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AUG 26 2010

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

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): DUCLAC, INC.
2. Site Name (For example, plant name or number): T & W Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 4275-A Okeechobee Blvd. City: West Palm Beach County: PALM BEACH Zip Code: 33409
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990580-004

Responsible Official

6. Name and Title of Responsible Official: Name: KEVIN L. CHAU Title: MANAGER	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (561) 686-2212 Fax: (561) 296-8818	

Facility Contact (If different from Responsible Official)

e-mail: kevinlchau@bellsouth.net

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: () -	

-8/31/10 - spoke with
Kevin Chau - went
over notes
-MB

Facility Information

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

How many dry-to-dry machines do you have on-site? 1

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")
<u>June 2006</u>	Existing/ <u>New</u>	<u>RC/CA</u> /None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 2

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

- 8/31/10 - spoke with the manager, Sissy, no transfer machines - MB

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")
<u>unknown</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	<u>same</u>
<u>'</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	<u>same</u>
<u>'</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	<u>same</u>
<u>'</u>	<u>Existing</u>	<u>None required</u>	<u>same</u>

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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

73 gallons (You must fill this in)

(b) If less than 12 months, how many? [] months

Check why it is less than 12 months: Now owner: [] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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.

Kevin L. CHAU
Print name of responsible official

Kevin Yachan
Signature

8-20-2010
Date

URGENT!

IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

**Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400**

- I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.
- My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.



SURRENDERING YOUR AIR GENERAL PERMIT REGISTRATION

- By checking this box, I wish to surrender my AGP entitlement to operate and I am notifying the Department of the pending action by signing and dating this form below and returning it to the mail address above.

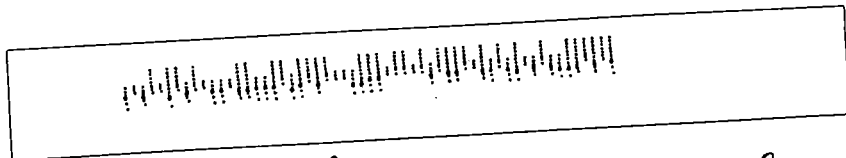
My ARMS ID number is: _____ - _____ - AG _____
(9999999-999-AG) (PRINT YOUR NAME HERE)

Date: ____/____/_____
(mm/dd/yyyy) (SIGN YOUR NAME HERE)

FR DUCLAC, INC.

DBA T&W Cleaners

835-A Cherokee Blvd
West Palm Beach, FL 33410



TO: Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

MS # 5510 MC Acct # 5521