

~~Received in~~  
~~E/A~~ ~~09/26/11~~

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

SEP 26 2011  
DIVISION OF AIR  
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0310408 - 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.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

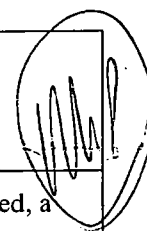
All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

\_\_\_\_\_

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.)

SAWH 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.)

PAULS CLEANER

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

Street Address: 5808 Normandy Blvd  
City: Jacksonvll County: Duval Zip Code: 32205-6270

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

?

SEP 26 2011

DIVISION OF AIR  
RESOURCE MANAGEMENT

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: SAWH INC

Facility Contact Telephone Numbers

Telephone: 781-9484

Fax: \_\_\_\_\_

Cell phone: (904) 269-0633

E-mail: \_\_\_\_\_

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_

Mailing Address: 5808-1 Normandy Blvd

County: Jackson Zip Code: 32205 - 6270

City: Jacksonville

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

Name and Position Title

Print Name and Title: Sawh INC

Other Contact/Representative Telephone Numbers

Telephone: (904) 781-9484

Fax: \_\_\_\_\_

Cell phone: (904) 269-0633

E-mail: \_\_\_\_\_

Other Contact/Representative Mailing Address

Organization/Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**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
12/1/99	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	12/1/99
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		
	<input checked="" 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 checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input checked="" 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 checked="" 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. 0

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*
15 HP HURST	15 HP	PROPANE

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



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard Jr.  
Secretary

August 12, 2011

Ms. Zerena Sawh  
Paul'S Cleaners  
5808-1 Normandy Blvd  
Jacksonville, FL 32205

**RECEIVED**

SEP 08 2011

BUREAU OF  
AIR REGULATION

Re: Facility No. 0310408

Dear Ms. Zerena Sawh:

Our records indicate your Perchloroethylene Drycleaning Facility Air General Permit (AGP) entitlement is set to expire on 11/ 23/ 2011.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the contact representative can submit a new worksheet containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

You may obtain a copy of the appropriate worksheet from the FDEP Division of Air Resource Management webpage at:

[http://www.dep.state.fl.us/air/emission/air\\_gp.htm](http://www.dep.state.fl.us/air/emission/air_gp.htm)

This worksheet is designed to satisfy your registration requirements. Simply click on your industry sector, and then click on the example worksheet and mail to the following address:

FDEP Receipts  
PO Box 3070  
Tallahassee, Fl 32315-3070

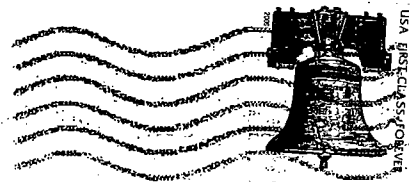
Please submit the completed worksheet with the processing fee (\$100.00), payable to FDEP.

If you need additional information, please contact Douglas Thornton at (800)722-7457 or by email at [Douglas.Thornton@dep.state.fl.us](mailto:Douglas.Thornton@dep.state.fl.us)

Paul Cleane's  
5808-1 Normandy Blvd  
Jacksonville FL 32205

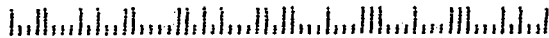
JACKSONVILLE FL 322

02 SEP 2011 PM 3 T



FDEP Receipts  
P.O. Box 3070  
Tallahassee FL 32315-3070

323153070



09/13/11

called Pauls Cleaners

10:45 am

- left message w/ employee that  
I will be mailing Application  
Form to them

09/13/11

11:30 am

- mailed Application Form

Zerena



9/15/11

2:30 pm

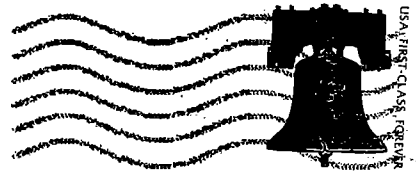
called MC - she is still sending  
Application

904-525-5600

904-781-9484

JACKSONVILLE FL 322

21 SEP 2011 PM 3 T



ATT Michael Pagnoni  
F.D.E.P. O.A.R.M.  
2600 Blue Stone Rd.  
M 5 H 5506,  
Fallahassel FL 32399-2400

MAIL MANAGEMENT

3239968542

