

Received in F/A  
12/19/71

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

Facility Identification Number - If known (seven digit number)

— 011 2240 0112425-003

**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.)

— TAHOOR 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.)

— magic Touch Cleaner

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

Street Address: 4917 Pines Blvd  
City: Pembroke County: Pines Zip Code: 33024-6174

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

— N/A

MP

**RECEIVED**

**PERCHLOROETHYLENE DRY CLEANERS**

Air General Permit Example Registration Worksheet **DEC 21 2011**

**DIVISION OF AIR  
RESOURCE MANAGEMENT**

The Department of Environmental Protection ("Department" or "DEP") has established an air general permit at Florida Administrative Code ("F.A.C.") Rule 62-210.310(5)(f) for perchloroethylene dry cleaning facilities. An air general permit is an authorization by rule to construct or operate a specific type of air pollutant emitting facility. Use of such authorization by any individual facility does not require action by the Department. The terms and conditions of the air general permit are set forth in the rule, rather than in a separately issued air construction or air operation permit.

If you are the owner or operator of an eligible facility comprising a perchloroethylene dry cleaning facility, you may register to use the air general permit at Rule 62-210.310(5)(f), F.A.C., by following the general procedures given at subsections 62-210.310(2) and 62-210.310(3), F.A.C. To register, use the Department's electronic registration system (currently under development) or submit all the information specified in the above rules to either of the following addresses, along with the air general permit registration processing fee (\$100.00), payable to FDEP.

**Regular USPS Mail Delivery**  
 Department of Environmental Protection  
 Receipts  
 Post Office Box 3070  
 Tallahassee, Florida 32315-3070

or

**Overnight Delivery (FedEx, UPS, DHL, etc.)**  
 Department of Environmental Protection  
 3800 Commonwealth Blvd.  
 Mail Station 77  
 Tallahassee, Florida 32399

If you properly register to use an air general permit, and are not denied use of the air general permit by the Department, you are authorized to construct and operate the facility in accordance with the general terms and conditions of Rule 62-210.310, F.A.C., and the specific terms and conditions of Rule 62-210.310(5)(f), F.A.C. Your facility may vary, so be sure your registration describes the operations at your facility in sufficient detail to demonstrate the facility's eligibility for use of the air general permit and to provide a basis for tracking any future equipment or process changes. Your registration should describe all air pollutant-emitting processes and equipment at the facility, and it should identify any air pollution control measures or equipment used.

The rules do not require any specific format for the registration. This worksheet, however, has been designed to assist owners and operators. Using it as a template for a general permit registration will help ensure that all necessary information is submitted.

Additional information can be found on the Department's air general permit program website ([http://www.floridadep.org/air/emission/air\\_gp.htm](http://www.floridadep.org/air/emission/air_gp.htm)) or by calling the Small Business Environmental Assistance Program Hotline at 1-800-SBAP-HLP (1-800-722-7457).

**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: Judy CHARANIA

Facility Contact Telephone Numbers  
Telephone: 954-433-8422 Fax: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Facility Contact Mailing Address  
Organization/Firm: 9917 Pines Blvd  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: 33024-6174 *(MP)*

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

Name and Position Title  
Print Name and Title: Same

Other Contact/Representative Telephone Numbers  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-mail: Same

Other Contact/Representative Mailing Address  
Organization/Firm: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: Same County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

*MM*

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
1994	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC Condenser	1994
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<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.

10 gals

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

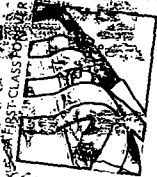
No steam and hot water generating units (boiler) onsite  *(me)*

BOILER	HORSEPOWER	FUEL TYPE*
Columbia	15 HP	NATURAL GAS

TAAHOO Inc  
9917 Pines Blvd  
Dumbroke Pines FL  
33024

FOOT LAUDERDALE FL 33055

DEC 2011 PM 3 L



Department of Environmental  
Protection Receipts

P.O. Box 3070  
Tallahassee FL 32315-3070

11111111111111111111 1111111111