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OCT 27 2010

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): <i>Kathy Harrison Lipham Cleaners Inc.</i>
2. Site Name (For example, plant name or number): <i>Lipham Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 081363335</i>
4. Facility Location: Street Address: <i>2492 STR RD 434</i> City: <i>Longwood</i> County: <i>Seminole</i> Zip Code: <i>32779</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1170380-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Kathy Harrison</i> Title: <i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>P.O Box 160365</i> City: <i>Altamonte Springs</i> County: <i>Seminole</i> Zip Code: <i>32716</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 862-9541</i> Fax: <i>(407) 862-7883</i>

Facility Contact (If different from Responsible Official)

e-mail: catpapillion@gmail.com

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: () -

-11/16/10 - spoke with
Kathy Harrison, date
1996; new; RC; "SAME"
-MB

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")
_____	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?

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

*- per form,
new / small's
RC - MB*

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

-(e)

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.

Kathy Harrison
Print name of responsible official

Kathy Harrison
Signature

10/25/10
Date

age online - Go to usps.com/postageonline

PLEASE PRESS FIRMLY



U.S. POSTAGE PAID
ALTAMONTE SPRING, FL
32714
OCT 26, 10
AMOUNT

1807

\$18.20
00029333-22

ize Envelope
nd International Use

.com

When used internationally
affix customs declarations
(PS Form 2976, or 2976A).



Addressee Copy
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage	
2771	<input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	\$ 15.20	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee	
10/27	Month Day	\$ 2.00	
Mo. Day Year	Scheduled Time of Delivery	COD Fee	Insurance Fee
10 27 04	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	\$
Time Accepted	Military	Total Postage & Fees	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		\$ 18.20	
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Int'l Alpha Country Code	
lbs. ozs.		Acceptance Emp. Initials	

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. 10 Day 27	11:20		DAE

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE ()

Lipham Electronics
2492 St Rd 434
Longwood, Fla
32779

TO: (PLEASE PRINT) PHONE ()

General Printing Section
Blum...
32779

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

3 2 7 7 9 + 4 3 4

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



Post Mail® shipments

Lipham Cleaners
2492 STRA 434
Longwood, Fla
32779

General Permits Section
Bureau of Air Monitoring & Mobile Sources, MS 5510
DEP
2600 Blair Stone Road
Tallahassee, Fla
32399-2400

LIPHAM CLEANERS, INC.

2492 STATE RD. 434
LONGWOOD, FL 32779
407-862-9541

2186

63-1116/631
11

Date 10/26/10

Pay to the Order of *DEP*

\$50.00

Fifty & 00/100

Dollars

Liberty
National
Bank




Altamonte Office

502 N. Highway 17-92 Longwood, FL 32750

For *air general permit*

Kathy S Harrison

 Security features are indicated. Details on back.

MP