0990660-103

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM ECEIVED

Part III. Notification of Intent to Use General Permit
JUN 26 2012

Prior to filling out this form, please read the instructions provided at the end of the form Senda completed form to the address listed in the instructions and keep a copy of the form for mentals.

| Facility Name and Location | |
|--|--------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | |
| The HOUSE OF ANGELS DPA EAST COAST DRY | Clamor |
| 2. Site Name (For example, plant name or number): | |
| EAST COAST DRY CLAWERS 3. Hazardous Waste Generator Identification Number: | |
| 3. Hazardous Waste Generator Identification Number: | |
| | |
| 4. Facility Location: | |
| Street Address: City: W. P. B. County: FL Zip Code: 3340 | |
| City: W. P. B County: FL Zip Code: 3340 | 1 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | |
| | Î |
| | |
| Responsible Official | |
| 6. Name and Title of Responsible Official: | |
| Name: HATEM KAMEL Title: DUNER | |
| 7. Responsible Official Mailing Address: | |
| Organization/Firm: 7/9 N-DIXIE | |
| Street Address: County: FL PALIN REACHZip Code: 334 | |
| City. 4 (1) County. 1 L PALLY STACKED COME. 33 4 1 | |
| 8. Responsible Official Telephone Number: | |
| Telephone: 564)628-5324 Fax: (561)655-269 | 0 |
| | |
| Facility Contact (If different from Responsible Official) | |
| 9. Name and Title of Facility Contact (For example, plant manager): | |
| | ļ |
| 10. Facility Contact Address: | |
| 0 | |
| Street Address: City: County: Zip Code: | j |
| City. Zip Code: | } |
| 11. Facility Contact Telephone Number: | |
| Telephone: () - Fax: () - | ļ |
| |] |

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") SAMER Existing/New RC/CA/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 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New 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? [3 0] 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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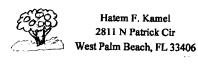
| Indicate with an "X". Select one cla | assification (| only.) | |
|---|--|---|---------------------------|
| Small Area Source | ليكيا | | |
| Dry-to-dry machines of Transfer only on-site Both machine types or | _ | (used less than 140 gallons of perc (used less than 200 gallons of perc (used less than 140 gallons of perc | per year) |
| Large Area Source | | | |
| Dry-to-dry machines of Transfer only on-site Both machine types of | - | (used 140 - 2,100 gallons of perc p (used 200 - 1,800 gallons of perc p (used 140 - 1,800 gallons of perc p | er year) |
| What control technology is required of (Indicate with an "X".) | on machines | pursuant to section (5) of Part II of | this notification form? |
| Existing machines at small are (NONE REQUIRED) | a source | New machines at small at Refrigerated condenser | rea source |
| Existing machines at large area Carbon adsorber [Refrigerated condenser [| source | New machines at large ar Refrigerated condenser | ea source |
| 5. A facility which contains non-exemp Rule 62-213.300, F.A.C. Verify that all exemption criteria or that no such units | steam and l | hot water generating units on-site m | eet the following |
| All steam and hot water generating unit No such units on-site | s exempt | OR | |
| How many boilers do you have on-site? | | | |
| For each boiler, indicate its horsepower | (HP) rating | 251 | |
| What type of fuel do you use? | _] propane _] No. 2 fue _] No. 6 fue | | |
| 6. Equipment Monitoring and Recordke | eping Inform | nation | |
| Check all logs which are required to be | kept on-site | in accordance with the requirement | s of this general permit: |
| (a) Purchase receipts and solvent purcha | ses/solvent | addition log | |
| (b) Leak detection inspection and repair | | لمنا | |
| (c) Refrigerated condenser temperature | monitoring | $ \mathcal{L} $ | |
| (d) Carbon adsorber exhaust perc conce | ntration mo | nitoring [] | . • • |
| (e) Startup, shutdown, malfunction plan | n | | - |
| | | | |

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| 7. Suitender (| of existing Der Air Pernings) |
|--|--|
| 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 pro | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. I MANGEL The of responsible official LISTIA Date |

DEP From No. 62-213.900(2)
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John Mahamahahan Jahan J

FDEP Receipts P.O. Box 3070 TALLAHASSEE, FL32315-3070