Facility Name and Location

ARP ON LO 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. Sentilly and the address listed in the instructions and keep a copy of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

1,	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	IN TACK MA				
2.	Site Name (For example, plant name or number):				
	Hi Tech cleaner				
3.					
•	FLD 982174401				
4.	Street Address: 55 23 Roosevelt Blvd				
	City: clearwater County: Finellas zip Code: 33760				
5.	Facility Identification Number (DEP Use ONLY - do not fill in)				
	Facility Identification Number (DEP Use ONLY - do not fill in): 1030 459 - 003				
Res	sponsible Official				
6.	Name and Title of Responsible Official:				
	me: In Tack Ma Title: Owner				
7.	Organization/Firm: 5523 Roosevelt 5/0				
	City: Clear Water County: Larger inellar Zip Code: 33760				
8.	Responsible Official Telephone Number:				
	Telephone: (121) 536-1288 Fax: ( ) -				
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: ( ) -				

Indicate with an "X". Select one classification					
Small Area Source	]				
Dry-to-dry machines only on-sit Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)				
Large Area Source	_ا				
Dry-to-dry machines only on-sit Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)				
4. What control technology is required on machine (Indicate with an "X".)	es pursuant to section (5) of Part II of this notification form?				
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	New machines at large area source Refrigerated condenser []				
	s units shall not be eligible to use the general permit pursuant to thot water generating units on-site meet the following exemption thed 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?	J				
For each boiler, indicate its horsepower (HP) ratin	g: [15] []				
What type of fuel do you use?	uel oil No. 4 fuel oil				
6. Equipment Monitoring and Recordkeeping Info	rmation				
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases/solven	t addition log				
(b) Leak detection inspection and repair	<b>[_X</b> _]				
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction plan					
	<b>`.</b>				

Facility Information			
1.(a) DRY-TO-DRY M	(ACHINES ONL)	Y g	
How many dry-to-dry ma	achines do you hav	e on-site?	
For each dry-to-dry macl	nine on-site, please	provide the following information	<u>:</u>
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")
2007	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	<b>~</b> 2	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have or	n-site?	
1993, it is a NEW unit (n	n units purchased a	from the manufacturer between De after September 22, 1993 are allow please provide the following infor Control Device Required (circle one)	
	Existing/New	RC/CA/None required	
	Existing/New Existing/New	RC/CA/None required  RC/CA/None required	
	_	•	
*CONTROL DEVICE KI  2.(a) How much perchlor	Existing/New  Existing/New  EY: RC = ref	RC/CA/None required  RC/CA/None required	carbon adsorber
2.(a) How much perchlor	Existing/New  Existing/New  EY: RC = ref	RC/CA/None required  RC/CA/None required  frigerated condenser	
2.(a) How much perchlor	Existing/New  Existing/New  EY: RC = ref  roethylene (perc) has  (You must fill the	RC/CA/None required  RC/CA/None required  frigerated condenser	
2.(a) How much perchlor  (b) If less than 12 mon	Existing/New  Existing/New  EY: RC = ref roethylene (perc) has (You must fill the thing) than the company that the company is the company in the company in the company in the company in the company is the company in	RC/CA/None required  RC/CA/None required  frigerated condenser	nths?
2.(a) How much perchlor  (b) If less than 12 mon	Existing/New  Existing/New  EY: RC = ref  roethylene (perc) has (You must fill the thing is than 12 months:	RC/CA/None required  RC/CA/None required  frigerated condenser	nths?

7. Surrender o	f Existing DEP Air Permit(s)				
Please indicate	e with an "X" the appropriate selection:				
LΧι	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.  INTREMMEDIATE  Print name of responsible official  Signature  Date					

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

### **Facility Information**

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

## Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

## Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

# Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

From: In Tack Ma HT Tech Cleaner 5523 Roosevelt BlVd clearwater, Fil. 33760 General Permits Section Bureau of Air Monitoring & Mobil Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Talla hasser, F. F. 132399-2400