

011 2574-00<sup>3</sup>X

575 196 AUG 27 2002

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES**

How many dry-to-dry machines do you have on-site? [ ]

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
3/8/08	<input checked="" 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		
	<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:

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AUG 27 2002  
DIVISION OF AIR MANAGEMENT

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.

60 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

BOILER	HORSEPOWER	FUEL TYPE*
Fulton Boiler	15 HP	L.P

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

**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: Peter Bussola

Facility Contact Telephone Numbers

Telephone: 954-921-7700

Fax: None

Cell phone: 954-376-0445

E-mail: PremierClean411@aol.com

Facility Contact Mailing Address

Organization/Firm: Premier Cleaners <sup>56</sup>

Mailing Address: 411 East. Sheridan

City: DANIA

County: BROWARD Zip Code: 33004

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

Name and Position Title

Print Name and Title: Peter Bussola Mgr/OP

Correspondence Contact/Representative Telephone Numbers

Telephone: 954-921-7700

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

Cell phone: 954-376-0445

E-mail: PremierClean411@aol.com

Correspondence Contact/Representative Mailing Address

Organization/Firm: Premier Cleaners

Mailing Address: 411 E. Sheridan Street

City: DANIA

County: BROWARD 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.

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Dama Fl 33004

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