

RECEIVED

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

Facility Identification Number - If known (seven digit number)

0810173 0810173-004

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.)

COURTESY CLEANERS 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.)

COURTESY CLEANERS

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

Street Address: 3509 MANATEE AVE W.

City: Bradenton, FL County: Manatee

Zip Code: 34205 - 2505

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: Vicki Sheppard-Hale, MANAGER

Facility Contact Telephone Numbers
Telephone: 941-748-5979 Fax: 941-795-1176
Cell phone: _____
E-mail: COURTESYOFFICE@AOL.COM

Facility Contact Mailing Address
Organization/Firm: COURTESY CLEANERS LLC
Mailing Address: 5306 COETZ RD W. Ste 5
City: BRADENTON, FL County: MANATEE Zip Code: 34210

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

Name and Position Title
Print Name and Title: Michael W. Galyen, MANAGING MEMBER

Other Contact/Representative Telephone Numbers
Telephone: 941-74-5240 x3 Fax: 941-795-1176
Cell phone: 941-773-0325
E-mail: COURTESYOFFICE@AOL.COM

Other Contact/Representative Mailing Address
Organization/Firm: COURTESY CLEANERS
Mailing Address: 5306 COETZ RD W. Ste 5
City: BRADENTON, FLORIDA County: MANATEE Zip Code: 34210

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.

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:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
2005	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	same
2005	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	same
	<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 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

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. *225 GALLONS MARCH 2011 - MARCH 2012*

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*
<i>FULTON</i>	<i>30</i>	<i>NATURAL GAS</i>
<i>TAKAGI-T-K3</i>	<i>INSTANTANEOUS</i>	<i>WATER HEATER</i>

Courtesy Cleaners
5306 Cortez Road W.
Suite 5
Bradenton, FL 34210

TEMPERATURE
CANT BE REVERSED
29 MAR 2012 PM 11 1



FDEP Receipts
P.O. Box 3070
Tallahassee, FL
32315-3070

32315307070

