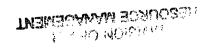
## 10/05/2012

## PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)
— 1/3/1/2.6 ISSUE SEVEN digit number)
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  Exciling Our of Comments Name (Norman of commention accounts or individual owner who or which owns leaves
Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)  XCLEAN SERVICES LLC
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.)  —— GULF BREEZE PROPER
Facility Location (Physical location of the facility, not necessarily the mailing address,)  Street Address:
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

Page 2 of 7



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: PEDRO R MORAES, CEM
Facility Contact Telephone Numbers Telephone: <u>B</u> 50-232-2565 Cell phone: <u>B</u> 50-292-1227 E-mail: <u>p</u> moraets e xclean Nat
Facility Contact Mailing Address Organization/Firm: X CLEAN SERVICES LLC Mailing Address: POBOX 429 City: GULF BREEZE County: SANTAROSAZip Code: 32562
Correspondence Contact/Representative (to serve as additional Department contact)
Name and Position Title Print Name and Title: ANAT. MORAES, MGR
Correspondence Contact/Representative Telephone Numbers Telephone:
Correspondence Contact/Representative Mailing Address Organization/Firm: 7143 GVLF BREEZE PRWY Mailing Address: XCLEANSERVICES LLC City: GULF BREEZE County: SANTAROJA  County: SANTAROJA
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.
<u> </u>

Facility	Info	rmation

## 1.(a) DRY-TO-DRY MACHINES How many dry-to-dry machines do you have on-site? [ ]

DATE MACHINE INSTALLED	UNIT CLASS (Check one)		CONTROL DEVICE (see key)		DATE CONTROL DEVICE INSTALLED		
MAY 2002	New Existing		CA	SAN		1 E	
	New Existing	<u> </u>					
	New Existing	}					
	New Existing					<del></del>	
	New 🗌 Existing				<u> </u>		
Control Device Ke	ey: RC = Refrigerated (	Conden	ser $CA = C$	arbon Ad	sorber NR ≈N	None Requir	ed
1. (b) Is the facility	y a co-residential Dry C						
لــا	Yes 2	~1	No				
	y machine located at a c	o-resid	ential facility Dry	/ Cleaninį	g facility, please	provide the	
following information:							
DATE MACHINE	UNIT CLASS	PER	CDRY	CONT	ROL DEVICE	VAPOR BARRIE	
INSTALLED	(Check one)		ANING	(see ke	y)	ENCLOS	JRE
		MAC	CHINE	1			
	New Existing	$\square$ Y	ES NO	1		YES [	NO
	New Existing	□ Y	ES 🗌 NO			YES [	JNO
	New Existing	☐ Y	ES NO	<u> </u>		YES [	] NO
	New Existing	□ Y	ES 🗌 NO			YES [	NO
	☐ New ☐ Existing	☐ Y	ES 🗌 NO			YES [	] NO
Control Device Ke	y: RC = Refrigerated (	Conden	ser CA = C	arbon Ads	sorber NR =N	lone Require	ed
2. Perchloroethylen	e Usage				. <u></u>		
If this is an <mark>initial regi</mark>	stration for a perchloro	ethylen	e dry cleaner, pro	vide an c	stimate of the fa	cility's expe	cted
amount of perchloroeth	ylene to be used over th	e next	12-month period.				
	10						- }
//							
	ion for a perchloroethyle	ene dry	cleaner, provide	the amou	nt of perchloroe	thylene used	in
the most recent 12 mon							
	B2,4						- 1

BOILER	HORSEPOWER	FUEL TYPE*
CLEAVER BROOKS	15HP	<b>(</b>

<sup>\*</sup>Fuel Type - propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other