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MAR 20 2012

DIVISION OF AIR RESOURCE MANAGEMENT

532127 MAR 19 2012

PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)

1190052-001

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...
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.)

STEPKAR 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.)

Steve's Cleaners

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

Street Address: 4525A MONACO WAY
City: WILDWOOD County: SUMNER Zip Code: 34785 - 9503

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

MAY 1ST 2012

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: _____ **STEPHEN RECKETTS OWNER.**

Facility Contact Telephone Numbers

Telephone: _____ Fax: _____

Cell phone: _____ **352 989 1672**

E-mail: _____ **SRECKETTS30@gmail.com.**

Facility Contact Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

STEPKAR INC

984 BELHARA BLVD

LADY LAKE FL

County: _____ **LAKE**

Zip Code: _____ **32159.**

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

Name and Position Title

Print Name and Title: _____

Other Contact/Representative Telephone Numbers

Telephone: _____

Fax: _____

Cell phone: _____

E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____

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? [2]

For each dry-to-dry machine on-site, please provide the following information:

NEW
MR

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
JAN 2004	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	SAME
APRIL 2012	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	CA	SAME
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		

MR

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 checked="" 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.

120 GALLONS

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

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

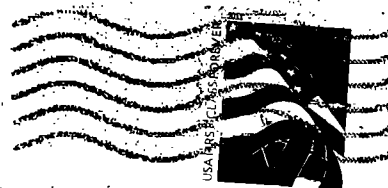
2 MR

BOILER	HORSEPOWER	FUEL TYPE*
FULTON	30	NAT GAS
MURST	10	NAT GAS

984 BECHARA BLVD
LADY LAKE
FLORIDA 32159

MID. FLORIDA FL 327

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