legerned in P/A 10/24/11

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 Facility Owner/Company Name (Name of corporation, agency, or individual Dry Cleaners and Laundry Inc. Site Name (For example, plant name or number): Hazardous Waste Generator Identification Number: Facility Location: 1200 Deltong Blvd #58 Street Address: County: Volysia City: Deltona Zip Code: 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official Name and Title of Responsible Official: Title: Name: Mariel Rodriquez President Responsible Official Mailing Address: Organization/Firm: 2784 Kingsdale Dr. Street Address: County: Volvsia Zip Code: City: 32738 De Itona Responsible Official Telephone Number: Telephone: (407) 324-6322 Fax: (Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: City: County: 11. Facility Contact Telephone Number: Fax: (Telephone: (

RECEIVED

DEP Form No. 62-213.900(2) Effective: 2/24/99

ACT 27 2011

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) (circle one) (if already included at time of purchase, write "SAME") (RC)CA/None required Existing/New Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 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 Initially Purchased Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (if already included at time of (circle one) 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? (b) If less than 12 months, how many? [∂] months Check why it is less than 12 months: New owner: [X] Did not keep records: [New store: [] New machine []

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Unopened store [__] (date of expected opening

3. What is the facility's source class Indicate with an "X". Select			found in section	on (3) of Part 11	?	
Small Area Source	[X]	•				
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site			140 gallons of 200 gallons of 140 gallons of	perc per year)		
Large Area Source						
Dry-to-dry mach Transfer only or Both machine ty	(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 requ (Indicate with an "X".)	aired on machines	pursuant to sect	ion (5) of Part	ll of this notific	cation form?	
Existing machines at sma (NONE REQUIRED)		machines at sm gerated condens				
Existing machines at large Carbon adsorber Refrigerated condenser		machines at largerated condens				
5. A facility which contains non-t Rule 62-213.300, F.A.C. Verify t exemption criteria or that no such	hat all steam and h	not water general (see attached m	iting units on-si	te meet the foll	ermit pursuant lowing	i to
All steam and hot water generatin No such units on-site	g units exempt	X OR				
How many boilers do you have on	-site?					
For each boiler, indicate its horsep	oower (HP) rating:					
What type of fuel do you use?	propane No. 2 fue No. 6 fue] natural gas] No. 4 fuel oil] Other (please	list)		
6. Equipment Monitoring and Rec	ordkeeping Inform	mation			_	
Check all logs which are required	to be kept on-site	in accordance v	vith the require	ments of this go	eneral permit:	
(a) Purchase receipts and solvent p	ourchases/solvent	addition log	Ŋ		<u> </u>	
(b) Leak detection inspection and	repair			<u> </u>		
(c) Refrigerated condenser temper		۱	$\langle \hspace{0.5pt} \rangle$	SULL OF CA) 	
(d) Carbon adsorber exhaust perc	concentration mor	nitoring	[_		17 C	e Tar
(e) Startup, shutdown, malfunctio			C	(ml)		PROTECTED

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7. Surrender o	of Existing DEP Air Permit(s)				
Please indicat	e with an "X" the appropriate selection:				
LXI	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form: the permit number(s) are				
ſ <u> </u> }	No DEP air permits currently exist for the operation of the facility indicated in this notification form.				
Responsible	Official Certification				
this notifi statement maintain comply w I will pro	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form, amply notify the Department of any changes to the information contained in this notification.				

10/13/11

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