

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

JUL 27 2011
BUREAU OF
AIR REGULATION

Facility Identification Number - If known (seven digit number)

0112679-002

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.)

Spot Busters 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.)

Spot Busters one Piece Dry Cleaner

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

Street Address:

City:

Coconut Creek

County:

Broward

Zip Code:

FL 33073 -

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

4332
MP

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: Christopher M. OGozaly R.O.

Facility Contact Telephone Numbers

Telephone: 954-570-9112

Fax: 954-570-9112

Cell phone: _____

E-mail: spotbusters@COMCAST.net

Facility Contact Mailing Address

Organization/Firm: 6750

Spot Busters Inc

Mailing Address: _____

City: Coconut Creek

County: Broward FL

Zip Code: 33073-4332

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: _____

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
2003	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	JAN
	<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.

115 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
Boiler	518 46/steam/hr	propane

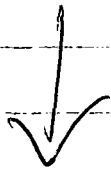
*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

Called Chris Ogden



7/28/11
4:40 pm

Spoke with Estli Concalves



I filled out ACP Worksheet
Application Form for them
and will put into in form

$$? \text{ hp} = 518 \text{ Lbs Steam/hr}$$

$$220 \text{ hp} \times 34.5 = 7950 \text{ Lbs Steam/hr}$$
$$\frac{7950}{34.5} = \frac{230.43}{1}$$

$$\frac{220 \text{ hp}}{220} = \frac{230.43 \text{ Lbs Steam/hr}}{220 \text{ hp}}$$

$$1 \text{ hp} = 1.047 \text{ Lbs Steam/hr}$$
$$= 518 \text{ Lbs Steam/hr}$$

Air Resource Management System - Facility

AREA	Office * SEBR	SE: BROWARD	County * BROWARD	AIRS ID	ARMINV01 0112679		
Owner/Comp *	SPOT BUSTERS INC			Site	ONE PRICE DRY CLEANER		
Directions							
Street	6750 N State Rd 7						
City *	COCONUT CREEK		Zip	33073	4332		
<input type="button" value="Validate Address"/>							
UTM Zone	17	East	579.63	North	2910.59		
Latitude	26	18	46.7352	Longitude	80 12 07.9128		
Status *	A	ACTIVE	Maj Group SIC *	72	PERSONAL SERVICES		
Reloc	N	Shtdwn Dt	Strt Dt	Final Shtdwn Dt			
Gov Fac *	0	NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE		HAZ Waste Generator ID: FLD			
AOR Req *	N	Ozone SIP Facility *	N	Type	10 PCE Drycleaning Facilities		
Compliance Tracking					Current Permit Indicator	AG	
Title V	TITLE V	non-HAP Class	MINOR	HAP Class	MINOR	Public Exempt	N
# of Emis Units	C	A	I	Generator Rating	MW		
Comment							

ARMINV16

AREA	AIRS ID	0112679	STATUS	A	OFFICE	SEBR	SE: BROWARD
SITE NAME	ONE PRICE DRY CLEANER			COUNTY	BROWARD		
OWNER/COMP	SPOT BUSTERS INC						
Role *	PRIMARY RESPONSIBLE OFFICIAL (TIT)			Begin Dt *	08/16/2006	End Dt	
Party#	243566	SSN#		FEID#			
Name	CHRISTOPHER	M		OGOZALY			
	(first)	(middle)		(last)	(sfx)		
Company	SPOT BUSTERS, INC		Title	OWNER	Noncompliant	<input type="checkbox"/>	
Voice	954-570-9112	Ext		Fax		Mobile	
						Email	
Address	6750 N STATE ROAD 7			Address Type	BUSINESS		
				Mailing Address	Y		
City	COCONUT CREEK			State	FL	Zip	33073
Country	U.S.A.						



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

May 5, 2011

RECEIVED
JUL 27 2011
DIVISION OF AIR
RESOURCE MANAGEMENT

Mr. Christopher Ogozaly
One Price Dry Cleaner
6750 N State Road 7
Coconut Creek, FL 33073

Re: Facility No. 0112679

Dear Christopher Ogozaly:

Our records indicate your Perchloroethylene Drycleaning Facility Air General Permit (AGP) entitlement is set to expire on 9/14/2011.

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 Owner/ Authorized Representative shall submit a new registration form containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

We have enclosed an AGP registration form checklist to assist you with the continuation of your five (5) year entitlement. Also, you may obtain a copy of the appropriate registration form from the FDEP Division of Air Resource Management webpage at http://www.dep.state.fl.us/air/emission/air_gp.htm.

If you need additional information, please contact Stephen McKeough at 850/717-9027 or by email at Stephen.McKeough@dep.state.fl.us.

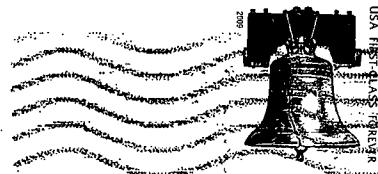
Enclosure

SPOT BUSTERS
6750 N. ST. RD 7
Coconut Creek, FL 33073

FT LAUDERDALE

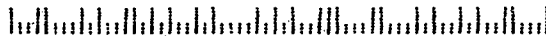
FL 333

25 JUL 2011 PM 2 T



Air General Permit Program
Bureau of Air Monitoring & Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

32399+2400



URGENT!

IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

**Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400**

I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.

My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.