

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

JUL 06 2012

DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

~~0850121~~ 0850121-004

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.)

_____ L-Squared LLP

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.)

_____ Martin County Cleaners

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

Street Address: _____ 695 Colorado Ave

City: _____ Stuart

County: _____ Martin

Zip Code: _____ 34994

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: _____ *Mike La Bianca*

Facility Contact Telephone Numbers

Telephone: _____ *772-359-5756* Fax: _____
Cell phone: _____
E-mail: _____

Facility Contact Mailing Address

Organization/Firm: _____ *Martin County Cleaners*
Mailing Address: _____ *695 Colorado Ave*
City: _____ *Stuart* County: _____ *Martin* Zip Code: _____ *34994*

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

Name and Position Title

Print Name and Title: _____ *Dee La Bianca, Administrator*

Correspondence Contact/Representative Telephone Numbers

Telephone: _____ *772 359 5755* Fax: _____
Cell phone: _____
E-mail: _____

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____ *same*
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.

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
January 2002	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	
	<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.

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

233 gallons

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	40	Propane

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



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DEPARTMENT OF
ENVIRONMENTAL PROTECTION

ARMS Facility Details

Activity List	Download Inspection Checklist
Facility ID: 0850121 Owner/Comp: L-SQUARED LLP Site Name: MARTIN COUNTY CLEANERS Street: 695 Colorado Ave City/Zip: STUART - 34994	Office: SED County: MARTIN Category: POINT Status: Active
Facility Type: DRY CLEANER Current Permit Indicator: AG Relocatable: N	Major Group SIC: 72 - PERSONAL SERVICES Title V: N
Facility Comments 01/23/07-New owner registration, change Co. & site names, new R/O.	
Latest Permit Permit #: 0850121003AG Permit Office: TAL Agency Action: Effective Received: 01/23/07 Effective: 02/23/07 End Date: 02/23/12 Expired Entitlement! Applicant: Company: L-SQUARED LLP Name: MIKE LABIANCA Phone: (772)287-1166 Address: 695 COLORADO AVE, STUART, FL34994	
Latitude: 27:11:39 Longitude: 80:15:9 UTM Zone: 17 UTM East: 573.3 UTM North: 3007.99	
Facility Compliance Summary Facility IN INSP IN* TRPT IN* AOR NA CEM NA	

Your general air permit is expired.
Please mail the attached
paperwork to FDEP as soon
as possible.

Thank you!

Michelle Robinson
561-681-6643

MARTIN COUNTY CLEANERS
695 COLORADO AVE
STUART FL 34994

WEST PALM BEACH FL 334

03 JUL 2012 PM 4:11



Department of Environmental Prot.
Receipts
P.O. Box 3070
Tallahassee FL 32315-3070

32315307070

