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Bureau of Air Management  
& Mobile Control

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):	PRAVIN MAISURIA.
2. Site Name (For example, plant name or number):	ORMOND BEACH CLEANER.
3. Hazardous Waste Generator Identification Number:	FLR000080903
4. Facility Location: Street Address: City:	ORMOND BEACH CLEANER 1482 W. GRANADA BLVD SUIT 610 ORMOND BEACH
County:	VOLUSIA
Zip Code:	FL 32174
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1290157-003

Responsible Official

6. Name and Title of Responsible Official: Name:	PRAVIN MAISURIA	Title:	OWNER.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	ORMOND BEACH CLEANER 1482 W. GRANADA BLVD SUIT 610 ORMOND BEACH	County:	VOLUSIA
Zip Code:	FL 32174		
8. Responsible Official Telephone Number: Telephone:	(386) 676-7700	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? [ 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")
WESTEN AUTO NEVADA 35	Existing/ <del>New</del>	<u>RC</u> /CA/None required	SAME
SUPREMA E40S	Existing/ <del>New</del>	<u>RC</u> /CA/None required	SAME
_____	Existing/ <del>New</del>	RC/CA/None required	_____

1993  
1999

3/3/09-  
HIGHLIGHTED  
INFORMATION  
PROVIDED VIA  
TELECON W/  
MR. MAISURDA  
D.E.D.

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? [ 1 ]

How many dryers/reclaimers do you have on-site? [ 2 ]

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/ <del>New</del>	RC/CA/None required	_____
_____	Existing/ <del>New</del>	RC/CA/None required	_____
_____	Existing/ <del>New</del>	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?

[ 65 ] 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".)

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

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  
No such units on-site

OR

How many boilers do you have on-site?

 1 

For each boiler, indicate its horsepower (HP) rating:  15

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.*

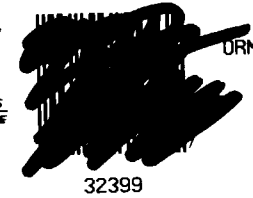
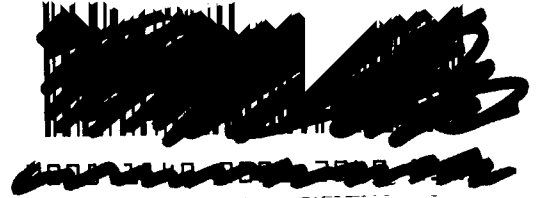
*I will promptly notify the Department of any changes to the information contained in this notification.*

PRAVIN MAISURIA  
Print name of responsible official

P. M. Maisuria  
Signature

2/27/09  
Date

ORMONDBEACH CLEANER  
1482 W. GRANADA BLVD  
SUITE 610  
ORMONDBEACH  
FL 32174



U.S. POSTAGE  
PAID  
ORMONDBEACH, FL  
32174  
FEB 27, '09  
AMOUNT  
\$5.32  
00019208-14

0000

32399

To, GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING & MOBILE SOURCES,  
MS 5510  
DEPT. OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE  
FL. 32399-2400

