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PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

NOV 15 2011

Air Quality
Management Division

Facility Identification Number (If known)

— Air Facilities Expired Entitlement

0250898-004

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 the 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.

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DEC 05 2011

DIVISION OF AIR
RESOURCE MANAGEMENT

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.)

— VIMET, INC CLOTHES CLINIC

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.)

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

Street Address: 1548 NE 205th
City: NMB County: FLA
DADE

Zip Code: 33179-2108 (me)

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: MR CLIFFORD METAYER MANAGER

Facility Contact Telephone Numbers

Telephone: 305-653-8333 Fax: _____
Cell phone: 286-303-0488
E-mail: _____

Facility Contact Mailing Address

Organization/Firm: 1548 NE 205th Ave
Street Address: NMB FLA 33179 - 2108
City: _____ County: _____ Zip Code: _____
MIAMI-DADE MP

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: MRS V. METAYER

Other Contact/Representative Telephone Numbers

Telephone: 305-653-8333 Fax: _____
Cell phone: _____
E-mail: _____

Other Contact/Representative Representative Mailing Address

Organization/Firm: 1548 NE 205th Ave
Street Address: NMB FLA
City: _____ County: _____ Zip Code: 33179 - 2108
MP

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
July 2007	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	same
	<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.

15 gallons (MP)

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 (MP)

BOILER	HORSEPOWER	FUEL TYPE*
1	10	PROPANE

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

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: VIMET INC CLOTHES CLINIC

ADDRESS:

AMOUNT: \$100.00 CHECK #: 4939 DEPOSIT DATE: 12/01/2011 DEPOSIT: 002270
DOCUMENT NUMBER: 528700 SYS RECEIPT#: 764067 PAYMENT#: 1123395 REMIT#: 962116
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to
substantiate such claim the following facts are submitted:

REASON FOR CLAIM: DUPLICATE PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20__.

Applicant's Signature

FEIN

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including
statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information
to substantiate such claim. \$100.00 was originally deposited into the State Treasury,
Receipt _____, dated _____.
NAME OF ACCOUNT:

FLAIR ACCOUNT CODE
3720252600137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

FLAIR ACCOUNT CODE
3720252600137 _____ 0000022000000

CERTIFIED TRUE AND CORRECT this 01 day of December, 20 11

Richard E. Ribble ES III
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION
SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3
YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE
BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.

December 06, 2011

Remittance: 962116
DDN/PNR: 528700

VIMET INC CLOTHES CLINIC

Re: Receipt Number 764067
Refund Number 19771

Dear Sir/Madam:

Your remittance, check number 4939 for \$100.00, was received by the Department of Environmental Protection on December 01, 2011.

According to our records, your account reflects a status of DUPLICATE PAYMENT. Please sign the attached Application for Refund Form, return to the referral area below, and a refund check in the amount of \$100.00 will be processed.

If you have questions, please contact:

_____ Phone: _____

Sincerely,

Jennifer Peddicord
Department of Environmental Protection

Attachment
Transmittal: 71129
Deposit: 002270

RCT_Ref_R/

MIAMI FL 331

29 NOV 2011 PM 3:11



forever

Dept. of Environmental Protection
Receipts
Post office Box 3070
Tallahassee Fla 32315-3070

3231509070

