

PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

2013 MAY 15 PM 3: 36 FINANCE & ACCOUNTING REVENUE

Facility Identification Number - If known (seven digit number)

7801044 01124125004

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.
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):

n/a

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.)

Spotmaster Dry Cleaning 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.)

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

Street Address: 1450 E Millisboro Blvd. City: Deerfield Beach County: FLA Zip Code: 33441

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

n/a

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: SEE CARLOS RICARDO

Facility Contact Telephone Numbers

Telephone: 954 421 2317 Fax: _____
Cell phone: 954 803 2402
E-mail: _____

Facility Contact Mailing Address

Organization/Firm: SPOTMASTER DRY CLEAN, INC
Mailing Address: 1480 E. HILLSBORO BLVD
City: DEERFIELD BEACH County: BROWARD Zip Code: 33441

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

Name and Position Title PRES

Print Name and Title: HILDA RICARDO

Correspondence Contact/Representative Telephone Numbers

Telephone: 954 421 2317 Fax: _____
Cell phone: 954 253 2300
E-mail: _____

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____
Mailing Address: _____
City: Same County: _____ Zip Code: _____

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.

Facility Information

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

How many dry-to-dry machines do you have on-site? *one [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 |
|------------------------|---|--------------------------|-------------------------------|
| <i>June 2007</i> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing | <i>RC</i> | <i>June</i> |
| | <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 No

only one location only one machine

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 |
|------------------------|---|---|--------------------------|---|
| <i>June 2007</i> | <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <i>RC</i> | <input checked="" 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.

n/a 60 GCS

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

60 GCS

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* |
|--------------|----------------|--------------------------|
| <i>HURST</i> | <i>15 H.P.</i> | <i>#6-5 AS (natural)</i> |
| | | |
| | | |
| | | |

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