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NOV 24 2008

Bureau of Air Monitoring & Mobile Sources

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. 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): Ux Investors, Inc
2. Site Name (For example, plant name or number): Main Street Cleaners
3. Hazardous Waste Generator Identification Number: 1150081
4. Facility Location: Street Address: 1679 Main Street City: Sarasota County: Sarasota Zip Code: 34236
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1150081-003

Responsible Official

6. Name and Title of Responsible Official: Name: Erika Albrecht Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2691 Dick Wilson Drive City: Sarasota County: Sarasota Zip Code: 34240
8. Responsible Official Telephone Number: Work (941) 3654700 Telephone: (941) 377-9306 H Fax: (941) 378-5666

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: () -

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
2/21/2005	Existing/New	RC/CA/None required	SAME
2/21/2005	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	

1:50 pm
12/5/08 -
INFO PROVIDED
PER ERICA
ALBRECHT,
OWNER/RO
A.W.

*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 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?

[30] 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 _____)

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 1150091-002-A6.
- 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.

Erika Albrecht
Print name of responsible official

[Signature]
Signature

8/11/08
Date

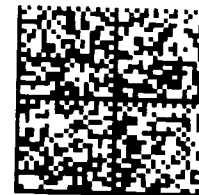
Sarasota County Air Quality/
Storage Tank Management
1301 Cattlemen Road, Bldg. E
Sarasota, FL 34232

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Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
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Tallahassee, Florida 32399-2400