

542674 MAR11 2013

PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)

0410003 - 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.

AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

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):

Registration Type

General Facility Information

Check one:

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Construct and operate a proposed new facility.
*Deen Dry Cleaners Inc.
PO Box 257
Twinton FL 32693*

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.) (Enter Permit(s) below.)

Operates an existing permitted facility not currently using an air general permit.
Courtesy Cleaners

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

Street Address: *508 E. WADSWORTH*
City: *TWINTON* **County:** *GRICKHORN* **Zip Code:** *32693*

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

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.)

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: Deen Wisker C, Co owner

Facility Contact Telephone Numbers

Telephone: 352 463 2601

Fax: N/A

Cell phone: N/A

E-mail: N/A

Facility Contact Mailing Address

Organization/Firm: Country Cleaners

Mailing Address: 508 E. Wade St.

City: Trenton

County: Gloucester

Zip Code: 32693

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

Name and Position Title

Print Name and Title: Same as above

Correspondence Contact/Representative Telephone Numbers

Telephone: _____

Fax: _____

Cell phone: _____

E-mail and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: _____

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

County: _____

Zip Code: _____

Cell phone: _____

E-mail: _____

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. County: _____ Zip Code: _____

Facility owned or operated by the county.

Facility owned or operated by the municipality.

Facility owned or operated by a water management district.

Print Name and Title: _____

Correspondence Contact/Representative Telephone Numbers

Telephone: _____

Fax: _____

Cell phone: _____

E-mail: _____

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

Page 3 of 7 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 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
4/98	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	4/98
	<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?

02-28-'13 13:09 FROM- NED - Air Yes No 904-256-1590

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
Facility Information	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
1. (a) Dry-to-dry	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
How many dry-to-dry	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
For each dry-to-dry	<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/A Perchloroethylene Usage

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

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:

> 40 gal

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

20 gal

1. (b) Is the facility a co-residential Dry Cleaning facility?

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

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

No steam and hot water generating units (boiler) onsite

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	PERC DRY CLEANING MACHINE	CONTROL DEVICE (see key)	VAPOR BARRIER ENCLOSURE
BOILER		HORSEPOWER		FUEL TYPE*
Fulton		10		Fuel oil #2

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

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.

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit Number Summary : 003001

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Cashlisting: 109012

Cashlist Area: 3755

Description: DIV OF AIR RESOURCES MGMT.

Deposit No: 003001

Date Deposited: 03/11/2013

Contact: BARBARA FRIDAY

<u>Object Code</u>	<u>Description</u>	<u>Total</u>
002272	NON-TITLE V GENERAL PERMIT	\$100.00
002304	CTY DELG-AIR OPERATE	\$720.00
Cashlisting 109012 Total:		<u>\$820.00</u>

RECEIVED

MAR 12 2013

DIVISION OF AIR
RESOURCE MANAGEMENT