

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

JUL 19 2012

DIVISION OF AIR  
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

1030398-004

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.)

REGENCY 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.)

REGENCY CLEANERS LARGO

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

Street Address: 11630 OAKHURST RD  
City: LARGO County: PINELLAS FL Zip Code: 33774

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: ALAN CARBONNEAU OWNER

Facility Contact Telephone Numbers

Telephone: 727-593-2593 Fax:       

Cell phone: 727 415 2975

E-mail: CIDNE3@YAHOO.COM

Facility Contact Mailing Address

Organization/Firm: REGENCY CLEANERS

Mailing Address: 11630 OAKHURST RD

City: LARGO FL County: PINELLAS Zip Code: 33774

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

Name and Position Title

Print Name and Title: ALAN CARBONNEAU OWNER

Correspondence Contact/Representative Telephone Numbers

Telephone: 727-593-2593 Fax:       

Cell phone: 727 415 2975

E-mail: CIDNE3@YAHOO.COM

Correspondence Contact/Representative Mailing Address

Organization/Firm: REGENCY CLEANERS

Mailing Address: 11630 OAKHURST RD

City: LARGO FL County: PINELLAS Zip Code: 33774

**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
1991	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	REFRIGERATED CONDENSER	1991
	<input type="checkbox"/> New <input type="checkbox"/> Existing	CONDENSER	
	<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.

115 GAL

**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*
FULTON	15 HP	NATURAL GAS

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

Subject: Air General Permit (AGP) Entitlement Letter (Fac ID 1030398)  
From: Thornton, Douglas (Douglas.Thornton@dep.state.fl.us)  
To: cidne3@yahoo.com;  
Date: Wednesday, April 18, 2012 9:41 AM

Alain Carbonneau

Attached is your Air General Permit (AGP) Entitlement Letter, please review and follow instructions. Thank you.



*Douglas E. Thornton*  
Small Business Ombudsman  
Department of Environmental Protection  
Division of Air Resources Management  
SBEAP Hotline Number: 1-800-722-7457  
Office: (850) 717-9106

<http://www.dep.state.fl.us/air/emission/sbeap/sbeap.htm>

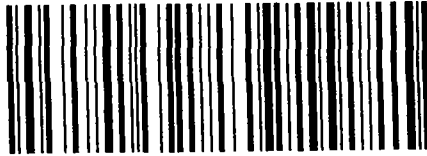
*SBEAP Customer Survey*

**CERTIFIED MAIL™**

**Regency Dry Cleaners**

*and Laundry*

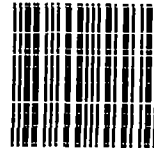
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TALLAHASSEE, FL 32315-3070

323153070 8099

