

RECEIVED

OCT 31 2011

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

Facility Identification Number (If known)

— 0112258 0112258-004

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., or 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.)

— ARA BASTANTAN / KARABAS FAC (MP)

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.)

— Crown HR Clean

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

Street Address: 2578 N ST Rd 1  
City: LAWRENCEVILLE GA 30046 County: BOWEN Zip Code: 30046-2777 (MP)

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

NA

**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
1991 OCTOBER	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	OCTOBER-1-1991
	<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 checked="" 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.

80 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

1 MP

BOILER	HORSEPOWER	FUEL TYPE*
FULTON	38	PROPANE

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

**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: ARA BASTAJIAN ~~AS~~

Facility Contact Telephone Numbers

Telephone: 954 733 1234 Fax: \_\_\_\_\_

Cell phone: 954 295 2962

E-mail: \_\_\_\_\_

Facility Contact Mailing Address

Organization/Firm: 2578 N 55 RD 7

Street Address: WILMINGTON LAKE

City: \_\_\_\_\_

County: BROWARD Zip Code: 33313

2777



**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 Representative Mailing Address

Organization/Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

ARA BASTAJIAN @ YAHOO.COM

CROWN 1 hr cleaner

will send check

~~send screenshot~~

send email

his payment expires

12/14/11

I think?

**Pacione, Michael**

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**From:** Pacione, Michael  
**Sent:** Wednesday, July 27, 2011 10:41 AM  
**To:** 'arabastajian@yahoo.com'  
**Cc:** Dibble, Dickson  
**Subject:** FW: General Air Permit Registration Application  
**Attachments:** PERCHLOROETHYLENE\_DRY%20CLEANERS\_EXAMPLE\_WORKSHEET[1].docx

Mr. Ara Bastajian,

Here is the link to the Air General Permit page for Perchloroethylene dry cleaners. The mailing address to send the processing fee and registration application is also included in the link. I have attached the "Perchloroethylene Dry Cleaner Air General Permit Example Worksheet" in Microsoft Word, but you can also open the worksheet from the third paragraph of our General Air Permit page. Feel free to contact me if you have any questions.

<http://www.dep.state.fl.us/air/emission/drycleaners.htm>

Michael P. Pacione

Environmental Specialist II

FDEP-Office of Permitting and Compliance

Minerals and Metals

Phone 850-717-9032

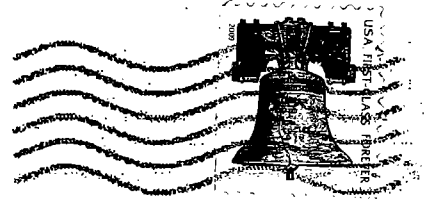
Fax 850-717-9001



Mr Ara Bastajian  
2578 N State Road 7  
Fort Lauderdale FL 33313-2777

FT LAUDERDALE  
FL 333

27 OCT 2011 PM 3 T



5500

TO DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Receipts  
POST OFFICE BOX 3070  
TALLAHASSEE, FLORIDA 32315-3070

323153070

