

**PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

**Facility Identification Number - If known** (seven digit number)

— 9807603      1210023-004

**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)(d), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

**RECEIVED**

**AUG 13 2012**

**DIVISION OF AIR  
RESOURCE MANAGEMENT**

**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.)

— Howard Street Dryclean 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.)

\_\_\_\_\_

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

Street Address: — 705 W Howard Street

City: — Live Oak FL      County: — Sumner      Zip Code: — 32064

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: \_\_\_\_\_ **Jimmy Middleton**

Facility Contact Telephone Numbers

Telephone: \_\_\_\_\_ **386 364-5211** Fax: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ **386 249-4470**  
E-mail: \_\_\_\_\_

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_ **Howard Street Dryclean**  
Mailing Address: \_\_\_\_\_ **705 W Howard Street**  
City: \_\_\_\_\_ **Live Oak FL** County: \_\_\_\_\_ **Sumner** Zip Code: \_\_\_\_\_ **32064**

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

Name and Position Title

Print Name and Title: \_\_\_\_\_

Correspondence Contact/Representative Telephone Numbers

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Correspondence 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? [     ]

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
	<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		
	<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
6/97	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RC	<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.

105 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	20 HP	Natural

\*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

July 31, 2012

Mr. Jimmy Middleton  
Howard Street Dry Clean  
705 W. Howard St.  
Live Oak, Fl 32064

Re: Facility No. 1210023

Dear Mr. Jimmy Middleton

Our records indicate your Perchloroethylene Dry Cleaning Air General Permit (AGP) entitlement is set to expire on 10/18/2012.

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](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](mailto:Small.Business@dep.state.fl.us)

Howard Street Dryclean  
705 Howard St. West  
Live Oak, Fl. 32064

LIVE OAK, FL 320

18 AUG 2012 PM 2 1



Department of Environmental Protection  
Receipts  
P. O. Box 3070  
Tallahassee, Fl. 32315-3070

32315307070

