PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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 for your filesemples and keep a copy of the form for your filesemples. completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Facility Name and Location

	HANZE LINCOAST CEANERS.						
2.	Site Name (For example, plant name or number):						
	Ore Loention.						
3.	Hazardous Waste Generator Identification Number:						
4.	Facility Location: Street Address: 16741 GV IF B/V.						
	City: N. Reclington Bch County: Pine 1/45 Zip Code: 33)08						
5.	Facility Identification Number (DEP Use ONLY - do not fill in):						
	7050 424-0						
	ponsible Official						
6. Name and Title of Responsible Official: Name: Aldo Hanze Title: President							
7.	Responsible Official Mailing Address:						
	Organization/Firm: SUN COAST C/EARRS, Street Address: 16741 DUIF B/U.						
	City: N. Reching En Boh County: Pine 1/45 Zip Code: 33)08						
8.	Responsible Official Telephone Number:						
	Telephone: (72) 395 0038 Fax: (72) 395 0037						
_	ility 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

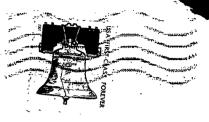
1.(a) DRY-TO-DRY MACHINES ONLY

(u) DRI 10 DRI	TOTAL TEST OF TE	<u> </u>		
How many dry-to-dry ma	chines do you hav	re on-site?		
For each dry-to-dry mach	ine 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")	
1998	Existing Ne	(RC)CA/None required		
	Existing/Ne	ew RC/CA/None required		
	Existing/Ne	w RC/CA/None required		
*CONTROL DEVICE K	EY: RC r	efrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	u have on-site?			
How many dryers/reclaim	ners do you have o	n-site? []		
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased o units purchased			
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		
		efrigerated condenser CA =		
	ns (You must fill	•	nuis:	
(b) If less than 12 mon	ths, how many?	months		
Check why it is less	s than 12 months:	New owner: [] Did not keep records: []		
		New store: New machine		
		Unopened store [] (date of e	xpected 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 [X]							
Transfer only on-site (used less than 140 gallons of perc per year) Both machine types on-site (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 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".)							
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser []							
Existing machines at large area source Carbon adsorber Refrigerated condenser [] 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 No such units on-site OR							
How many boilers do you have on-site? [O]							
For each boiler, indicate its horsepower (HP) rating: [25] []							
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 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							

	Surrender d	of Existing DEP Air Permit(s)			
Ple	ease indicat	e with an "X" the appropriate	selection:		
		I hereby surrender all existing notification form; the permi		horizing operation of the facility indicat	ed in this
		No DEP air permits current	ly exist for the operatio	on of the facility indicated in this notificated	ation form
Re	esponsible (Official Certification			
	this notifi statement maintain	cation. I hereby certify, based s made in this notification are the air pollutant emissions un	d on information and b e true, accurate and con its and air pollution co	Part II of this form, of the facility addres velief formed after reasonable inquiry, th mplete. Further, I agree to operate and control equipment described above so as as set forth in Part II of this notification t	hat the d to
		Ido HANTE	f any changes to the in	formation contained in this notification	
	Print nam	e of responsible official			
	Signature	do fauje		08/12/2008.	

SAINT PETERSHURG FI - 43 AUG 2008 PM 3 L



DEPARTMENT OF ENVIRONENTAL PROTECTION 2600 Blain Home Rel.

VA1/2 hASSEE F/. 32399.