

**PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT REGISTRATION FORM**

**RECEIVED**

NOV 18 2011

**Part II. Notification to Permitting Office**  
(Detach and submit to DEP; keep copy onsite)

Division of  
**RESOURCE MANAGEMENT**

**Instructions:** To register to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the Department of Environmental Protection. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050(4)(o), F.A.C.

**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., or 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.)

VICKPAN INC  
couture cleaners

**Site Name** (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

couture cleaners

**Facility Location** (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 21401 powerline Road

City: Boca Raton Fl County: Palm Beach Zip Code: 33433 -2314

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

1990

**Facility Identification Number** (DEP Use ONLY - do not fill in):

0990602-004

**Facility Contact**

<b>Name and Position Title</b> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <u>VICKIE NGUYEN OPERATOR</u>	
<b>Facility Contact Telephone Numbers</b> Telephone: <u>561 488 1884</u> Fax: <u>561 488 1884</u> Cell phone (optional): <u>454 913 9909</u> E-mail: <u>vickie4883@yahoo.com</u>	
<b>Facility Contact Mailing Address</b> Organization/Firm: <u>21401 powerline Road</u> Street Address: <u>Boza Ration FL 33433</u> City: _____ County: <u>palm Beach</u> , Zip Code: <u>33433 - 2314</u>	

MA

**Owner/Authorized Representative (If different from Facility Contact)**

<b>Name and Position Title</b> (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: <u>AMANDA DAN NGUYEN PRESIDENT</u>	
<b>Owner/Authorized Representative Telephone Numbers</b> Telephone: <u>561 488 1884</u> Fax: <u>561 488 1884</u> Cell phone (optional): <u>454 913 9908</u> E-mail: <u>amandamanda@yahoo.com</u>	
<b>Owner/Authorized Representative Mailing Address</b> Organization/Firm: _____ Street Address: <u>Same above</u> City: _____ County: _____ Zip Code: _____	

**Owner/Authorized Representative Statement**

This statement must be signed and dated by the person named above as owner or authorized representative

*I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.*

*I will promptly notify the Department of any changes to the information contained in this registration form.*

Signature: Amanda Dan Date: 11/11/11

**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
2006	<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		

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber

**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

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

120 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ ] months

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ Yes ]

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening )

**3. What control technology is required on machines pursuant to 40 CFR Part 63, Subpart M (Indicate with an "X".)**

Existing\* machines at small area source (NONE REQUIRED)

New\* machines at small area source Refrigerated condenser/Carbon adsorber  (MP)

Existing\* machines at large area source Carbon adsorber  Refrigerated condenser

New\* machines at large area source Refrigerated condenser

\*Note: See definitions for "Existing" and "New" in Part I, page 5, of this form.

4. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-210.310, F.A.C. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.

BOILER	HORSEPOWER	FUEL TYPE*
1	15 HP	gas (natural)

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

No steam and hot water generating units (boiler) onsite

*MP*

5. Equipment Monitoring and Recordkeeping Information

Check all logs which are kept on-site in accordance with the requirements of 40 CFR Part 63, Subpart M:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Halogen leak detection inspection and repair (monthly)
- (c) Refrigerated condenser temperature monitoring, if no pressure gauges
- (d) Refrigerated condenser high and low pressure
- (e) Carbon adsorber exhaust perc concentration monitoring
- (f) Startup, shutdown, malfunction plan

HP Officejet 7410  
Personal Printer/Fax/Copier/Scanner

Log for  
COUTURE CLEANERS  
(561) 488-1884  
Nov 14 2011 9:24PM

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Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Nov 14	9:23PM	Fax Sent	5614715905	0:00	0	No answer





Amanda T Dangnguyen  
6465 NW 75th Way  
Parkland FL 33067-1253



TO FDEP Receipts  
PO Box 3070

Tallahassee, FL 32315-3070

32315#3070

