

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number (If known)

0250809-004-AG

0250809

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., or 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.)

Catalonia at the Gables III LLC

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.)

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

Street Address: 9664 N.W 25 st

City: Doral

County: Dade

Zip Code: 33172

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

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: _____ *Sylvia Aquino*

Facility Contact Telephone Numbers

Telephone: _____ *305-513-4063* Fax: _____ *N/A*
Cell phone: _____ *786-325-6162*
E-mail: _____ *Diana @ cataloniacleaners.com*

Facility Contact Mailing Address

Organization/Firm: _____ *Catalonia at the Pables, III*
Street Address: _____ *9664 N.W. 25 St* County: _____ *Dade* Zip Code: _____ *33172*
City: _____ *Doral*

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

Name and Position Title

Print Name and Title: _____ *Diana Hernandez, owner*

Other Contact/Representative Telephone Numbers

Telephone: _____ Fax: _____
Cell phone: _____ *305-815-5290*
E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____
Street Address: _____
City: _____ County: _____ Zip Code: _____

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 |
|------------------------|---|--------------------------|-------------------------------|
| 7/9/13 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | RC CA | 7/9/13 8/20/13 |
| | <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.

180 gallons

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

unknown.
plant was not in use for over 9 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* |
|--------|------------|------------|
| Fulton | 15 | Propane |
| | | |
| | | |

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

Catalonia at the Gables
9664 N.W. 25th
Doral, FL. 33172.



Celebrate!

FL0049700105608

U.S. POSTAGE

33134

FOREVER

0515

03260048

APC

0025



Department of Environmental Protection
Receipts
P.O. Box 3070
Tallahassee, FL. 32315-3070

32315307070

