

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

RECEIVED

Facility Identification Number - If known (seven digit number)

0251040-002

JUN 12 2012

Registration Type

0251040-003

DIVISION OF AIR
RESOURCE MANAGEMENT

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):

0251040

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.)

PETER'S CLEANERS 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.)

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

Street Address: 11358 SW 184TH STREET

City: MIAMI

County: MIAMI-DADE

Zip Code: 33157

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

N/A

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: <u>PEDRO CANALES, MANAGER</u>		
<u>Facility Contact Telephone Numbers</u> Telephone: <u>305.259.9698</u> Fax: _____ Cell phone: <u>786.553.4060</u> E-mail: <u>eecanales@aol.com</u>		
<u>Facility Contact Mailing Address</u> Organization/Firm: <u>PETERS CLEANERS</u> Mailing Address: <u>11358 SW 184TH STREET</u> City: <u>MIAMI</u> County: <u>MIAMI-DADE</u> Zip Code: <u>33157</u>		

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

<u>Name and Position Title</u> Print Name and Title: _____		
<u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: _____ 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? []

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
9/96	<input type="checkbox"/> New <input checked="" 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.

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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	NATURAL GAS

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

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOR DOTTED LINE

TE THIS SECTION ON DELIVERY.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR JOHN REES PRESIDENT
SILVER SPRINGS CITRUS INC
POST OFFICE BOX 155
HONEY-IN-THE-HILLS FL 34737

A. Signature

Joyce Necker

- Agent
- Addressee

B. Received by (Printed Name)

Joyce Necker

C. Date of Delivery

7-13-06

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number

(Transfer from service label)

7000 0600 0026 4128 8673

UNITED STATES POSTAL SERVICE
ORLANDO FL 328

13 JUL 2006 PM 7 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BLDG MS 551C
2600 BLAIR STONE ROAD
TALLAHASSEE FLORIDA 32399-2400

ATT: Joe Kahn

RECEIVED
JUL 17 2006
DEPT. OF ENVIRONMENTAL PROTECTION

878 0001



Pedro Canales
Peter's Cleaners Inc
11358 SW 184 Street
Miami, FL 33157

POSTAGE WILL BE PAID BY ADDRESSEE



Department of Environmental Protection
Receipts
Post Office Box 3070
Tallahassee, Florida 32315-3070

323153070 BO99

