRS ID	ARMINV01			0990362			
Owner/Comp *	M&D CLEANERS, INC.				Site	M&D CLEANERS							
Directions													
Street	9841 GLADES RD									Validate Address			
City *	BOCA RATON				Zip	33434							
UTM Zone	17	East	579.74	North	2916.81	Latitude	26	22	08.8561	Longitude	80	12	02.5310
Status *	A	ACTIVE			Maj Group SIC *	72	PERSONAL SERVICES						
Reloc	N	Shtdwn Dt				Strt Dt				Final Shtdwn Dt			
Gov Fac *	0	NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE				HAZ Waste Generator ID: FLD	981030828						
AOR Req *	N	Ozone SIP Facility *	N	Type	10	PCE Drycleaning Facilities							
Compliance Tracking											Current Permit Indicator	AG	
Title V	TITLE V		non-HAP Class	MINOR		HAP Class	MINOR		Public Exempt				
# of Emis Units	C			A			I			Generator Rating	MW		
Comment	See Details. 01/14/11 Change of name from M&D Cleaners Agor Kleyman to M&D Cleaners, Inc.												

RECEIVED

JAN 14 2011

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): M&D CLEANERS, INC.	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Name change only BDA per w: Kleyman 1-26-11 </div>
2. Site Name (For example, plant name or number): SAME	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: 9841 GLADES RD, County: BOCA RATON FL Zip Code: 33434	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	

Responsible Official

6. Name and Title of Responsible Official: Name: IGOR KLEYMAN Title: Presi DEVI	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 9841 GLADES RD, County: BOCA RATON FL Zip Code: 33434	
8. Responsible Official Telephone Number: Telephone: (561) 451-4855 Fax: (561) 451-4855	

0990362-005

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?

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")
1/2002	Existing	RC/CA/None required	SAME
	Existing	RC/CA/None required	
	Existing	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 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	RC/CA/None required	
	Existing	RC/CA/None required	
	Existing	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?

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 _____)

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:

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.

Igor Kleyman
Print name of responsible official

Igor Kleyman
Signature

1-11-11
Date

State of Florida



Department of State

I certify from the records of this office that M&D CLEANERS, INC. is a corporation organized under the laws of the State of Florida, filed on January 29, 2003.

The document number of this corporation is P03000011365.

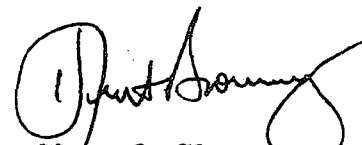
I further certify that said corporation has paid all fees due this office through December 31, 2009, that its most recent annual report/uniform business report was filed on January 5, 2009, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Eleventh day of September, 2009



CR2EO22 (01-07)


Kurt S. Brantley
Secretary of State