

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

RECEIVED
MAY 21 2012
DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

— 1270139 - 004 - AG ⁰⁰⁵

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.)

— Ricks TIP TOP 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.)

— Ricks TIP TOP Cleaners

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

Street Address: 677 Masox Avenue
 City: Daytona Beach County: Volusia Zip Code: 32117

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

— N/A

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: Lorraine Hood - owner

Facility Contact Telephone Numbers

Telephone: 386-255-2892 Fax: _____

Cell phone: 386-405-7559

E-mail: — Lorg #512 @ aol.com

Facility Contact Mailing Address

Organization/Firm: same

Mailing Address: 677 Mason Avenue

City: Daytona Beach

County: Volusia Zip Code: 32117

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

Name and Position Title

Print Name and Title: Lorraine Hood - owner

Correspondence Contact/Representative Telephone Numbers

Telephone: 386-255-2892 Fax: _____

Cell phone: 386-405-7559

E-mail: — Lorg #512 @ aol.com

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____ same

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? [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
05 - 1995	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	
	<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.

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

160 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*
FULTON	15HP	Natural Gas

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

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

AIRS ID Number: 127 0139-004-AG

The name and address of the owner or operator;

Lorraine M. Hood

Name of the owner or operator of the dry cleaning facility

1925 S. Atlantic Ave

Mailing address of the owner or operator of the dry cleaning facility

1107

Mailing address line 2

Daytona Beach Shores FL 32118

City State Zip Code

The address (that is, physical location) of the dry cleaning facility;

Ricks Tip Top Cleaners

Name of the dry cleaning facility

677 mason Avenue

Address of the dry cleaning facility (physical location)

Address line 2

Daytona Beach FL 32117

City State Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one: No Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one: No Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year

Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 160 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one: No Yes

All information contained in this statement is accurate and true.

Lorraine M. Hood

Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Road, MS #5510
Tallahassee, Florida 32399-2400

DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.

Hood

1925 S. Atlantic Ave #1107
Daytona Beach Shores, FL
32118



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0003090415 MAY 15 2012
MAILED FROM ZIP CODE 32118

Michael Pacione
Dept of Environmental Protection
PO Box 3070
Tallahassee, FL

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