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PERCHLOROETHYLENE DRY CLEANERS DIVISION OF AIR
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0951161 0951161-004

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.)

El Dorado \$1.75 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.)

Seminole Blvd. El Dorado \$1.75 Cleaners

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

Street Address: 4473 S. Seminole Blvd. #4
City: Orlando FL County: Orange Zip Code: 32802

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

FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
FINANCE & ACCOUNTING
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MP
-2413
MP

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: _____ Leersonia Berrios or Jesse Colon

Facility Contact Telephone Numbers

Telephone: 407 282-8666 Fax: _____

Cell phone: _____ 386 337-5909 or 407 282-8666

E-mail: _____ Jesse.colon@gmail.com

Facility Contact Mailing Address

Organization/Firm: _____ El Dorado \$1.75 Cleaners, Inc.

Mailing Address: _____ 4473 S. Semoran Blvd.

City: _____ Orlando FL County: _____ Orange Zip Code: _____ 32822

2413
MP

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

Name and Position Title

Print Name and Title: _____

Other Contact/Representative Telephone Numbers

Telephone: _____ Fax: _____

Cell phone: _____

E-mail: _____

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.

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FINANCIAL ACCOUNTING
REVENUE
FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Facility Information

1.(a) DRY-TO-DRY MACHINES

How many dry-to-dry machines do you have on-site?

[1] (MP)

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 |
|------------------------|--|--------------------------|-------------------------------|
| Jan 1996 | <input checked="" 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 | | |

(MP)

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 |
|------------------------|---|---|--------------------------|---|
| Jan 1996 | <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 |
| Jan 1996 | <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 |
| | <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 |

(MP)

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.

110 gallons

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 FLORIDA DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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 (MP)

| BOILER | HORSEPOWER | FUEL TYPE* |
|--------|------------|------------|
| Fulton | 15 HP | gas |
| | | |
| | | |
| | | |

Jesse Colon 11/16/11

El Dorado Cleaners

NAME

4473 S. Semoran Blvd St. 4

ADDRESS

Orlando FL

CITY/STATE

32822

ZIP CODE

FLORIDA FL 327

01 DEC 2011 PM 1 L

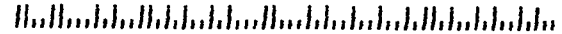


Attn: Mike Pacione
FIDEP - LARM
2600 Blair Stone Rd
MS#5505
Tallahassee FL 32399-2400



The Money Superstore™

3239986542



From: (978) 376-2290
Ruben Ruiz
AVID TECHNOLOGY
10409 Wittenberg Way

Origin ID: DWSA



Ship Date: 21NOV11
ActWgt: 1.0 LB
CAD: 1365599/NET3210

ORLANDO, FL 32832

Delivery Address Bar Code



SHIP TO: (978) 376-2290

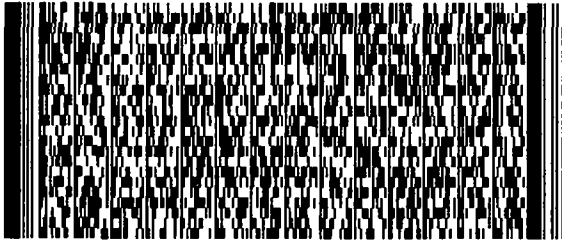
BILL SENDER

Mail Station 77
Department of Environmental Protect
3800 COMMONWEALTH BLVD
MAIL STATION 77
TALLAHASSEE, FL 32303

R#
Invoice #
PO #
Dept #

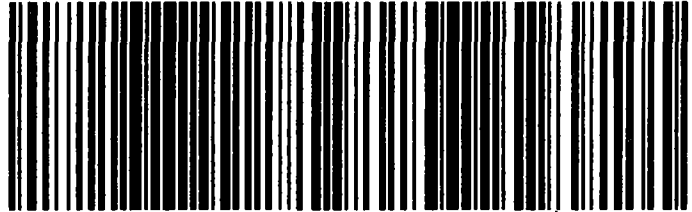
TUE - 22 NOV A2
PRIORITY OVERNIGHT

TRK# 7977 5748 6603
0201



32303
FL-US
TLH

XH TLHA



50FG18C50/F5F4

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

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DEC 05 2011

DIVISION OF AIR
RESOURCE MANAGEMENT

Attn: Mike Pacione

This is the processing fee for air permit.

EC Dorado Cleaners

DBA. \$2.79 Cleaners

4473 S. Semoran Blvd. Ste #4

Orlando FL 32832

(407) 282-8666