

PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)

0112313

0112313 - 004

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.)

COLONY ACQUISITION CORP.

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.)

COMMERCIAL #37

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

Street Address: 1187 NW 40 AVENUE

City: LAUDERHILL

County: BROWARD

Zip Code: 33313

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

N/A

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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: \_\_\_\_\_ CLARA AROSEMENA, OPS MGR.

Facility Contact Telephone Numbers

Telephone: \_\_\_\_\_ 954-522-3660 EXT 1020

Fax: \_\_\_\_\_ 954-522-6332

Cell phone: \_\_\_\_\_ 954-551-7110

E-mail: \_\_\_\_\_ CAROSEMENA@BLUROO.COM

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_ COLONY ACQUISITION CORP

Mailing Address: \_\_\_\_\_ 730 BROWARD BLVD.

City: \_\_\_\_\_ FORT LAUDERDALE

County: \_\_\_\_\_ BROWARD

Zip Code: \_\_\_\_\_ 33312

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

Name and Position Title

Print Name and Title: \_\_\_\_\_ ROBERT DENBERG, PRESIDENT

Correspondence Contact/Representative Telephone Numbers

Telephone: \_\_\_\_\_ 954-522-3660 EXT 1002

Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ 954-410-2610

E-mail: \_\_\_\_\_ RDENBERG@BLUROO.COM

Correspondence Contact/Representative Mailing Address

Organization/Firm: \_\_\_\_\_ COLONY ACQ.

Mailing Address: \_\_\_\_\_ 730 BROWARD BLVD.

City: \_\_\_\_\_ FORT LAUDERDALE

County: \_\_\_\_\_ BROWARD

Zip Code: \_\_\_\_\_ 33312

**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?

[ 3 ] ONLY TWO PERC DRY TO DRY machines

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
SEPTEMBER, 1995	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC, CA	CAME WITH UNIT
1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		CAME WITH UNIT
JULY, 2011	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	CAME WITH UNIT
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		

K-4 MACHINE NOT PERC

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.

482.50 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*
50 HURST	50 HORSEPOWER	NATURAL GAS

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



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard Jr.  
Secretary

July 26, 2012

Mr. Robert L Denberg  
Colony Acquisition - Lauderhill #37  
3471 W. Broward Blvd  
Ft. Lauderdale, Fl 33312

ENTERED 7 250-37 *mu*

Re: Facility No. 0112313

NOV 8 - 2012

Dear Mr. Robert L Denberg

Our records indicate your Perchloroethylene Dry Cleaning Air General Permit (AGP) entitlement is set to expire on 12/9/2012.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the contact representative can submit a new worksheet containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

You may obtain a copy of the appropriate worksheet from the FDEP Division of Air Resource Management webpage at:

[http://www.dep.state.fl.us/air/emission/air\\_gp.htm](http://www.dep.state.fl.us/air/emission/air_gp.htm)

This worksheet is designed to satisfy your registration requirements. Simply click on your industry sector, and then click on the example worksheet and mail to the following address:

FDEP Receipts  
PO Box 3070  
Tallahassee, Fl 32315-3070

Please submit the completed worksheet with the processing fee (\$100.00), payable to FDEP.

If you need additional information, please contact Douglas Thornton at (800) 722-7457 or by email at [Small.Business@dep.state.fl.us](mailto:Small.Business@dep.state.fl.us)

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DIVISION C  
RESOURCE M

# Southern Environmental Sciences, Inc.

1204 North Wheeler Street □ Plant City, Florida 33563 □ (813) 752-5014, Fax (813) 752-2475

November, 2012 Via Next Day Delivery

Florida Department of Environmental Protection  
Receipts  
3800 Commonwealth Blvd.  
Mail Station 77  
Tallahassee, FL 32399  
Phone: (850) 921-9586

Re: Air General Permit Re-Registration for One (1) Human Crematory Unit  
Current Permit No. 0170014-004-AG  
Hooper Funeral Home  
Location: 501 West Main Street, Inverness, FL 34450 Citrus County  
Phone: (352) 726-2271

Gentlemen:

On behalf of Hooper Funeral Home, Southern Environmental Sciences, Inc. is pleased to submit the enclosed Re-Registration information for the above referenced existing, previously permitted facility. Also enclosed is the \$100.00 fee check.

If you have any questions concerning the permit application please contact me at office phone (813) 752-5014 or email at: [lrobinson@sesfla.com](mailto:lrobinson@sesfla.com).

Sincerely,

SOUTHERN ENVIRONMENTAL  
SCIENCES, INC.



Lynn Robinson, P.E.  
Permitting Manager

Encl: Human Crematory Re-Registration for 0170014 and \$100.00 fee check

Cc: Mr. Dwight Hooper, President  
Mr. Tom Edwards, Operations

SES Project 12P342

TO: Mr. Tom Edwards  
FROM: Lynn Robinson  
DATE: 11/15/12  
TIME: 10:00 AM