

Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

October 24, 2003

Mr. Li An  
Tempo Cleaners  
223 Oxford Road  
Fern Park, Florida 32730

Re: Facility No.: 1170372-002

Dear Mr. An:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 22, 2003.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joe Kahn".

*Joe* Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

Emission Fees - '99 - 2002  
SOC Report - 5  
Compliance Status - IN  
(8/5/2003)

February 21, 2007

**Re: AIRS ID# 1170372**  
TEMPO CLEANERS  
223 OXFORD ROAD  
FERN PARK, FL 32730  
R/O: LI AN

Attn: Bill Burns  
FDEP – Waste Division


Bill,

I received the attached letter (copy) and EPA Uniform Hazardous Waste Manifest (carbon copy) along with the 2006 annual air operations remittance fee for the above facility. I thought I would take the liberty of passing this information on to you, just in case your Division had not received notice of any of this activity.

Based on Mr. An's comments, we are changing the air operating status of this facility to INACTIVE.

Please pass this on to the appropriate individuals if needed, or if your group is already aware of this activity, feel free to file in the circular file.

Thanks,

*Dick* 

**Dickson E. Dibble**  
FL Dept of Environmental Protection  
Div. of Air Resource Management  
Bureau of Air Monitoring & Mobile Sources  
Air General Permit Program  
(850) 921-9586  
SunCom 291-9586  
ICG-#345  
[Dickson.Dibble@dep.state.fl.us](mailto:Dickson.Dibble@dep.state.fl.us)

STATUS TO: INACTIVE FILE:

Airs ID# 1170372

Feb 12, 2007

Dear Sir/Madam,

This is to inform you that we have sold our Dry Clean store - Tempo Cleaners at the end of last year (2006). Before the selling, we have dismantled the dry clean machine and its accessories.

The biohazard ~~waste~~ - Perc residual, was disposed by a licensed waste treatment company <sup>plus filters</sup> -

MCF Systems Atlanta, Inc. (phone # 740 929 3532)

Please check the enclosed receipt from MCF.

Thank you for your attention!

Ohn Lu

Owner, Tempo Cleaners

# check 2038

# 111-0348

POF

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLDC37619950	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 000535682 JJK		
5. Generator's Name and Mailing Address U.S. CLEANERS 225 OXFORD ROAD FERN PARK, FL 32730				Generator's Site Address (if different than mailing address) Shipping Address: 225 OXFORD ROAD FERN PARK, FL 32730			
Generator's Phone: (407) 834-9491 County: Seminole				Fax: 352F		648545 111-0340	
6. Transporter 1 Company Name MCF SYSTEMS ATLANTA, INC.				U.S. EPA ID Number GA0981269095			
7. Transporter 2 Company Name FREEHOLD CARTAGE, INC.				U.S. EPA ID Number NJ0064126164			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 000942 531 MILLIKEN DR SE HEERON OH 43025				U.S. EPA ID Number OH0900587384			
Facility's Phone: (740) 929-3532							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	RD WASTE TETRACHLOROETHYLENE, 8.1 UN1897, III (Standard Pallets) 3562852	01	DF	180	P	FO02	DO39
X	RD WASTE TETRACHLOROETHYLENE, 8.1 UN1897, III (5 Gal) Jumbo 3562852		D		P	FO02	DO39
X	RD WASTE TETRACHLOROETHYLENE, 8.1 UN1897, III (Liquid: 15Gal, 30Gal, 30Gal) 3562852	01	DM	410	P	FO02	DO39
X	RD WASTE TETRACHLOROETHYLENE, 8.1 UN1897, III (Liquor) Debris Soap Water 3562852		D		P	FO02	DO39
14. Special Handling Instructions and Additional Information ERG #150 Evor. Manifest No. PERC Check # 1032 Amount \$2000 PAST / CURRENT / I / PBS / I Inv # CCI / POI / Cont #				The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR Title 40 CFR 268.7 (incineration) for non-wastewater that is 5.0 mg/l for tetrachloroethylene and dichloroethylene and 0.60 mg/l [TCLP] for chromium. THIS WASTE CANNOT BE LAND DISPOSED. If undeliverable return to generator			
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name CHUN NUNG THAO				Signature		Month Day Year 11/28/06	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name ASST				Signature		Month Day Year 12/28/06	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. SO1		2. T03		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature		Month Day Year	

U.S. EPA Form 8700-22

Read all instructions before completing this form.

- This form has been designed for use on a 12-pitch (elite) typewriter which is also compatible with standard computer printers; a firm point pen may also be used—press down hard.
- Federal regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, and disposal facilities to complete this form (EPA Form 8700-22) and, if necessary, the continuation sheet (EPA Form 8700-22A) for both inter- and intrastate transportation of hazardous waste.

Public reporting burden for this collection of information is estimated to average: 30 minutes for generators, 10 minutes for transporters, and 25 minutes for owners or operators of treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, completing, reviewing and transmitting the form. Any correspondence regarding the PRA burden statement for the manifest must be sent to the Director of the Collection Strategies Division in EPA's Office of Information Collection at the following address: U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, DC 20460. Do not send the completed form to this address.

**I. Instructions for Generators**

**Item 1. Generator's U.S. EPA Identification Number**

Enter the generator's U.S. EPA twelve digit identification number, or the State generator identification number if the generator site does not have an EPA identification number.

**Item 2. Page 1 of \_\_\_\_**

Enter the total number of pages used to complete this Manifest (i.e., the first page (EPA Form 8700-22) plus the number of Continuation Sheets (EPA Form 8700-22A), if any).

**Item 3. Emergency Response Phone Number**

Enter a phone number for which emergency response information can be obtained in the event of an incident during transportation. The emergency response phone number must:

- Be the number of the generator or the number of an agency or organization who is capable of and accepts responsibility for providing detailed information about the shipment;
- Reach a phone that is monitored 24 hours a day at all times the waste is in transportation (including transportation related storage); and
- Reach someone who is either knowledgeable of the hazardous waste being shipped and has comprehensive emergency response and spill cleanup/incident mitigation information for the material being shipped or has immediate access to a person who has that knowledge and information about the shipment.

**Note:** Emergency Response phone number information should only be entered in Item 3 when there is one phone number that applies to all the waste materials described in Item 9b. If a situation (e.g., consolidated shipments) arises where more than one Emergency Response phone number applies to the various wastes listed on the manifest, the phone numbers associated with each specific material should be entered after its description in Item 9b.

**Item 4. Manifest Tracking Number**

This unique tracking number must be pre-printed on the manifest by the forms printer.

**Item 5. Generator's Mailing Address, Phone Number and Site Address**

Enter the name of the generator, the mailing address to which the completed manifest signed by the designated facility should be mailed, and the generator's telephone number. Note, the telephone number (including area code) should be the normal business number for the generator, or the number where the generator or his authorized agent may be reached to provide instructions in the event the designated and/or alternate (if any) facility rejects some or all of the shipment. Also enter the physical site address from which the shipment originates only if this address is different than the mailing address.

**Item 6. Transporter 1 Company Name, and U.S. EPA ID Number**

Enter the company name and U.S. EPA ID number of the first transporter who will transport the waste. Vehicle or driver information may not be entered here.

**Item 7. Transporter 2 Company Name and U.S. EPA ID Number**

If applicable, enter the company name and U.S. EPA ID number of the second transporter who will transport the waste. Vehicle or driver information may not be entered here.

If more than two transporters are needed, use a Continuation Sheet(s) (EPA Form 8700-22A).

**Item 8. Designated Facility Name, Site Address, and U.S. EPA ID Number**

Enter the company name and site address of the facility designated to receive the waste listed on this manifest. Also enter the facility's phone number and the U.S. EPA twelve digit identification number of the facility.

**Item 9. U.S. DOT Description (Including Proper Shipping Name, Hazard Class or Division, Identification Number, and Packing Group)**

**Item 9a.** If the wastes identified in Item 9b consist of both hazardous and nonhazardous materials, then identify the hazardous materials by entering an "X" in this Item next to the corresponding hazardous material identified in Item 9b.

**Item 9b.** Enter the U.S. DOT Proper Shipping Name, Hazard Class or Division, Identification Number (UN/NA) and Packing Group for each waste as identified in 49 CFR 172. Include technical name(s) and reportable quantity references, if applicable.

**Note:** If additional space is needed for waste descriptions, enter these additional descriptions in Item 27 on the Continuation Sheet (EPA Form 8700-22A). Also, if more than one Emergency Response phone number applies to the various wastes described in either Item 9b or Item 27, enter applicable Emergency Response phone numbers immediately following the shipping descriptions for those Items.

**Item 10. Containers (Number and Type)**

Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

**TABLE I.--TYPES OF CONTAINERS**

BA = Burlap, cloth, paper, or plastic bags.	DT = Dump truck
CF = Fiber or plastic boxes, cartons, cases.	DW = Wooden drums, barrels, kegs.
CM = Metal boxes, cartons, cases (including roll-offs).	HG = Hopper or gondola cars.
CW = Wooden boxes, cartons, cases.	TC = Tank cars.
CY = Cylinders.	TP = Portable tanks.
DF = Fiberboard or plastic drums, barrels, kegs.	TT = Cargo tanks (tank trucks).
DM = Metal drums, barrels, kegs.	

**Item 11. Total Quantity**

Enter, in designated boxes, the total quantity of waste. Round partial units to the nearest whole unit, and do not enter decimals or fractions. To the extent practical, report quantities using appropriate units of measure that will allow you to report quantities with precision. Waste quantities entered should be based on actual measurements or reasonably accurate estimates of actual quantities shipped. Container capacities are not acceptable as estimates.

**Item 12. Units of Measure (Weight/Volume)**

Enter, in designated boxes, the appropriate abbreviation from Table II (below) for the unit of measure.

**TABLE II.--UNITS OF MEASURE**

G = Gallons (liquids only).	N = Cubic Meters.
K = Kilograms.	P = Pounds.
L = Liters (liquids only).	T = Tons (2000 Pounds).
M = Metric Tons (1000 kilograms).	Y = Cubic Yards.

**Note:** Tons, Metric Tons, Cubic Meters, and Cubic Yards should only be reported in connection with very large bulk shipments, such as rail cars, tank trucks, or barges.

**Item 13. Waste Codes**

Enter up to six federal and state waste codes to describe each waste stream identified in Item 9b. State waste codes that are not redundant with federal codes must be entered here, in addition to the federal waste codes which are most representative of the properties of the waste.

**Item 14. Special Handling Instructions and Additional Information**

- Generators may enter any special handling or shipment-specific information necessary for the proper management or tracking of the materials under the generator's or other handler's business processes, such as waste profile numbers, container codes, bar codes, or response guide numbers. Generators also may use this space to enter additional descriptive information about their shipped materials, such as chemical names, constituent percentages, physical state, or specific gravity of wastes identified with volume units in Item 12.
- This space may be used to record limited types of federally required information for which there is no specific space provided on the manifest, including any alternate facility designations; the manifest tracking number of the original manifest for rejected wastes and residues that are re-shipped under a second manifest; and the specification of PCB waste descriptions and PCB out-of-service dates required under 40 CFR 761.207. Generators, however, cannot be required to enter information in this space to meet state regulatory requirements.

**Item 15. Generator's/Officer's Certification**

- The generator must read, sign, and date the waste minimization certification statement. In signing the waste minimization certification statement, those generators who have not been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002(b) of RCRA are also certifying that they have complied with the waste minimization requirements. The Generator's Certification also contains the required attestation that the shipment has been properly prepared and is in proper condition for transportation (the shipper's certification). The content of the shipper's certification statement is as follows: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent." When a party other than the generator prepares the shipment for transportation, this party may also sign the shipper's certification statement as the offeror of the shipment.
- Generator or Offeror personnel may preprint the words, "On behalf of" in the signature block or may hand write this statement in the signature block prior to signing the generator/offeror certification, to indicate that the individual signs as the employee or agent of the named principal.

**Note:** All of the above information except the handwritten signature required in Item 15 may be pre-printed.



RECEIVED

SEP 22 2003

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Li An. (owner)		
2. Site Name (For example, plant name or number):	Tempo Cleaners 223 Oxford Rd. Fern Park, FL 32730		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	223 Oxford Road	County:	Seminole
City:	Fern Park	Zip Code:	32730
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1170372-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Li An, Owner	Title:	
7. Responsible Official Mailing Address:			
Organization/Firm:	Tempo Cleaners		
Street Address:	223 Oxford Road	County:	seminole
City:	Fern Park	Zip Code:	32730
8. Responsible Official Telephone Number:			
Telephone:	(407) 834-9491	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:	( ) -



**Facility Information**

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

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

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")
_____	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

**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")
1974	Existing/New	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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

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 checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input 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.*

Li An

Print name of responsible official

Li An

Signature

09 15, 2003

Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

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.

Page 16

6. (e) Startup, Shutdown, Malfunction plan is required for all sources. Should be marked.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

469207 FEB14 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

2/12/07- LETTER FR. R/O STATED

Do NOT Remove Label

FACILITY WAS SOLD

12/28/07 ✓ ALL PERC

PERC EQUIP.

DISMANTLED

REMOVED

AIRS ID#1170372  
TEMPO CLEANERS  
223 Oxford Road  
FERN PARK, FLORIDA 32730

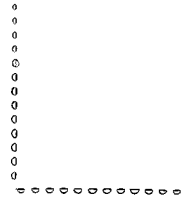
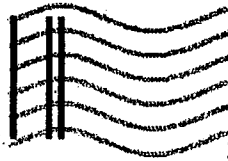
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BENEFITTING OBJECT CODE 002000  
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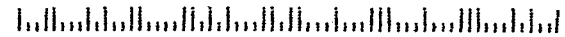
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