

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)

0950291-004

9500705

RECEIVED

APR 03 2012

Registration Type

Check one:

DIVISION OF AIR
RESOURCE MANAGEMENT

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.)

CONWAY CLEANERS

Saldana Aguero

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.)

N/A

CONWAY CLEANERS

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

Street Address: 4450 CORY FORD RD.

City: ORLANDO

County: ORANGE

Zip Code: 32812 - 2702

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: _____ **BRYANT SALDAÑA** **MANAGER**

Facility Contact Telephone Numbers

Telephone: _____ **407-275-0397** Fax: _____ **407-384-9721**
Cell phone: _____ **407-403-4855**
E-mail: _____ **CONWAY DRY CLEANER@AOL.COM**

Facility Contact Mailing Address

Organization/Firm: _____ **SAME**
Mailing Address: _____
City: _____ County: _____ Zip Code: _____

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

Name and Position Title

Print Name and Title: _____ **JORGE SALDANA** **MANAGER**

Other Contact/Representative Telephone Numbers

Telephone: _____ **SAME** Fax: _____ **SAME**
Cell phone: _____ **407-538-6015**
E-mail: _____ **SAME**

Other Contact/Representative Mailing Address

Organization/Firm: _____
Mailing Address: _____
City: _____ 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.

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
2005	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC CONDENSER + Adsorber	2005
	<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.

N/A-

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

60 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*
HURST	15 HP	NATURAL GAS



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

February 20, 2012

Mr. Jorge Saldana
Conway Cleaners
4450 Curry Ford Rd
Orlando, FL 32812

Re: Facility No. 0950291

Dear Mr. Jorge Saldana

Our records indicate your Perchloroethylene Dry Cleaning Air General Permit (AGP) entitlement is set to expire on 5/17/2012.

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

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.

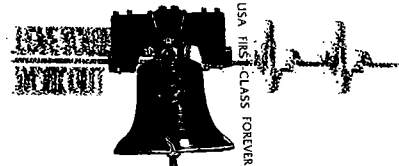
If you need additional information, please contact Douglas Thornton at
(800) 722-7457 or by email at Small.Business@dep.state.fl.us

~~Jorge Saldana~~
~~5156 Brenda Dr~~
Orlando, FL 32812

COWWAY CLEANERS
4450 CURRY FORD.
ORLANDO FL. 32812

ORLANDO FL 328

30 MAR 2012 PM 2 L



FDEP Receipts

P.O. Box 3070

Tallahassee, FL 32315-3070

323153070

