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7/18/11

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PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

AUG 02 2011

BUREAU OF
AIR REGULATION

Facility Identification Number - If known (seven digit number)

0112205 0112205-003

Registration Type

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.

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.)

TACT Enterprises Inc

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.)

Mercer Clean

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

Street Address: 1212 NE 26th St
City: Wilton Manors County: Broward Zip Code: 33305-1327

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

MP

Facility Contact

<u>Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)</u> Print Name and Title: _____ <i>NILSO LARA</i> <i>President</i>		
<u>Facility Contact Telephone Numbers</u> Telephone: _____ <i>954-564-0203</i> Fax: _____ Cell phone: _____ E-mail: _____		
<u>Facility Contact Mailing Address</u> Organization/Firm: _____ <i>1212 NE 26th St</i> Mailing Address: _____ City: _____ <i>Wilton Manors</i> County: _____ <i>Broward</i> Zip Code: _____ <i>33305 - 1327</i>		

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

<u>Name and Position Title</u> Print Name and Title: _____		
<u>Other Contact/Representative Telephone Numbers</u> Telephone: _____ Fax: _____ Cell phone: _____ E-mail: _____		
<u>Other Contact/Representative Mailing Address</u> Organization/Firm: _____ Mailing Address: _____ City: _____ County: _____ Zip Code: _____		

(MP)

Facility Information

1.(a) DRY-TO-DRY MACHINES

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 MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
Feb 11, 2014	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	Same
	<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.

80 gallons

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*
1	50 hp	Oil

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

****IMPORTANT****
AIR GENERAL PERMIT
RULE CHANGE NOTICE
Effective: June 29, 2011

RECEIVED

JUL 20 2011

BUREAU OF
AIR REGULATION

After the effective date noted above, pursuant to Rule 62-4.050 and Rule 62-210.310, F.A.C., the following facility types eligible to construct or operate under an Air General Permit (AGP) will be required to **submit a \$100 fee** along with a registration or re-registration for a new or an existing facility every five years.

Note: Recent changes to the air general permit rules have rescinded the \$50 annual emissions fee that was previously required under this air general permit. This air general permit now requires a \$100 registration fee that is good for the life of the air general permit (up to 5 years).

New rule references replacing those in Rule 62-213.300, F.A.C. are noted below:

- **Perchloroethylene Dry Cleaners**-Rule 62-210.310 (5)(f), F.A.C.
- **Ethylene Oxide Sterilizers**-Rule 62-210.310 (5)(g), F.A.C.
- **Halogenated Solvent Degreasers**-Rule 62-210.310 (5)(h), F.A.C.
- **Chromium Electroplaters and Anodizers**-Rule 62-210.310 (5)(i), F.A.C.
- **Asbestos Manufacturers and Fabricators**-Rule 62-210.310 (5)(j), F.A.C.
- **Secondary Aluminum Sweat Furnaces**-Rule 62.210.310 (5)(k), F.A.C.

Please send your AGP Registration and the \$100 fee payable to FDEP:

FDEP Receipts
PO Box 3070
Tallahassee, Florida 32315-3070

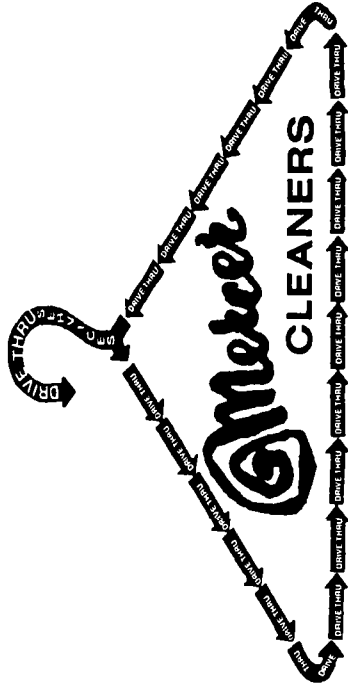
For overnight delivery:
FDEP Receipts
3800 Commonwealth Blvd. MS 77
Tallahassee, Florida 32399

Questions regarding the new rule changes should be directed to:

DEP's Air General Permit Section (850) 717-9000

Small Business Environmental Assistance Program 1-800-722-7457

or found on DEP's website at: http://www.dep.state.fl.us/Air/emission/air_gp.htm



FINE DRY CLEANING

1212 N.E. 26th Street • Wilton Manors
Fort Lauderdale • Florida • 33305
(954) 564-0203

FT LAUDERDALE

FL 333

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FDEP Receipts
PO Box 3070
tallahassee FL 32315-3070

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