

Received in F/A
4/23/12

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

RECEIVED

APR 24 2012

Facility Identification Number - If known (seven digit number)

DIVISION OF AIR

RESOURCE MANAGEMENT

9502648

1150092-004

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.)

WAHOO OPERATING LLC dba COVE 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 complete registration must be submitted for each.)

PLANT

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

Street Address: 1400 FRUITVILLE RD.

City: SARASOTA

County: FL

Zip Code: 34236 - 4912

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

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: RUSS BAIRD, PLANT MANAGER

Facility Contact Telephone Numbers

Telephone: 941-365-8448

Fax: 941-924-6764

Cell phone: 941-400-2302

E-mail: RUSS@COVECLEANERS.COM

Facility Contact Mailing Address

Organization/Firm: COVE CLEANERS
Mailing Address: 1400 FRUITVILLE RD.
City: SARASOTA

County: SARASOTA

Zip Code: 34236-4912

MP

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

Name and Position Title

Print Name and Title: ALAN LORING, CEO

Other Contact/Representative Telephone Numbers

Telephone: 941-955-1111 EXT 3

Fax: 941-924-6764

Cell phone: 941-504-1838

E-mail: ALAN@COVECLEANERS.COM

Other Contact/Representative Mailing Address

Organization/Firm: COVE CLEANERS
Mailing Address: 2198 PRINCETON ST
City: SARASOTA

County: SARASOTA

Zip Code: 34237

Facility Information

1.(a) **DRY-TO-DRY MACHINES**

How many dry-to-dry machines do you have on-site? [2]

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
9/6/2002	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	7/27/02
9/6/2002	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	7/27/02
	<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 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 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.

95 GALLONS

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*
HURST	60	NATURAL GAS

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

Pacione, Michael

From: Pacione, Michael
Sent: Monday, April 09, 2012 9:25 AM
To: 'alan@covecleaners.com'
Subject: FW: General Air Permit Registration Application
Attachments: PERCHLOROETHYLENE_DRY%20CLEANERS_EXAMPLE_WORKSHEET[1].docx

Mr. Alan Loring,

Here is the link to the Air General Permit page for Perchloroethylene dry cleaners. The mailing address to send the \$100 processing fee and registration worksheet is also included in the link. I have attached the "Perchloroethylene Dry Cleaner Air General Permit Example Worksheet" in Microsoft Word, but you can also open the worksheet from the third paragraph of our General Air Permit page:

<http://www.dep.state.fl.us/air/emission/drycleaners.htm>

Michael P. Pacione
Environmental Specialist II
FDEP-Office of Permitting and Compliance
Minerals and Metals
Phone 850-717-9032
Fax 850-717-9001

PS - Also, here are 2 Waste Management Division contact numbers:

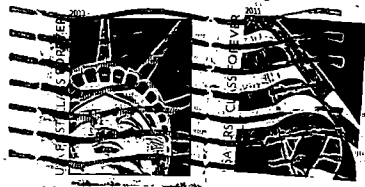
Jennifer Farrell @ 850-245-8937 (Dry Cleaning Solvent Cleanup Program)
Rick Vail @ 850-245-8937 (Facility Registration)

Expired in April
COVE
CLEANERS
941-965-1111
X3



Quality Dry Cleaning

2198 Princeton St. • Sarasota, FL 34237



DEPT. OF ENVIRONMENTAL PROTECTION
RECEIPTS
P.O. BOX 3070
TALLAHASSEE, FL 32315-3070

323153070

