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FEB 1 6 2012

PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHIEDS OF AIR RESOURCE MANAGEMENT

- 9202679	0990586 -
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 a from an air operation permit to an air general permit). If the permits, such permit(s) must be surrendered by the owner of the permits of the permit of	e facility currently holds one or more air operation or operator upon the effective date of this air
general permit. (See "Surrender of Existing Air Operation	
Operates an existing facility not currently permitted or using	ng an air general permit.
RE-REGISTRATION (for facilities currently using an air gen	eral permit) - Notification of intent to:
Continue operating the facility after expiration of the curre	
Continue operating the facility after a change of ownership).
Make an equipment change requiring re-registration pursua	
Any other change not considered an administrative correct	tion under Rule 62-210.310(2)(d), F.A.C.
Surrender of Existing Air Operation Permit(s) - For Initial Ro	egistrations Only, if Applicable
All existing air operation permits for this facility are hereby surre	
permit; specifically permit number(s):	<i>y</i>
:	
General Facility Information	
Facility Owner/Company Name (Name of corporation, agency, operates, controls, or supervises the facility.)	r individual owner who or which owns, leases,
-7/10X-11100 INC	
Site Name (Name, if any, of the facility site; e.g., Plant A, Metrop	polis Plant, etc. If more than one facility is owned,
complete registration must be submitted for each.)	
- Black TR	Honor (MI)
Facility Location (Physical location of the facility, not necessarily	the mailing address.)
Street Address: 14050 US AISPWAY F City: 5040BBBCA County: PAUM 1	956CA Zip Code 33408 - 1410
THY: OUNTY COUNTY PAICE TO	Zip Code
Facility Start-Up Date (Estimated start-up date of proposed new	facility (N/A for existing facility)
Commy ount op oute (Datamated attached and on proposed new	monthly, Alter tot onioning monthly.

Facility Contact

untel

	45.00
	on to be contacted regarding day-to-day operations at the facility.)
Print Name and Title:	REMBLY OWNER
Facility Contact Telephone Numbers	
Telephone: <u>561</u> 799-4061 Cell phone: <u>561</u> 744-1455 E-mail:	Fax:
Cell phone: 561-744-1455,	
E-mail: PASBOS 155 WD BO	L'COM
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Facility Contact Mailing Address	
Organization/Firm:	Y B SUITE G County: PELM BRECHZip Code: 33408
Mailing Address: 19050 OS HIGHOUS	9 B SOILE OULD DILLE DOLLA
City: JUNO BIZZOF PL	County: POCH DIECH Zip Code: 3340 }
Other Contact/Representative (to serve as add	litional Department contact)
Name and Position Title	
Print Name and Title:	
Other Contact/Penrocentative Telephone Number	
Other Contact/Representative Telephone Number Telephone:	Fax:
Cell phone:	1 dx
E-mail:	
L-111utt	
Other Contact/Representative Mailing Address	
Organization/Firm:	
Mailing Address:	
City:	County: Zip Code:
Covernment Facility Code (sheek anly one)	
Government Facility Code (check only one) Facility not owned or operate	ed by a federal, state, or local government.
Facility not owned or operated by	
•	•
Facility owned or operated by	
Facility owned or operated by	y the county.
Facility owned or operated by	y the municipality.
Facility owned or operated b	v a water management district.



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:

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	W)
(ľ

DATE MACHINE INSTALLED	UNIT CLASS	CONTROL DEVICE		ROL DEVICE
2000	(Check one) New Existing	(see key)	INSTALLED	r Am
2 S OW	Wew Existing			
	New Existing			
	New Existing			
	New Existing			······································
Control Device K	ey: RC = Refrigerated C	Condenser CA = Carbon	Adsorber N	R =None Required

1. (b) Is the facility a co-residential Dry Cleaning facility

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE	UNIT CLASS	PERC DRY	CONTROL DEVICE	VAPOR BARRIER
INSTALLED	(Check one)	CLEANING	(see key)	ENCLOSURE
		MACHINE		
	New Existing	NO NO	110	YES (NO
	New Existing	YES NO		YES NO
	New Existing	XES NO		YES NO
	New Existing	YES NO		YES NO
	New Existing	YES NO		YES NO

Control Device Key: BC = Refrigerated Condenser

CA = Carbon Adsorber

NR =None Required

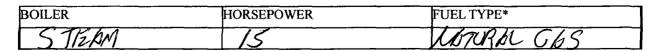
Perchloroethylene Usage

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.

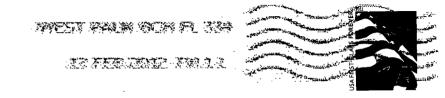
If this is a re-registration for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

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



BLACK THE CLEANERS 14050 UB HWY 1 STE G JUNO BEACH, FL 33408



FDEP RECEIPTS
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