# Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	GPP CORL
2.	Site Name (For example, plant name or number):
	Yout Cleaness
3.	Hazardous Waste Generator Identification Number:
	FLD 114 137 284
4.	Facility Location:
	Street Address: 1516 W. Atlanta Que
	City: Dehay Beach of 33446 Falm Meach
5.	Facility Identification Number (DEP Use):
	0990451
	Responsible Official
	•
6.	Name and Title of Responsible Official:
	Franz Menaedy Manages
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 376 Nw 23 Rd St. City: A Tip Code:
	City: boca Raton the gounty: Zip Code: 321/21.
	1 WIN DECENT STATE
8)	Responsible Official Telephone Number:
	Telephone: (54).393-0559 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
	The state of the s
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) ) - RECEIVED  SEP 19 196  SEP 19 1976  STATE MONITORING
	- ECEIV
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	SEP 19"
	SEY Monitoring Monitoring
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DEP Form No. 62-213.900(2) Effective: 6-25-96

Page 13 of 16

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#### **Facility Information**

1.(a) 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	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	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-MAR-92	02-MAR-9
Dry-to-Dry Unit			. 1						
(1) w/ ref. condenser	15-1	19-50h-9	513-115	95				1	
(2) w/ carbon adsorber		7 - 7				1			
(3) w/ no controls									
Washer Unit			• .		<del>'</del>			•	<del></del>
(4) w/ ref. condenser		l							
(5) w/ carbon adsorber						1			1
(6) w/ no controls									
Dryer Unit		·						<u> </u>	
(7) w/ ref. condenser						1		1	
(8) w/ carbon adsorber									
(9) w/ no controls			<u> </u>						
Reclaimer Unit	·					•			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [] gallons  (b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3) What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large area source [] New large area source []									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4.) What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) of P	art II of this notification form?		
Existing large area source Carbon adsorber	:	Refrigerated condenser	( <del>X</del> )		
New small area source Refrigerated condenser					
New large area source Refrigerated condenser					
5. A facility which contains non-ento Rule 62-213.300, F.A.C. Verify exemption criteria or that no such a	that all steam and				
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	atural gas except for period	ds of natural gas curtailment		
All steam and hot water generating units exempt No such units on-site					
Equipm	ent Monitoring a	nd Recordkeeping Inforn	nation		
Check all logs which are required t	o be kept on-site i	n accordance with the requ	irements of this general permit:		
(a) Purchase receipts and solvent p	urchases		(X)		
(b) Leak detection inspection and r	epair		ι <del>X</del> J		
(c) Refrigerated condenser tempera	sture monitoring		ιX		
(d) Carbon adsorber exhaust perc c	oncentration moni	itoring	ι <del>χ</del> υ		
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction	n plan		[ <b>X</b> ]		

DEP Form No. 62-213.900(2) Effective: 6-25-96

## Surrender of Existing Air Permit(s)

Please indicate	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)
À	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 that terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	ang houady \$11/96

DEP Form No. 62-213.900(2) Effective: 6-25-96

# #0990451

	Point Cleaners
	-spoke with Patty Menardy, wife and owner - 10/18/96
· · ·	-spoke with Franz Menardy-
P./3	7. add firm 8. add business phone #-499-6956
<b>P</b> .14	2.(a) add 1.60 (old machine used ~33 gal./wk. = ~1,716gal./yr.) 2.(b) add 11
	2.(b) add 11 3. should be now large area
P.15	SATINA
,	4. Should be new large area Source Wretrig. con. 5/d) not required, mark out "X" and initial