

Received in F/A
8/10/2011

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DIVISION OF AIR
RESOURCE MANAGEMENT

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)

9600498 0571093-004

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.

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):

0571093-003-AB

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.)

NELSON FIGUEROA / NELSON'S CLEANERS AND LAUNDRY

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.)

~~None~~

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

Street Address: 109 CENTRAL DR.

City: BRANDON, FLORIDA

County: Hillsborough

Zip Code: 33510 - 4310

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

MA

MP

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: _____ **EDGAR BARN, Plant Manager**

Facility Contact Telephone Numbers

Telephone: _____ **813 689-7202**

Fax: _____ **813- 661-3918**

Cell phone: _____

E-mail: _____

Facility Contact Mailing Address

Organization/Firm: _____ **Nelson's Dry Cleaners and Laundry**

Mailing Address: _____ **109 CENTRAL DR.**

City: _____ **BRANDON, FLORIDA**

County: _____ **Hillsborough**

Zip Code: _____ **33510**

-4310
MP

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

Name and Position Title

Print Name and Title: _____ **Nelson Figueroa - President**

Other Contact/Representative Telephone Numbers

MCP SYSTEMS

Telephone: 888 645-6654

Fax: _____

Cell phone: FLD 9820 79659 _____

111-0621

E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

County: _____

Zip Code: _____

Facility Information

1.(a) DRY-TO-DRY MACHINES

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

[2]

(MP)

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
May - 91	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	SAME
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		
Nov - 00	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC-CA	SAME
	<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.

N/A

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*
Hurst	30 hp	Natural Gas

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

08/12/11

Called Nelson - will return Tuesday morning - left message informing him

11:45 am

he needs to fill out application and send it to me directly

813 205 1656

8/16/11

11:00 am

Nelson called 4x

I called back + he said sending application

clearw01@AOL.com

Nelson's Cleaners
109 Central Drive
Brandon, Florida 33510



FDEP Receipts
PO Box 3070
Tallahassee, Florida 32315-3070

323153070





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From/Expéditeur:

NELSON FIGUEROA
NELSON'S DRY CLEANERS AND LAUNDRY
109 CENTRAL DR.
BRANDON, FL 33510

INTERNATIONAL RESTRICTIONS APPLY:

4-POUND WEIGHT LIMIT ON INTERNATIONAL APPLIES

Customs forms are required. Consult the *International Mail Manual (IMM)* at pe.usps.gov or ask a retail associate for details.

To/Destinataire:

DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD.
TALLAHASSEE, FLORIDA 32399-2400

Country of Destination/Pays de destination:

ATT: MICHAEL PACIONE
MS # 5505



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