

524586 AUG29 2011

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

AUG 31 2011

DIVISION OF AIR  
RESOURCE MANAGEMENT

Facility Identification Number (If known)

— 9500314 0850114 - 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., 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.)

— Stuart Cleaners & Tailors

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.)

— Stuart Cleaners & Tailors

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

Street Address: 39 SE Kindred St

City: Stuart

County: Martin

Zip Code: 34994 - 3029

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

— N/A

**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: Sandra Lather, Manager

Facility Contact Telephone Numbers

Telephone: 772-286-3416

Fax: 772-286-3448

Cell phone: 772-485-6832

E-mail: HometownCleaners@yahoo.com

Facility Contact Mailing Address

Organization/Firm: Stuart Cleaners & Tailors

Street Address: 395E Kindred St.

City: Stuart

County: Martin

Zip Code: 34994

-3029

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

Name and Position Title

Print Name and Title: Brent Padon, Manager

Other Contact/Representative Telephone Numbers

Telephone: 772-286-3416

Fax: 772-286-3448

Cell phone: 561-644-5517

E-mail: HOMETOWN CLEANERS@yahoo.com

Other Contact/Representative Representative Mailing Address

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

Street Address: \_\_\_\_\_

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

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

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

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES**

How many dry-to-dry machines do you have on-site? **( 2 )**

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
May 2001	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	May 2001
May 2001	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	May 2001
May 2001	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<del>CA</del> NR	May 2001
	<input type="checkbox"/> New <input type="checkbox"/> Existing	Hydrocarbon Machine	
	<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
May 2001	<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
May 2001	<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
May 2001	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NR CA Hydrocarbon	<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

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.

1st mach 173.4 2nd mach 107.20 **(total 281.10)**

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
Lattner	40hsp	Natural Gas

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

**CERTIFIED MAIL™**

**Hometown  
Cleaners**

Quality Work • Friendly Service

39 KINDRED STREET  
STUART FLORIDA 34984

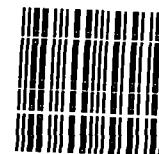


7011 1570 0003 4617 5895

Department of Environmental Protection  
Receipts  
PO Box 3070  
Tallahassee, FL 32315-3070



1000



32315

U.S. POSTAGE  
PAID  
STUART, FL  
34984  
AUG 26, 11  
AMOUNT

**\$5.59**  
00026081-04

323153070

**RETURN RECEIPT  
REQUESTED**

