## PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

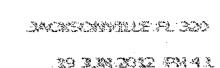
Facility Identification (Number - If known (Seven digit number)
-0890045 - 004
Registration Type
Check one: JUN 2 1 2012
INITIAL REGISTRATION - Notification of intent to:  Construct and operate a proposed new facility.  Operate an existing permitted facility not currently using an air green currently 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.)
-Nassan Dry Cleaning 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: 3
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:						
Facility Contact Telephone Numbers  Telephone: 109 2612077  Cell phone: 15 6022  E-mail: 4xry Morrison & Bellsonth, Net						
Facility Contact Mailing Address.  Organization/Firm: Martin 12105 Dry Clean INS  Mailing Address: 2138 Sadler Sq.  City: Zip Code:						
Correspondence Contact/Representative (to serve as additional Department contact)						
Name and Position Title Print Name and Title:						
Correspondence Contact/Representative Telephone Numbers Telephone: 201 261 2677  Cell phone: 904 715 6022  E-mail: harry morr, son & bellsouth. Het						
Correspondence Contact/Representative Mailing Address Organization/Firm: Mailing Address: City: County: Zip Code:						
County Zip code						
Government Facility Code (check only one)						
Facility not owned or operated by a federal, state, or local government.						
Facility owned or operated by the federal government.						
Facility owned or operated by the state.						
Facility owned or operated by the county.						
Facility owned or operated by the municipality.						
Facility owned or operated by a water management district.						

1.(a) <b>DRY-TO-I</b>	DRY MACHINES						
How many dry-to	o-dry machines do you	have on-site? ON	۷_[				
• •	•	ease provide the followi	no informat	ion·			
i or each dry-to-d	ry macmine on-site, pr	case provide the following	ing informat	1011.			
DATE MACHINE	CONTROL	CONTROL DEVICE DATE CONTROL DEVICE					
INSTALLED	•		(see key)		INSTALLED		
Au 1997	New Exist	<del></del>	R.C.		Aux 1997		
71 45	New Exist			<del> </del>			
	New Exist						
-	New Exis						
	New Exist	ting					
Control Device K	ey: RC = Refrigerate	ed Condenser CA =	= Carbon Ac	lsorber NR =N	None Required		
1. (b) Is the facili	ty a co-residential Dry						
	Yes	No					
For each dry-to-d	ry machine located at	a co-residential facility	Dry Cleanin	g facility, please	provide the ·		
following information	:						
DATE MACHINE	UNIT CLASS	PERC DRY	CONT	ROL DEVICE	VAPOR BARRIER		
INSTALLED	(Check one)	CLEANING	(see ke	4 /	ENCLOSURE		
* d : 51		MACHINE			·,		
	New Existin				YES NO		
	New Existin				YES NO		
	New Existin	<del></del>			YES NO		
	New Existin				YES NO		
	New Existin				YES NO		
Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR = None Required							
2. Perchloroethylei	ne I sage						
		arathulana dru alaanar	nrovido on d	actimate of the fo	oilitu's ownested		
If this is an <b>initial registration</b> 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 <b>re-registration</b> for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.							
60 Gallons							
	nation on all steam and	d hot water generating u	nits (boiler)	on-site or that no	such units exist		
on-site.							
No steam and hot	water generating unit	s (hoiler) onsite					
110 Steam and not	water gonerating unit	5 (Ooner) onsite					
BOILER HORSEPOW		RSEPOWER	<del></del>	FUEL TYPE*			
Eulto	<del></del>		_	Propane			
_				•			

**Facility Information** 

Martinizing Cleaners
2138 Sadier Square
Parpanaina Beach, FL 32034





Florida Dept. Environmetal Protection
P.O. BOX 3070
TallahassEE Fl 32315-3070

32315307070