

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET MAR 28 2012

DIVISION
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0571216 0571216-004

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):

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.)

AL CA POTE 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.)

AL Capote Cleaners

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

Street Address: 2701 PRICE AVE
City: TAMPA County: HILLS

Zip Code: 33611 - 3856

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide the following information:

New MP

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
2001	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC - CA	JAN
	<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		

MP

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

As per phone message on my machine

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
2001	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RC - CA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input checked="" 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

MP

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.

150 GL

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

MP

BOILER	HORSEPOWER	FUEL TYPE*
CATNER	30 HP	GAS

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: _____ **GEORGE CAROTE PRESIDENT**

Facility Contact Telephone Numbers

Telephone: _____ Fax: _____
Cell phone: _____
E-mail: _____ **813-839-4344**

Facility Contact Mailing Address

Organization/Firm: _____ **SAME AS LOCATION**
Mailing Address: _____
City: _____ County: _____ Zip Code: _____

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

Name and Position Title

Print Name and Title: _____

Other Contact/Representative Telephone Numbers

Telephone: _____ Fax: _____
Cell phone: _____
E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____
Mailing Address: _____
City: _____ 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 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.

(Handwritten initials in a circle)

813-839-4803



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road - Tallahassee, Florida 32399-2400
Phone: 850.717-9000 Fax: 850.717-9001

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

FACSIMILE TRANSMITTAL SHEET OFFICE OF AIR RESOURCE MANAGEMENT

TO: George Capote

COMPANY: Al Capote Cleaners

FROM: Mike Pacione
 Name
 Name
 Name

DATE: 3/30/12

FAX NUMBER: 850-717-9001

TOTAL NO. OF PAGES: 1
(INCLUDING COVER)

PHONE NUMBER:
RE: 850-717-9032

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Hello, I just had a question about whether or not this is actually a "Co-Residential" Dry Cleaning Facility as you indicated? Co-Residential facilities are:
1) in a hotel
2) in an apartment complex
3) attached to a house

Please
Give me a
call.

TAMPA FL 335
MONT PETERSEN
25 MAR 2012 PM 7 L



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32315907070 TAMPA FL 32315