PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET, ECEIVE

MAR 05 2012

Facility Identification Number (If known)	INAIN OU ZU
0250735	DIVISION OF RESOURCE MANA
Registration Type	0250735-00
Check one:	
INITIAL REGISTRATION - Notification of intent to:	Ì
Construct and operate a proposed new facility.	
Operate an existing permitted facility not currently using an air genera	al permit (e.g., a facility proposing to go
from an air operation permit to an air general permit). If the facility cu	
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.)	naral narmit
Operates an existing facility not currently permitted or using an air gen	merar 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 a	
Continue operating the facility after a change of ownership.	
Make an equipment change requiring re-registration pursuant to Rule	
change not considered an administrative correction under Rule 62-210	0.310(2)(d), F.A.C.
permit; specifically permit number(s):	
General Facility Information	
Facility Owner/Company Name (Name of corporation, agency, or individual	l owner who or which owns, leases,
operates, controls, or supervises the facility.)	
William (Ald)	Mrs
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.)	-1
VIVEIN C	MATRIA
Facility Location (Physical location of the facility, not necessarily the mailin	g address.)
Street Address: 1/373 SW 211 SF #23	-24 73/89-124
City: County: Onda	Źip Code:
//Wint MAM-VAGE	
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: Gune Green For Toring Facility Contact Telephone Numbers
Facility Contact Telephone Numbers Telephone: 450-3508 Fax: Cell phone: E-mail:
Facility Contact Mailing Address Organization/Firm: V_ F_ \text{VA eleaner S} Street Address: 1/373 &\text{SW 2 St #23-24} City: M_1AM_1 County: DADE Zip Code:
Other Contact/Representative (to serve as additional Department contact)
Name and Position Title Print Name and Title:
Other Contact/Representative Telephone Numbers Telephone: Cell phone: E-mail:
Other Contact/Representative Representative Mailing Address Organization/Firm: Street Address:
Street Address: City: Zip Code:

Facility Information

1.(a) DRY-TO-DRY MACHINES

How many dry-to-dry machines do you have on-site?	[/]
For each dry-to-dry machine on-site, please provide the followin	g infor	mation

100	
MW.	
(1/1/1)	

DATE MACHINE	UNIT CLASS	CONTROL DEVICE	DATE CONTROL DEVICE
INSTALLED	(Check one)	(see key)	INSTALLED
11-7-95	New Existing	RE	JAM
7 7 .0	New Existing		(na)
	☐ New ☐ Existing	(nF)	(04)
	New Existing		
	New Existing		

Control Device Key: RC = Refrigerated Condenser	CA = Carbon Adsorber	NR =None Required
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1. (b) Is the	facility a	co-residentia	l Dry Cleanin	g 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	UNIT CLASS	PERC DRY	CONTROL DEVICE	VAPOR BARRIER
INSTALLED	(Check one)	CLEANING MACHINE	(see key)	ENCLOSURE
	New Existing	YES NO	 	□ YES □ NO
	New Existing	YES NO		YES NO
	New Existing	YES NO		YES NO
	New Existing	YES NO		YES NO
	New Existing	YES NO		YES 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.

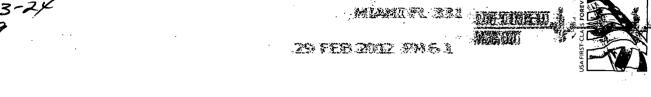
3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.

No steam and hot water generating units (boiler) onsite

BOILER	HORSEPOWER	FUEL TYPE*
IU/TON	15	City Gas
7,00		

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

VIFING Cleaners 11373 3W 211St #23-24 HIAMI FC 33189



Department of ENVIronmental Protection
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32315307070