

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

RECEIVED

AUG 23 2011

Facility Identification Number (If known)

0990413 0990413-004

DEPT. OF
AIR REGULATION

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., or 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.)

La Mer Cleaners, INC.

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.)

LA MER CLEANERS.

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

Street Address: 821 DONALD ROSS RD

City: JUNO BEACH

County: Palm Beach

Zip Code: 33408

- 1604

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

1989

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: Barbara Kamhi, Pres.

Facility Contact Telephone Numbers

Telephone: 561-622-6581 Fax: N/A

Cell phone: 561-702-3888 (3588)

E-mail: bdk1@bellsouth.net

Facility Contact Mailing Address La Mer Cleaners

Organization/Firm: 821 Donald Ross Rd.

Street Address: Juno Beach, FL 33408 County: Palm Beach Zip Code: 33408

City: _____

1624
MP

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

Name and Position Title

Print Name and Title: N/A

Other Contact/Representative Telephone Numbers

Telephone: _____ Fax: _____

Cell phone: _____

E-mail: _____

Other Contact/Representative Representative Mailing Address

Organization/Firm: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

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
Aug 1999	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	Aug 1999
	<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.

90 gals.

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*
Columbia	15	Natural Gas

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



IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

**Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400**



I am a ~~new~~ OWNER or AUTHORIZED REPRESENTATIVE for this facility.



My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.

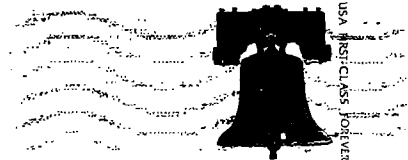




821 Donald Ross Road
Juno Beach, FL 33408

La Mer.....
if you care

WEST PALM BEACH
FL 33411
18 AUG 2011 PM



DEPT. OF ENVIRONMENTAL PROTECTION
RECEIPTS
P.O. BOX 3070
TALLAHASSEE, FL 32315-3070

32315+3070

