

523919 JUL282011

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

JUL 29 2011

BUREAU OF
AIR REGULATION

Facility Identification Number - If known (seven digit number)

0990440 0990440-004

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.) Desert Corp DBA Crosstown Cleaners

Robert Lobritto

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.) Crosstown Cleaners

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

Street Address: 226 Center St A-1

City: Jupiter

County: FL

Zip Code: 33458

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

11/89

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: Owner ROBERT LOBRUTO

Facility Contact Telephone Numbers

Telephone: 561-744-0028 Fax: _____

Cell phone: 561 313-1636

E-mail: JESSENT AOL.COM

Facility Contact Mailing Address

Organization/Firm: CROSSWAY CLEANERS

Mailing Address: 226 CENTER ST A-1

City: JUPITER FL

County: PBC

Zip Code: 33458

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

Name and Position Title

Print Name and Title: Owner JOE LOBRUTO

Other Contact/Representative Telephone Numbers

Telephone: 561-744-0028 Fax: _____

Cell phone: _____

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? []

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
11/90	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	Refrigeration	11/90
	<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.

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

30 GAL

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*
Fulton	15	Natural GAS

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

Pacione, Michael

From: Pacione, Michael
Sent: Thursday, July 21, 2011 8:56 AM
To: JESERT@aol.com
Subject: RE: crosstown cleaner FACILITY 0990440 RENEWAL

Sir,

Please follow this link and you can click on the Perchloroethylene Air General Permit Example Worksheet on this page. The address to send the registration application along with the \$100 processing fee is also on this page

<http://www.dep.state.fl.us/air/emission/drycleaners.htm>

Feel free to call if you have any questions

Michael Pacione
Environmental Specialist II
850-717-9032

From: JESERT@aol.com [<mailto:JESERT@aol.com>]
Sent: Wednesday, July 20, 2011 7:14 PM
To: Pacione, Michael
Subject: crosstown cleaner FACILITY 0990440 RENEWAL

I VE BEEN TRYING TO RENEW MY REGISTRATION ONLINE , HOWEVER I HAVE DIFICULTY NAVIGATING THE WEB SITE FOR RENEWALS. CAN YOU EMAIL ME A REGISTRATION FORM AT JESERT@AOL.COM

ROBERT LOBRUTTO
CROSSTOWN CLEANERS
226 CENTER ST A-1
JUPITER FL 33458
561-744-0028

NO...0990440

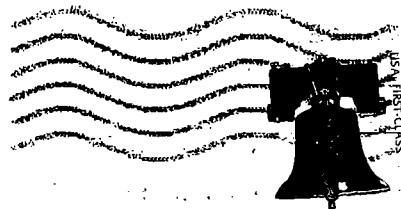
Crosstown Cleaners
226 Center St. A-1
Jupiter, FL 33458

0990440

WEST PALM BEACH

FL 334 4 T

26 JUL 2011 PM



Dept of Environment Protection
Receipts
Post office Box 3070
Tallahassee FL 32315-3070

323153070

