FRARIDA DEPARTMENT OF COUNTY OF COUNTY OF

Received in Pla MS 6510

2011 NOV -4 PM 3: 54 PERCHLOROETHYLENE DRY CLEANERS
FINANCIA AND GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET
REVENUE

Facility Identification Number - If known (seven digit number)
- 950 1285 1030341-0C
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.)
- Island Estate 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.) Belleair Bluffs Flant SON
Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 755 N. Indian Rocks Road. City: 14RGO County: Pineallas Zip Code: 33770 - 2019
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.) August 1974.

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:EDWARD HACKER - President:	ity.)
Facility Contact Telephone Numbers Telephone: 727-584-838 2 Cell phone: 727-365-450 9 E-mail: ed@scottsdrycleaners. Com	
Facility Contact Mailing Address Organization/Firm: Scott's Cleaners. Mailing Address: 755 N Indian Rocks Road. City: LARGO County: Pipeollas Zip Code: 33776	- 201
Name and Position Title Print Name and Title: Michael Bassows - Operations Mgs.	
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)	
\square Facility not owned or operated by a federal, state, or local government.	
\square 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?	ĺ
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For each dry-to-dry machine on-site, please provide the following information:

INSTALLED			CONTROL DE	VICE I		ROL DEVICE 1	
THACK LATITION IN THE	(Check one)	7.	(see key)	4 7 7 1 1	INSTALLED		٠.
2005	■ New □ Existing		RC		TD MACK	+ 2.50 1028) 2
	☐ New ☐ Existing						
	☐ New ☐ Existing						
	☐ New ☐ Existing				<u> </u>		
	☐ New ☐ Existing					· · · · · · · · · · · · · · · · · · ·	
Control Device K	ey: RC = Refrigerated C	Condens	$Ser \qquad CA = Ca$	arbon Adso	orber NR =1	None Required	
	y a co-residential Dry Cle						
	Yes 🖳		No				
For each dry-to-d	ry machine located at a co	o-reside	ential facility Dry	Cleaning	facility, please	provide the	
following information	• • •						
DATE MACHINE	UNIT CLASS	PERC	DRY	CONTR	OL DEVICE	VAPOR BARR	EF
INSTALLED	(Check one)		NING	(see key)		ENCLOSURE	,
		MAC		, (***********			
	☐ New ☐ Existing	☐ YE	S 🗆 NO			☐ YES ☐ NO	
	☐ New ☐ Existing	□ YE	S □ NO			☐ YES ☐ NO	
	☐ New ☐ Existing	\Box YE	S □ NO			☐ YES ☐ NO	
	☐ New ☐ Existing	\Box YE	S 🗆 NO			☐ YES ☐ NO	
	☐ New ☐ Existing	□ YE	S □ NO			☐ YES ☐ NO	
Control Device K	ey: RC = Refrigerated C	Condens	ser CA = Ca	arbon Adso	rber NR =1	None Required	
	-						
2. Perchloroethylen	e Usage						_
If this is an initial regi	istration for a perchloroe	ethylene	e dry cleaner, pro	vide an est	imate of the fa	cility's expected	
	hylene to be used over the					•	1
-			_				ı
If this is a re-registrat	tion for a perchloroethyle	ne dry	cleaner provide t	the amoun	t of perchloroe	thylene used in	٦
the most recent 12 most		ne dry	cicanoi, provide i	nic amoun	or peremore	any reme asea m	
							1
$I \cap I \cap I \cap I$	c .						
60 Gallon) ·						
	ation on all steam and ho	-					

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No steam and hot water generating units (boiler) onsite \Box

BOILER	HORSEPOWER	FUEL TYPE*
HURST	" 50 HP	Natural GAS.

2840 W BAY DR

DATE: 02 NOV 2011

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