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MAY 22 2012

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET
DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0251356-001

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.)

TERESA GUARDIOLA / ROYAL CREST CLEANERS

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.)

ROYAL CREST CLEANERS

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

Street Address: 15876 SW 137 AVE.

City: MIAMI

County: MIAMI-DADE

Zip Code: 33177

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

7-1-12

FINANCIAL ACCOUNTING
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ENVIRONMENTAL PROTECTION

PERCHLOROETHYLENE DRY CLEANERS

Air General Permit Example Registration Worksheet

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) or by calling the Small Business Environmental Assistance Program Hotline at 1-800-SBAP-HLP (1-800-722-7457).

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
6-15-12	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	6-15-12
	<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.

60 GAL.

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

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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*
COLUMBIA BOILER	25 HP	NATURAL GAS
WATER HEATER	1.8 HP	NATURAL GAS

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

Facility Contact

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: _____ TERESA GUARDIOLA, PRESIDENT	
<u>Facility Contact Telephone Numbers</u> Telephone: _____ Fax: _____ Cell phone: _____ 786-499-1642 E-mail: _____ TQUINTA33@HOTMAIL.COM	
<u>Facility Contact Mailing Address</u> Organization/Firm: _____ ROYAL CREST CLEANERS Mailing Address: _____ 15876 SW 137 AVE. City: _____ MIAMI County: _____ MIAMI-DADR Zip Code: _____ 33177	

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

<u>Name and Position Title</u> Print Name and Title: _____ ARMANDO DIAZ, MANAGER	
<u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: _____ 305-389-6292 Fax: _____ Cell phone: _____ E-mail: _____ CAPRICH0@MSN.COM	
<u>Correspondence Contact/Representative Mailing Address</u> Organization/Firm: _____ ARMANDO DIAZ / ROYAL CREST CLEANERS Mailing Address: _____ 9155 SW 182 ST. City: _____ PALMETTO BAY, FL. County: _____ MIAMI DADR Zip Code: _____ 33157	

Government Facility Code (check only one)

<input checked="" type="checkbox"/>	Facility not owned or operated by a federal, state, or local government.
<input type="checkbox"/>	Facility owned or operated by the federal government.
<input type="checkbox"/>	Facility owned or operated by the state.
<input type="checkbox"/>	Facility owned or operated by the county.
<input type="checkbox"/>	Facility owned or operated by the municipality.
<input type="checkbox"/>	Facility owned or operated by a water management district.

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