

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

RECEIVED

SEP 29 2011

Facility Identification Number - If known (seven digit number)

— 9501282

DIVISION OF AIR
RESOURCE MANAGEMENT

1090047-004

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.)

— RED/JD 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.)

— SAUELBERG CLEANERS

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

Street Address: 500 SAWGRASS VILLAGE DR

City: PONTEVEDRA Beach

County: ST JAMES

Zip Code: 32082 - 5000

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

— 9/1/89

3755
2272

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: _____ KAREN GULLA PRESIDENT		
Facility Contact Telephone Numbers Telephone: _____ 904 275-5644 Fax: _____ Cell phone: _____ 904 343-1230 E-mail: _____ SAVELBERG CLEANERS @comcast.net		
Facility Contact Mailing Address Organization/Firm: _____ Savelberg Cleaners Mailing Address: _____ 500 Sawgrass Village Dr County: _____ Zip Code: 32082 - 5000 City: _____ Ponte Vedra Bch County: St Johns		

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

Name and Position Title Print Name and Title: _____ MARK DAVIS vice president		
Other Contact/Representative Telephone Numbers Telephone: _____ Fax: _____ Cell phone: _____ Same E-mail: _____		
Other Contact/Representative Mailing Address Organization/Firm: _____ Mailing Address: _____ Same County: _____ Zip Code: _____ City: _____		

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
May 1 1995	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	Sept 6 1995
	<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.

215 gallons

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

215 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

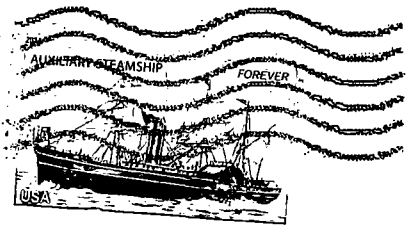
BOILER	HORSEPOWER	FUEL TYPE*
COLUMBIA	20	natural gas

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

Savelberg Cleaners
520 Sawgrass Village Drive
Ponte Vedra Beach, FL 32082

JACKSONVILLE FL 322

26 SEP 2011 PM 5 L



FDED Receipts
BOX 3070
Tallahassee, FL

32315

323153070

