

FORMERLY OWNED BY:  
ABUNDANT HARVEST HOLDINGS INC.  
1212 PASADENA AVE S.  
PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

FEB 08 2010

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):	Palm Cleaners LLC
2. Site Name (For example, plant name or number):	PALMS CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 1216 Pasadena Ave. S. City: South Pasadena County: Pinellas Zip Code: 33707-6202	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030372-006

**Responsible Official**

6. Name and Title of Responsible Official: Name: Doyle McCourt Title: Managing Member	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (727) 344-8500 Fax: ( ) -	

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager): Kathy Hatheway 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? [ 1 ]

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")
09 DEC - 91	Existing	RC/CA/None required	Same
_____	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? [ 0 ]

How many dryers/reclaimers do you have on-site? [ 0 ]

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/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? *New store*  
[ unknown ] 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><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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.*

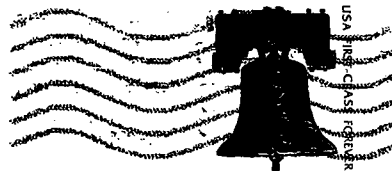
Doyle F. McCourt  
Print name of responsible official

Doyle F. McCourt  
Signature

01/27/2010  
Date

161m Cleaners LLC  
1216 Pasadena Ave. S.  
South Pasadena, FL 33707

TAMPA FL 335  
SAINT PETERSBURG FL  
05 FEB 2010 PM 8 L



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

323992400



Address **1218 Pasadena Ave S**

Address is approximate

**Save trees. Go green!**

Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000107917  
FILED 8:00 AM  
November 09, 2009  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:

PALM CLEANERS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1216 PASADENA AVE  
SOUTH PASADENA, FL. US 33707

The mailing address of the Limited Liability Company is:

1216 PASADENA AVE  
SOUTH PASADENA, FL. US 33707

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

CYNTHIA A MCCOURT  
4349 - 70TH AVE  
PINELLAS PARK, FL. 33707

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CYNTHIA A. MCCOURT

## Article V

The name and address of managing members/managers are:

Title: MGRM  
CYNTHIA A MCCOURT  
4349 - 70TH AVE N  
PINELLAS PARK, FL. 33707 US

Title: MGRM  
DOYLE F MCCOURT  
4349 - 70TH AVE  
PINELLAS PARK, FL. 33707 US

Signature of member or an authorized representative of a member

Signature: CYNTHIA MCCOURT

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FILED 8:00 AM  
November 09, 2009  
Sec. Of State  
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