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Facility Informat	tior	1								•			1	i	,			
1.(a) DRY-TO- D	RY	MAC	H	NES					÷		-	٠.	•		1	1		
How many dry-to-	-dr	y machi	ne	s do you ha	ave	e on	-site?			· [·]							
For each dry-to-dr	v n	nachine	٥t	s-site nlead	e.	nros	ride th	e fo	lowing	informa	- Itio	n·						
·	y 11	IIdoIIIIIO	O1	I-site, piea.	30	piOv	riuc u	10 10	nowing.		11101							
DATE MACHINE *	æl:	UNIT,	र ग	ACC -1	άť.	: : : : : :	Proc	N TE	OL DE	VICE:	ata di	DATE	CON	FRA	T-DP	VIC	p , 5	
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	7	☐ Nev	٧	Existin	g		1											
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Control Device Ke	y:	RC = 1	Re	frigerated	Co	nde	nser		CA = Ca	arbon A	.dsc	rber	NR =	Non	e Req	uire	F ; b	i k
	,												***************************************	يسسم	<u> </u>		الم الم الم	1 8:00
1. (b) Is the facility	y a	co-resid	ler	ntial Dry C	lea	min	g facil	lity?					Part of		A STATE OF	y Con	-	. 1
		Yes		L	J		No						ч		5	e 9	7 1	سه، ن
For each dry-to-dr following information:	уп	nachine	lo	cated at a c	0-	resid	dentia	l fac	ility Dry	Cleani	ng :	facility	, pleas	e pro	vide	the		- A.i.
following information:									•		_	•	•	•	_ 43 1	121	n_{ij}	10 A C
DATE MACHINE	.U	NIT CI	Ā	SS	Fi	PER	C DI	Y.	S. Fa	LCON'	ŤŔ	OL DE	VICE.	Ιv	APO	i B	IN O	R
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等于12·20							CHÍN				4. 45	4	3. 7. W	Jar.		野		4.01
		New		Existing	Ţ] 7	ES [N	0					T	YES	; [NO	
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] New		Existing		<u> </u>	ÆS [\square N	0						YE!	<u>; </u>	NO	
		New		Existing	Ц		ÆS [N						┰] YES	_=	NO	
	L	New		Existing		_	ÆS [N		<u> </u>					YES	_=	NO	
Control Device Ke	y:	RC = I	₹e:	frigerated (Co	ndei	iser	(CA = Ca	rbon A	dso	rber	NR =	Non	e Req	uired	1	
2 Danahlanasthulan	 . Y 1								1									
2. Perchloroethylen																	1	
If this is an initial regis											est	imate o	f the f	acili	ty's e	срес	ted	
amount of perchloroeth	iyie	ene to be	e u	sea over tr	ie i	next	12-m	ionth	perioa.	•							1	
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If this is a re-registrati			erc	hloroethyl	ene	e dry	/ clear	ner, p	provide t	the amo	unt	of per	chloro	ethyl	ene u	sed i	in	
the most recent 12 mon																		
[0	4	ala"					•								•			
	_	·/ <u>)</u>								:								
Provide information	atio	n on all	st	eam and h	ot	wate	er gen	eratii	ng units	(boiler)	on	-site or	that n	o su	ch uni	ts ex	kist	
on-site.																		
ST				• •				,	,								•	
No steam and hot v	wat	er gene	rat	ing units (t	001	ler)	onsite	: L	J					•				
BOILER	1, 1	(1.8 Tal. 6)	1	LIODE	d n	Ott.	ED	20. 3		ale de la	T	1 101 - 4	VDDA	7 7	ν _ε ,	 	a 1,477.	783
Yul-Lad B	<u>.</u>	1/	-	n north	D.C.	<u>♥.₩</u>		//	<u>ा सम्ब्रह्मः</u>)	2G.SP - 7	+-	UEL T	YPE*			<u> </u>	s (
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^{*}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 of person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: Defer Bussola
Facility Contact Telephone Numbers Telephone: 95491700 Cell phone: 954376-0445 E-mail: —Premier Clean 411@ Aul Com
Facility Contact Mailing Address Organization/Firm: Inemier Clemers Mailing Address: 411 East. Sherioan City: Dania County: BROWARD Zip Code: 3306 Y
Correspondence Contact/Representative (to serve as additional Department contact)
Name and Position Title Print Name and Title: Pute & Bussols Hrc / ul.
Correspondence Contact/Representative Telephone Numbers Telephone: 754-316-3445 Cell phone: 954-316-3445 E-mail: hemier Clerw 411 P Aol. Com
Correspondence Contact/Representative Mailing Address Organization/Firm: The mick Cleaneds Mailing Address: 4/16 Sheridan Street City: DANIA County: Brown 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.

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Jollahassee Ft. 32315-3070

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