

**PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

— 0250909-004

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 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.

RECEIVE

MAY 18 2012

DIVISION OF AIR
RESOURCE MANAGEMENT

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.)

— GOOD LUCK 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.)

— DEUNOIRE CLEANER

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

Street Address: 12205 SW 112th ST.

City: MIAMI

County: FL

Zip Code: 33186

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

Facility Contact

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: — AMIN SHARIFF / OWNER		
<u>Facility Contact Telephone Numbers</u> Telephone: 305-595-8923. Fax: — Cell phone: — E-mail: — ASHAR87412@AOL.COM.		
<u>Facility Contact Mailing Address</u> Organization/Firm: DEVONAIRE CLEANER Mailing Address: — 12205 SW 112 ST. County: FL Zip Code: 33186 City: — MIAMI,		

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

<u>Name and Position Title</u> Print Name and Title: — AMIN SHARIFF (PRESIDENT).		
<u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: — 305-595-8923 Fax: — Cell phone: — E-mail: —		
<u>Correspondence Contact/Representative Mailing Address</u> Organization/Firm: — Mailing Address: — City: — County: — Zip Code: —		

Government Facility Code (check only one)

<input checked="" type="checkbox"/>	Facility not owned or operated by a federal, state, or local government.
<input type="checkbox"/>	Facility owned or operated by the federal government.
<input type="checkbox"/>	Facility owned or operated by the state.
<input type="checkbox"/>	Facility owned or operated by the county.
<input type="checkbox"/>	Facility owned or operated by the municipality.
<input type="checkbox"/>	Facility owned or operated by a water management district.

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
1995	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	1995
	<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
1995	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RC	<input checked="" 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.

100 GALLONS

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

80 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*
FULTON	15 HP	NATURAL GAS
		(6)

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

DEVONAIRE CLEANERS
12205 SW 112 ST
MIAMI, FL 33184

MIAMI FL 331

15 MAY 2012 PM 2:1



FDEP Receipts
P. O. Box 3070
Tallahassee, FL.

32315-3070

32315307070

