PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)
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.) MV Consulting, LLC
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.) —— Hollywood PLSUT
Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 2654 Hoflywood BLVO City: Hoflywood FL County: Brows no Zip Code: 33020
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:
Facility Contact Telephone Numbers Telephone:954534-9682 Fax: Cell phone:786-663-7405 E-mail: MBarame normall.com
Facility Contact Mailing Address Organization/Firm:MU Consultant, LL (Mailing Address:3831 W. HIRISCUS ST County: Brown Zip Code: _33332
Correspondence Contact/Representative (to serve as additional Department contact)
Name and Position Title Print Name and Title:MICUAEI BARAM, OWNER
Correspondence Contact/Representative Telephone Numbers Telephone: 9543040522 Fax: Cell phone: E-mail: MB929M Q UOT NOIL. WM
Correspondence Contact/Representative Mailing Address Organization/Firm: MV Cov Scienty, LCc Mailing Address: 3831 W. MIBISCUS CF City: Wesper
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 o	dry-to-dry	machines de	you	have	on-site?
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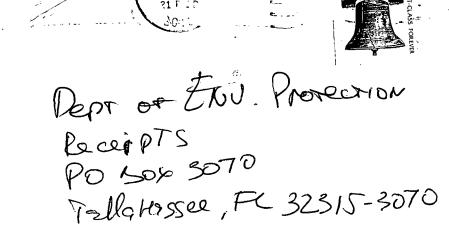
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For each dry-to-dry machine on-site, please provide the following information:

DATE MACHINE	UNIT CLASS		CONTROL DE		DATE CONTROL DEVICE	
INSTALLED	(Check one)		(see key)		INSTALLED	
VOT RADIOU		Existing	RC	<i>\</i>	of enoun	
·· ·- ··, ·· · ·	New _	Existing				
···································	New _	Existing				
	New L	Existing				
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Control Device K 1. (b) Is the facilit	•	al Dry Cleaning		rbon Adsorber N	VR =None Required	
For each dry-to-d following information	ry machine locat	ted at a co-resid	ential facility Dry	Cleaning facility, p	please provide the	
DATE MACHINE	UNIT CLASS	PERO	CDRY	CONTROL DEV	ICE VAPOR BARRIER	
INSTALLED	(Check one)	,	ANING	(see key)	ENCLOSURE	
		MAC	HINE			
	☐ New ☐ E	xisting Y	ES NO		☐ YES ☐ NO	
	New E	xisting Y	ES NO		☐ YES ☐ NO	
	New E	xisting Y	es 🗌 no		☐ YES ☐ NO	
	☐ New ☐ E	xisting Y	es 🗌 no		☐ YES ☐ NO	
	New E	xisting Y	ES 🗌 NO		☐ YES ☐ NO	
Control Device K 2. Perchloroethyler If this is an initial reg amount of perchloroet	e Usage istration for a p	erchloroethylen	e dry cleaner, pro		JR =None Required the facility's expected	
If this is a re-registra the most recent 12 mo	nth a	oroethylene dry	cleaner, provide t	he amount of perch	lloroethylene used in	
3. Províde inform on-site.	ation on all stea	m and hot water	r generating units	(boiler) on-site or t	hat no such units exist	
No steam and hot	water generating	g units (boiler) o	onsite			
BOILER		HORSEPOWER		FUEL TY		
Fulton		185	GAS NOVERRE		S Navers	
					<u> </u>	

^{*}Fuel Type - propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

Dos Service Cleaners 3831. W. HIRISUN ST Waston PC 33332



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