

F&A RECEIPT 533950 RECEIVED
JUN 7 2012 JUN 08 2012

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

Facility Identification Number - If known (seven digit number)

~~1170070~~ - 1170070-004

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.)

BORG SOO TAI Wymore Cleaners

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.)

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

Street Address: 250 S. Wymore Rd.

City: Altamonte Springs

County: Seminole

Zip Code: 32714

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

Facility Contact

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: _____ <i>Borg Soo Tai</i> <i>owner</i>		
<u>Facility Contact Telephone Numbers</u> Telephone: <i>407 862 9611</i> Fax: _____ Cell phone: <i>407 310 8031</i> E-mail: _____ <i>DAVIDTAI 51 @ yahoo. com</i>		
<u>Facility Contact Mailing Address</u> Organization/Firm: _____ <i>wymore cleaners</i> Mailing Address: _____ <i>250 S. Wymore rd.</i> City: _____ <i>alt. springs. FL.</i> County: _____ Zip Code: <i>32714</i>		

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

<u>Name and Position Title</u> Print Name and Title: _____ <i>Borg Soo Tai</i> <i>owner</i>		
<u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: _____ <i>407 862 9611</i> Fax: _____ Cell phone: _____ <i>407 310 8031</i> E-mail: _____ <i>DAVIDTAI 51 @ yahoo. com</i>		
<u>Correspondence Contact/Representative Mailing Address</u> Organization/Firm: _____ Mailing Address: _____ City: _____ County: _____ Zip Code: _____		

Government Facility Code (check only one)

<input checked="" type="checkbox"/> Facility not owned or operated by a federal, state, or local government.
<input type="checkbox"/> Facility owned or operated by the federal government.
<input type="checkbox"/> Facility owned or operated by the state.
<input type="checkbox"/> Facility owned or operated by the county.
<input type="checkbox"/> Facility owned or operated by the municipality.
<input type="checkbox"/> 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
2002	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC CA	
	<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
2002	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RC CA	<input checked="" 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.

20 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 Boiler	15 HP	no. 6 natural gas

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



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

April 18, 2012

RECEIVED

JUN 08 2012

**DIVISION OF AIR
RESOURCE MANAGEMENT**

RESOURCE MANAGEMENT

Mr. Bong Tai
Wymore Cleaners
250 S. Wymore Rd.
Altamonte Springs, FL 32714

Re: Facility No. 1170070

Dear Mr. Bong Tai

Our records indicate your Perchloroethylene Dry Cleaning Air General Permit (AGP) entitlement is set to expire on 7/2/2012.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the contact representative can submit a new worksheet containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

You may obtain a copy of the appropriate worksheet from the FDEP Division of Air Resource Management webpage at:

http://www.dep.state.fl.us/air/emission/air_gp.htm

This worksheet is designed to satisfy your registration requirements. Simply click on your industry sector, and then click on the example worksheet and mail to the following address:

FDEP Receipts
PO Box 3070
Tallahassee, Fl 32315-3070

Please submit the completed worksheet with the processing fee (\$100.00), payable to FDEP.

If you need additional information, please contact Douglas Thornton at (800) 722-7457 or by email at Small.Business@dep.state.fl.us

Wymore Clemens
250 S. Wymore Rd.
Aet. Springs. FL 32714

NEW FLORIDA POST
FL 322 1 T
05 JUN 2012 PM



FDEP Receipts
PO BOX 3070
Tallahassee, FL. 32315-3070

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