

JUL 5 2011

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BUREAU OF AIR REGULATION

PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

1150086-004

Facility Identification Number (If known)

#1150086

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...
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.) Mel's Drycleaning 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.)

N/A

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

Street Address: 3838 S Osprey Ave. City: Sarasota

County: FL

Zip Code: 34239 - 6830

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: Donald Miller, Pres.

Facility Contact Telephone Numbers

Telephone: 941-955-4304

Fax: _____

Cell phone: 941-232-2446

E-mail: miller7002@comcast.net

Facility Contact Mailing Address

Organization/Firm: Mel's Drycleaning Inc. Street Address: 3838 S Osprey ave

City: Sarasota

County: FL

Zip Code: 34239

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

Name and Position Title

Print Name and Title: Glenn Miller, V.P.

Other Contact/Representative Telephone Numbers

Telephone: 941-955-4304

Fax: _____

Cell phone: 941-232-2447

E-mail: miller7002@comcast.net

Other Contact/Representative Representative Mailing Address

Organization/Firm: _____

Street Address: _____

City: _____

County: _____

Zip Code: _____

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
5/7/2010	X New Existing	RC	
	<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 XX 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 checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input checked="" 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. 65 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*
Columbia	15	Nat Gas



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

May 5, 2011

Mr. Donald Miller
Mel's Super Laundry & Drycleaning
3838 S Osprey Ave
Sarasota, FL 34239

Re: Facility No. 1150086

Dear Donald Miller:

Our records indicate your Perchloroethylene Drycleaning Facility Air General Permit (AGP) entitlement is set to expire on 8/13/2011.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the Owner/ Authorized Representative shall submit a new registration form containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

We have enclosed an AGP registration form checklist to assist you with the continuation of your five (5) year entitlement. Also, you may obtain a copy of the appropriate registration form from the FDEP Division of Air Resource Management webpage at http://www.dep.state.fl.us/air/emission/air_gp.htm.

If you need additional information, please contact Stephen McKeough at 850/717-9027 or by email at Stephen.McKeough@dep.state.fl.us.

Enclosure

