PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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 fillity Name and Location

Facility Owner/Company M completed form to the address listed in the instructions and keep a copy of the form for your files.

1.	Facility Owner/Company Name (Name of corporation, a	gency, or individ	lual owner):	
	CASTLE CLEANERS	÷		
2.	Site Name (For example, plant name or number):			
	N/A		•	
3.	Hazardous Waste Generator Identification Number:			
	UNKHOMH			
4.	Facility Location: 4031 SOUTH NOVA ROAD	SUITE E		
	Street Address: City: PORT ORANGE County: VOW	SIA	Zip Code: 321 27	
5.	Facility Identification Number (DEP Use ONLY - do not	fill in):	70122-00	
			.70166	
Responsible Official				
6.	Name and Title of Responsible Official:			
Na	WINCE PECORARO	Title: MA	NAGER	
7.	Responsible Official Mailing Address: Organization/Firm: SAME AS	FACILITY	LOCATION	
	Street Address:			
	City: County:		Zip Code:	
8.	Responsible Official Telephone Number:) - N/A	
	Telephone: (386) 451-7650	Fax: () - N/A	
Facility Contact (If different from Responsible Official)				
	Name and Title of Facility Contact (For example, plant m	nanager):		
10.	Facility Contact Address:			
	Street Address:			
	City: County:		Zip Code:	
11.	Facility Contact Telephone Number:	-		
	Telephone: () -	Fax: () -	

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information

L(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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") 1996 SAME Existing/New (RC)CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: L(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 Control Device Installed Date Initially Purchased Status Control Device Required* From Manufacturer (circle one) (circle one) (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 adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? NO PERC PURCHASED WITHIN THE LAST **O**] gallons (You must fill this in) 12 MONTHS (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

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3. What is the facility's source confidence with an "X". Select		on the definitions found in section (3) of Part 11? only.)
Small Area Source	[X]	
Dry-to-dry ma Transfer only Both machine		(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	[]	
Dry-to-dry ma Transfer only Both machine		(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is re (Indicate with an "X".)	quired on machines	pursuant to section (5) of Part II of this notification form?
Existing machines at sr (NONE REQUIRED)	mall area source	New machines at small area source Refrigerated condenser []
Existing machines at la Carbon adsorber Refrigerated condenser	[]	New machines at large area source Refrigerated condenser []
Rule 62-213.300, F.A.C. Verify	that all steam and l	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following (see attached memo for the criteria).
All steam and hot water generat No such units on-site	ing units exempt	X OR
How many boilers do you have o	on-site?	
For each boiler, indicate its hors	epower (HP) rating:	
What type of fuel do you use?	propane No. 2 fue	
6. Equipment Monitoring and Re	ecordkeeping Inforr	nation
Check all logs which are require	d 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	d repair	[X]
c) Refrigerated condenser tempe	erature monitoring	· X]
d) Carbon adsorber exhaust perd	e concentration mor	nitoring · []
e) Startup, shutdown, malfuncti	ion plan	·

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7. Surrender o	of Existing DEP Air Permit(s)				
Please indicat	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				
[X]	No DEP air permits currently exist for the operation of the facility indicated in this notification form. I AM NOT AWARE OF ANY DEP AIR PERMITS CURRENTLY EXISTING FOR THIS FACILITY. Official Certification				
responsible Official Cel Inication					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that is 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 pro	I will promptly notify the Department of any changes to the information contained in this notification.				
VINCE PECORARO					
Print nam	al Pecararo 4/14/09				
Signature	Date				

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RETURN RECEIPT REQUESTED



7008 2810 0001 5961 0321



GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING

AND MOBILE SOURCES, MS 5510

DEPARTMENT OF ENVIRONMENTAL PROTECTION

2600 BLAIR STONE ROAD