

**PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

— 0090142

Mr BOULNE PLANT

RECEIVED

Registration Type

JUL 24 2012

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

**DIVISION OF AIR
RESOURCE MANAGEMENT**

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

— ROBERT-H-COTHERN TRUST

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

— 60 MINUTE CLEANERS

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: — 1111 EAST PALM HAVEN AVENUE

City: — Mr BOULNE County: — BAZZARD Zip Code: — 32901

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility.)

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Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: _____ **ROB-JONES - PLANT-MANAGER**

Facility Contact Telephone Numbers

Telephone: _____ **321-265-0708** Fax: _____
Cell phone: _____
E-mail: _____

Facility Contact Mailing Address

Organization/Firm: _____ **CENTRAL FLORIDA D.C.**
Mailing Address: _____ **P.O. Box 156**
City: _____ **Melbourne, FL** County: **BREVARD** Zip Code: **32902-0156**

Correspondence Contact/Representative (to serve as additional Department contact)

Name and Position Title **ROBERT-J-SCALICE GENERAL MANAGER**
Print Name and Title: _____

Correspondence Contact/Representative Telephone Numbers

Telephone: _____ **321-727-0170** Fax: _____
Cell phone: _____
E-mail: _____ **JRS-72719@AOL.com**

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____ **P.O. Box 156**
Mailing Address: _____ **Melbourne FL** County: **BREVARD** Zip Code: **32902-0156**
City: _____

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

Facility Information

1.(a) DRY-TO-DRY MACHINES

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 MACHINE INSTALLED | UNIT CLASS (Check one) | CONTROL DEVICE (see key) | DATE CONTROL DEVICE INSTALLED |
|------------------------|---|--------------------------|-------------------------------|
| 28 Oct-94 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | SAME |
| | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | SAME |
| 30 MAY 95 | <input type="checkbox"/> New <input type="checkbox"/> Existing | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Existing | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Existing | | |

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

1. (b) Is the facility a co-residential Dry Cleaning facility?

Yes No

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

| DATE MACHINE INSTALLED | UNIT CLASS (Check one) | PERC DRY CLEANING MACHINE | CONTROL DEVICE (see key) | VAPOR BARRIER ENCLOSURE |
|------------------------|--|--|--------------------------|--|
| | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

2. Perchloroethylene Usage

If this is an **initial registration** for a perchloroethylene dry cleaner, provide an estimate of the facility's expected amount of perchloroethylene to be used over the next 12-month period.

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.

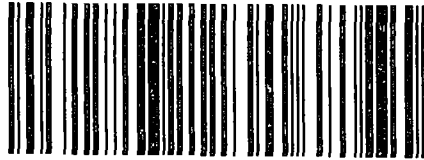
No steam and hot water generating units (boiler) onsite

| BOILER | HORSEPOWER | FUEL TYPE* |
|--------|------------|-------------|
| HURST | 100 | NATURAL GAS |
| | | |
| | | |
| | | |

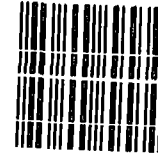
*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

CERTIFIED MAIL

CENTRAL FLORIDA DRY CLEANING
P.O. BOX 156
MELBOURNE, FL 32902-0156



7001 0360 0000 7359 6438



1000

32315

U.S. POSTAGE
PAID
MELBOURNE, FL
32901
JUL 20 12
AMOUNT

\$5.75
00052245-04

FIRST CLASS

**RETURN RECEIPT
REQUESTED**

Department of Environmental Protection
Receipts
PO Box 3070
Tallahassee FL 32315-3070

323153070 BOSS

