1270113



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 11, 1996

Mr. Thomas H. Hughes Caring Cleaners 1500 Beville Road, Suite 101 Daytona Beach, Florida 32114

Dear Mr. Hughes:

The Department has reviewed your notification form to operate a perchloroethylene dry cleaning facility with a general permit pursuant to Section 62-213.300, Florida Administrative Code. In accordance with the information included in your notification form, it appears that your facility is exempt from this air general permit requirement.

An exemption from this air general permit requirement does not necessarily exempt you from all Department permits. contact your nearest DEP district or local program office to determine if any other permits are required. You may also contact the Small Business Assistance Program at 800/722-7457.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/sb

cc: Mr. Louis Nichols, Central District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Thomas H. Hughes
2.	Site Name (For example, plant name or number):
	Caring Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLD 981749062
4.	Facility Location: Street Address: 1500 Beville Rd. Ste.101 City: Daytona Beach County: Volusia Zip Code: 32114
5.	Facility Identification Number (DEP Use): 1240113
	We have had our site Responsible Official screening done and were tolour Facility $\#$ is 649500644
6.	Name and Title of Responsible Official:
	Thomas H. Hughes
7.	Responsible Official Mailing Address: Organization/Firm: Caring Cleaners Street Address: 1500 Beville Rd. City: Daytona Beach County: Volusia Zip Code: 32114
8.	
	Telephone: (90½ 253 - 8848 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: () -

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		 						-	
(1) w/ ref. condenser		1							
(2) w/ carbon adsorber							Ī		
(3) w/ no controls									
Washer Unit			-	(1 - 4				
(4) w/ ref. condenser			\	\prod	1				
(5) w/ carbon adsorber									
(6) w/ no controls				1	1	1.			
Dryer Unit		1 1	7			7			
(7) w/ ref. condenser		47				1	L		
(8) w/ carbon adsorber		「フ							
(9) w/ no controls					V				
Reclaimer Unit	+ 1			i lite	e and	R. T. Sales			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of unknown (b) If less than 12 mont 	are r quant gallo	equired to be ity of perchlo	installed [_ proethylene (perc)	EXX Clo Pan Sep	ON 2000 sed non Unit t tember) Sc -ve to b 15,	lvent D nted, C e insta 1996	Petroleur Ory to Dry Containmer Alled by
Check why it is less 3. What is the facility's so (Indicate with an "X".	urce	classification	based on the	e defi	_				
Existing small ar			•		nall area sour	-ce []		
Existing large are	ea so	urce []	Ne	ew la	ge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this no	otification form?
Existing large area source Carbon adsorber Refrigerated condenser		
New small area source Refrigerated condenser SEE Page 14	l(b)	
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unexemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for perduring which propane or fuel oil containing no more than one percent sulfur. All steam and hot water generating units exempt No such units on-site [X] No such units on-site	its on-site meet to the site of the site o	the following /hr or less (298
Equipment Monitoring and Recordkeeping Info	rmation	
Check all logs which are required to be kept on-site in accordance with the re	quirements of th	is general permit:
(a) Purchase receipts and solvent purchases	(\times)	Now knowing what is needed for
(b) Leak detection inspection and repair		general tracking, we will keep the
(c) Refrigerated condenser temperature monitoring		records of items checked on our
(d) Carbon adsorber exhaust perc concentration monitoring		new Petroleum unit
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropri	ate selection:		
		isting air permits authorizing operation of notification form; specifically, permit num		
	No air permits currently this notification form.	exist for the operation of the facility indic None needed per "Marni		n Orlando
	. Ro	esponsible Official Certification	•	
this notific statements maintain t comply wi	cation. I hereby certify, ba made in this notification he air pollutant emissions th all terms and condition	ole official, as defined in Part II of this form ased on information and belief formed afte are true, accurate and complete. Further, units and air pollution control equipment s of this general permit as set forth in Part ant of any changes to the information contai	r reasonable inquiry, that in I agree to operate and described above so as to If II of this notification form	he
			9-96	
Signature`		Date		

This facility Perc 9/8/96 55

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Thomas H. Hughes
2.	Site Name (For example, plant name or number):
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5.	Facility Identification Number (DEP Use): 1270113
	We have had our site Responsible Official screening done and were tolour Facility $\#$ is 649500644
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8.	Responsible Official Telephone Number: Telephone: (902/253 - 8848 Fax: () -
	Facility Contact (If different from Responsible Official)
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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date	T	Date	Date	1	Date	Date
		Machine	Control	ĺ	Machine	Control		Machine	Control
٠,		Initially	Device]	Initially	Device	Ì	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Pry-to-Dry Unit									,
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls]							T
Vasher Unit				(
(4) w/ ref. condenser			1	$T \mathcal{T}$					T
(5) w/ carbon adsorber				1					
(6) w/ no controls				\					
Oryer Unit			9			/			
(7) w/ ref. condenser		(-7	 			7			
(8) w/ carbon adsorber									
(9) w/ no controls									
eclaimer Unit						•		<u>-</u>	
(10) w/ ref. condenser]	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the land of th	are re	equired to be	installed [_		EXX Clo Pan Sep	CON 2000 sed non Unit t stember) Sc 1-ve 20 h 15,	olvent I ented, S e insta 1996	Patrole Ory to D Containm Alled by
(b) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section ((3) of	Part II?	
Existing small ar	ea so	urce [X_]	Ne	ew sn	nall area sour	rce [)		
Existing large are	ea soi	urce []	Ne	ew lai	ge area sour	ce [_]		

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4. What control technology is req (Indicate with an "X".)	uired on machines	pursuant to section (5) of Part II of this n	otification form?
Existing large area source Carbon adsorber	<u>e</u>	Refrigerated conden	ser []	
New small area source Refrigerated condenser		SEE Page 1	4 (6)	
New large area source Refrigerated condenser				
			<i>†</i>	
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Equipn	nent Monitoring a	nd Recordkeeping I	nformation	
Check all logs which are required	to be kept on-site i	in accordance with the	e requirements of th	nis general permit:
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(d) Carbon adsorber exhaust perc	concentration mon	itoring		new Petroleum unit
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction	on plan			

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	•.
	No air permits currently exist for the operation of the facility indicated in this notification form. None needed per "Marnie" meeting in Orland 8-15-96
	Responsible Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
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