

HODENOUM TO "ORIGINAL" RECEIVEL

TUL 0 6 2010

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau or Air Michigan. & Mobile Source

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.

1,	racility Owner/Company, Name (Name of corporation, agency, or individual owner):
ro	EWS HOTELS (Existing Facility ID # 0951290)
2.	Site Name (For example, plant name or number):
	EWS HOTELS COMMERCIAL LAUNDRY/DRYCLEANER Hazardous Waste Generator Identification Number:
ا ,	
CE	sog (FLCESOG) Conditionally Exempt Small Quantity Generator
4.	racinty Location:
	Street Address: 6800 LAKEWOOD PLAZA DRIVE
	City: ORLANDO County: ORANGE Zip Code: 32819 — 5580
5.	Facility Identification Number (DEP Use ONLY - do not fill in)
	Facility Identification Number (DEP Use ONLY - do not fill in) 351290-0
	<u> </u>
Das	ponsible Official
	Name and Title of Responsible Official:
	ne: TOM RODITUS Title: DIRECTOR OF OPERATIONS
	1 4P
7.	Responsible Official Mailing Address:
	Organization/Firm: LOEWS HOTELS
	Street Address: 6800 LAKEWOOD PLAZA DRIVE
	City: ORLANDO County: ORANGE Zip Code: 32819
8.	Responsible Official Telephone Number:
	Telephone: (407) 503 - 9005 Fax: (407) 503 - 9100
_	
	ility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):
٦.	Name and Title of Pacifity Comact (For example, plant manager).
TOI	NY RODRIGUES, DIRECTOR OF ENGINEERING
10.	Facility Contact Address:
	· ·
	Street Address: 6800 LAKEWOOD PLAZA DRIVE
	City: ORLANDO County: ORANGE Zip Code: 32819
11.	Facility Contact Telephone Number:
• • • •	Telephone: (407) 503 - 9150 Fax: (407) 503 - 9153

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

Facility Name and Location

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Reviewed on 7-26-10 JB



Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [TWO (2)]

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")	
XX**/JUNE/1999	Existing	w RC/CA/None required	SAME OUR	
XX**/JUNE/1999	ExistingNe	w RC/(A/None required	SAME UMR 28 2010	
	Existing/Ne	w RC/CA/None required	 .	
CONTROL DEVICE K Exact day in June unk	•	frigerated condenser CA	= carbon adsorber	
(b) TRANSFER MAC	HINES ONLY			
ow many washers do yo	ou have on-site?	[NONE]		••
ow many dryers/reclain	iers do you have o	n-site? [NONE]	and the second second	. , ,
il. If the transfer machi			December 9, 1991, it is an EXISTING December 9, 1991 and September 22,	
993, it is a NEW unit (nermit). For each transformate Initially Purchased	o units purchased a er machine on-site, Status	after September 22, 1993 are all please provide the following in Control Device Required*	owed to operate under this general formation: Date Control Device Installed	
93, it is a NEW unit (nermit). For each transformate Initially Purchased om Manufacturer	o units purchased a er machine on-site, Status (circle one)	after September 22, 1993 are all please provide the following in Control Device Required* (circle one)	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	
P93, it is a NEW unit (nermit). For each transforate Initially Purchased om Manufacturer	o units purchased a er machine on-site, Status (circle one)	after September 22, 1993 are all please provide the following in Control Device Required*	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	
993, it is a NEW unit (nermit). For each transformate Initially Purchased om Manufacturer	o units purchased a er machine on-site, Status (circle one)	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	
993, it is a NEW unit (nermit). For each transformate Initially Purchased on Manufacturer	o units purchased a er machine on-site, Status (circle one) **THIS TABLE IS Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS RC/CA/None required	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	
993, it is a NEW unit (nermit). For each transformate Initially Purchased on Manufacturer	o units purchased as machine on-site, Status (circle one) **THIS TABLE II Existing/New Existing/New Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS RC/CA/None required RC/CA/None required	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")	
293, it is a NEW unit (nermit). For each transferate Initially Purchased from Manufacturer	o units purchased at machine on-site, Status (circle one) **THIS TABLE IS Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS RC/CA/None required RC/CA/None required	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") S FACILITY*** —————————————————————————————————	
293, it is a NEW unit (nermit). For each transferate Initially Purchased om Manufacturer * * ** * * * * * * * * * * * * * *	o units purchased at machine on-site, Status (circle one) **THIS TABLE IS Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS RC/CA/None required RC/CA/None required RC/CA/None required CA/CA/None required	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") S FACILITY*** —————————————————————————————————	
293, it is a NEW unit (normit). For each transferate Initially Purchased om Manufacturer ** CONTROL DEVICE KI (a) How much perchlor [= 155] gallons	o units purchased as remachine on-site, Status (circle one) **THIS TABLE II Existing/New Existing/New Existing/New Existing/New Existing/New (You must fill this	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS RC/CA/None required RC/CA/None required RC/CA/None required CA Ave you used within the last 12 resin)	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") S FACILITY*** —————————————————————————————————	
293, it is a NEW unit (normit). For each transferate Initially Purchased om Manufacturer ** CONTROL DEVICE KI (a) How much perchlor [= 155] gallons	o units purchased at remachine on-site, Status (circle one) **THIS TABLE I: Existing/New Existing/New Existing/New Existing/New Existing/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS RC/CA/None required RC/CA/None required RC/CA/None required AC/CA/None required CA Ave you used within the last 12 resin)	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") S FACILITY*** —————————————————————————————————	
293, it is a NEW unit (nermit). For each transferate Initially Purchased from Manufacturer ** ** ** ** ** ** ** ** **	o units purchased as remachine on-site, Status (circle one) **THIS TABLE II Existing/New Existing/New Existing/New Existing/New (You must fill this ths, how many? []	after September 22, 1993 are all please provide the following in Control Device Required* (circle one) S NOT APPLICABLE TO THIS RC/CA/None required RC/CA/None required RC/CA/None required AC/CA/None required CA Ave you used within the last 12 resin)	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") S FACILITY*** = carbon adsorber nonths?	

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 What is the facility's source classification based or Indicate with an "X". Select one classification o 	the definitions found in section (3) of Part II?
Small Area Source []	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(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 [X]	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(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 required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	Refrigerated condenser []
Existing machines at large area source Carbon adsorber [] Refrigerated condenser []	New machines at large area source Refrigerated condenser [X]
	nits shall not be eligible to use the general permit pursuant to of water generating units on-site meet the following exemption d memo for the criteria).
All steam and hot water generating units exempt No such units on-site	[X] OR
How many boilers do you have on-site? [ONE EXIS	TING AND ONE BACKUP (REDUNDANCY) PROPOSED]
For each boiler, indicate its horsepower (HP) rating:	[500 (EXISTING)]
What type of fuel do you use?] propane No. 2 fuel No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Information	ation
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 and	ddition log [X]
(b) Leak detection inspection and repair	100
(c) Refrigerated condenser temperature monitoring	[X]
-(d)-Garbon-adsorber-exhaust-perc-concentration-moni	toring
(e) Startup, shutdown, malfunction plan	(A.)

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7. Surrender of Existing DEP Air Permit(s)	
Please indicate with an "X" the appropriate	selection:
notification form; the permi 0951290-003-AC.	ing DEP air permits authorizing operation of the facility indicated in this it number(s) are ly exist for the operation of the facility indicated in this notification form
Responsible Official Certification	
this notification. I hereby certify, based statements made in this notification are maintain the air pollutant emissions un comply with all terms and conditions of	official, as defined in Part II of this form, of the facility addressed in d on information and belief formed after reasonable inquiry, that the extrue, accurate and complete. Further, I agree to operate and lits and air pollution control equipment described above so as to filhis general permit as set forth in Part II of this notification form. If any changes to the information contained in this notification. Date
	and the

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Dibble, Dickson

From:

Ilka.Bundy@ocfl.net

Sent:

Thursday, July 29, 2010 8:36 AM

To: Cc: Brynes, Marnie Dibble, Dickson

Subject:

Loew's Hotel Notification Form Corrections

Attachments:

0951290-007-AG Revised.pdf

Marnie,

I had an inspector go to the facility yesterday and initial some items on page 13 of the notification form. The status "new" and control device "RC" was circled. Please update your files. Please note that I scanned the document upside down! After you print it out, you can flip the pages!

If you have any questions, feel free to contact me.

Thanks!

Ilka Bundy Environmental Team Leader

Orange County Environmental Protection Division Air Quality Management 800 Mercy Drive, Suite 4 Orlando, FL 32808 Phone: 407-836-1476

Fax: 407-836-1498 ilka.bundy@ocfl.net

PLEASE NOTE: Florida has a very broad public records law (F. S. 119). All e-mails to and from County Officials are kept as a public record. Your e-mail communications, including your e-mail address may be disclosed to the public and media at any time.