1"G 2 6 2010

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

\*\*\*Treau of Air Morntoring \*\* 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 Locution	
1. Facility Owner/Company Name (Name of corporat	tion, agency, or individual owner):
DUCLAC INC	
2. Site Name (For example, plant name or number)	
TEW Cleaners	
3. Hazardous Waste Generator Identification Number:	:
4. Facility Location: 4275-A Okee Conty: West PAM Beach County:	hopee Blvg.
City: West PA/M Beach County: f	DAIM Beach Zip Code: 33409
5. Facility Identification Number (DEP Use ONLY d	
	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:	- 4.71 224 2
Telephone: (56) 686-2212	Fax: (561)296-8818
	· <del>-</del> 1
Facility Contact (If different from Responsible Official	ul) e-mail: Kevin   Chau Obeli. South
9. Name and Title of Facility Contact (For example, pl	lant manager):
10. Facility Contact Address:	
10. Tability College Markets,	
Street Address:	
City: County:	Zip Code:
11 Facility Contact Telephone Number	
11. Facility Contact Telephone Number: Telephone: ( ) -	Fax: ( ) -
	-
DED E. M. CO. OLO COO/O	-8/31/10- phoke wear
DEP Form No. 62-213.900(2) Effective: 2/24/99	Vousin Chan - went
ын <del>сыме. 2/24/2</del> 2	14 -8/31/10-ppoke with Kevin Chan-went over notes -MB
	over more
	- INCD

#### Facility Information

•			
1.(a) DRY-TO-DRY N	TACHINES ONLY		
How many dry-to-dry m	achines do you have	e on-site? [1]	
For each dry-to-dry mad	chine on-site, please	provide the following information	n:
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")
June 2006	Existing/New	None required	SAML
<u> </u>	Existing/New	v RC/CΛ/None required	
<u> </u>	Existing/New	v RC/CA/None required	
*CONTROL DEVICE I	CEY: RC = ref	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAG	CHINES ONLY	ๆ	-8/31/19 :10 +11.
How many washers do y	ou have on-site?		withoune
How many dryers/reclair	mers do you have on	i-site? [ \( \frac{\alpha}{2} \) \( \text{in} \)	Sissy, Mo
unit. If the transfer mach 1993, it is a NEW unit ( permit). Por cach truns	nine was purchased I no units purchased a fer machine on-site,	rom the manufacturer between I	December 9, 1991, it is an EXISTING a December 9, 1991 and September 22, wed to operate under this general promation:
Date Initially Purchased From Manufacturer		Control Device Required** (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
un Known	Existing/New	RC/CA None required	Same
<u> </u>	Existing/New	RC/CA None required	Sainl
	Existing/New	RC/CA/Nonc required	Sound
('	Existina	None required	Same
*CONTROL DEVICE K	EY: RC - refi	rigerated condenser CA =	carbon adsorber
~~ ~ `	rocthylene (pere) ha ns (You must fill th	ive you used within the last 12 m	onths?
(b) If less than 12 mor	nths, how many? [_	] months	
Check why it is le	ss than 12 months: I	Now owner: [] Did not keep	records:
	,	New store: [] New machine	1
	l	Unopened store [] (date of c	rpected opening)

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

3. What is the faci		ssification based o		finitions found	in section (2	3) of Part II?		
Small Arc	ca Source	(X)					,	
5	Dry-to-dry mach Transfer only or Both machine ty		(used l	css than 140 ga ess than 200 ga ess than 140 ga	allons of per	c per year)		
Large Are	ea Source	<u></u>						
7	Dry-to-dry mach Fransfer only or Both machine ty		(used 2	40 - 2,100 gal   200 - 1,800 gal   40 - 1,800 gal	ons of perc	per year)		
4. What control tea (Indicate with a		uired on muchines	pursu <b>a</b> n	t to section (5)	of Part II of	fthis notificati	ion form?	
	nachines at sma EQUIRED)	all area source		New machin Refrigerated		rea source		
Curbon ad	machines at large Isorber red condenser	C BTCH SOUTCE		New machin Refrigerated		rea source		
5. A facility which Rule 62-213.300, F exemption criteria	F.A.C. Verify the	hat all steam and h	ot water	generating un	its on-site m	eet the follow		
All steam and hot was No such units on-si		g units exempt		OR				
How many boilers	do you have on-	siw?					-per Siss	۲
For each boiler, inc	licate its horsep	ower (HP) rating:	ال	145			-per Siss Whoiler -ma	١
What type of fuel d	o you usc?	propune No. 2 fuel		natura     No. 4     Other		<del>-</del>	— me	3
6, Equipment Moni	itoring and Rec	ordkeeping Inform	ation					
Check all logs which	ch are required t	to be kept on-sité i	n accord	lance with the	rcquirement	s of this gener	al permit:	
(a) Purchase receip	is and solvent p	urchasashoru	ddition !	log	(X)			
(b) Lenk detection i	inspection and r	epair			$\times$			
(c) Refrigerated cor	ndenser tempera	ture monitoring						
(d) Carbon adsorbe	r exhaust pere e	oncentration moni	itoring		$\times$			
(c) Startup, shutaa	wn, matfunetion	រ ប្រាំងព			$r \times r$			

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	le 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.  In the Department of any changes to the information contained in this notification.  I A CHAU  Cof responsible official  B-20-2010  Date

17



# **IMPORTANT**

### NOTIFICATION OF EXPIRING AIR GENERAL PEMIT 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

$\boxtimes$	I am a new OWNER o	or AUTHORIZED	REPRESENT	TATIVE for this facility.
	My business has move	ed to a new location	1.	
	AGP registration form.	any of the above b	•	include this form with your
	AIR GEN	SURRENDERII NERAL PERMI		RATION
	•	ent of the pending	g action by s	titlement to operate and I am igning and dating this form
My A	RMS ID number is:		AG	
Date:	/ /	(9999999-999-AG)		(PRINT YOUR NAME HERE)
Duic.	(mm/dd/yyyy)			(SIGN YOUR NAME HERE)

DBA TEW Cleaners 475 A Obserbabee Mad To: Department of Environmental protection Marking Red, FL 1980 2600 Blair Stone Road TAllahassee, FL 32399-2400 MS# 5510 MC ACC+ # 552/

FR DUCLAC, INC.