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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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

3/25/11 PDA

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Shiram Inc		
2. Site Name (For example, plant name or number):	Executive Dry Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	630 cypress garden blvd		
Street Address:			
City:	County:	Zip Code:	
Winter Haven	Polk	33880	
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:	1050300-004		
Name:	Pina Patel	Title:	owner
7. Responsible Official Mailing Address:	630 cypress garden blvd		
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
Winter Haven	Polk	33880	
8. Responsible Official Telephone Number:			
Telephone: (863) 293-6121	Fax: () - -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Pina Patel		
10. Facility Contact Address:	same as above.		
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone: (863) 651-1129	Fax: () - -		

Facility Information

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

How many dry-to-dry machines do you have on-site? 011

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")
<u>2002</u>	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> CA None required	<u>SAME</u>
_____	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?

1.75 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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.

Pina Patel
Print name of responsible official

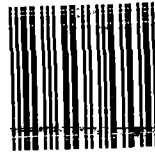

Signature

2/23/2011
Date

Executive Dry cleaners
630 cypress garden blvd
winter haven
FL 33880



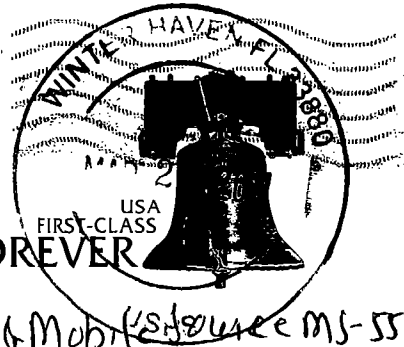
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SAINT PETERSBURG FL
U.S. POSTAGE
PAID
WINTER HAVEN, FL
33880
MAR 21, 11
AMOUNT

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To, Bureau of air monitoring & mobile source MS-5510

Dept. of Environment Prot.

2600 Blair stone rd.

TALLAHASSEE

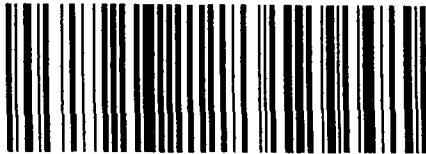
FL 32399-2400

32399+2400



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7010 3090 0000 7243 5854

32399+2400