541121 JAN17283

Nifty Cleaners 4422 Market Street P.O. Box 283 Marianna, FL 32447

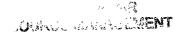
PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

0630050
<u> </u>
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.) FRED G WILEY, INC DBA NIFTY 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.)
NIFTY CLEANERS AND LAUNDRY
Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 4422 MARKET ST
City: MARIANNA County: JACKSON Zip Code: 32446
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)
NA (Estimated start-up date of proposed new facility.)(N/A for existing facility.)
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JAN 18 2012



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: FRED WILEY, OWNER				
Facility Contact Telephone Numbers Telephone: 850-482-2825 Cell phone: E-mail: fred_fi2002@yahoo.com	Fax:			
Facility Contact Mailing Address Organization/Firm: FRED G WILEY, INC. NIFTY CLEANERS Mailing Address: POBOX 283 City: MARIANNA, FL	County: JACKSON	Zip Code: <u>32447</u>		
Correspondence Contact/Representative (to serve as additional Property Contact/Representative)	tional Department conta	ect)		
Name and Position Title Print Name and Title: FRED WILEY, OWNER				
Correspondence Contact/Representative Telephone Numbers Telephone: 850-482-2825 Cell phone: E-mail: fred_fi2002@yahoo.com	Fax:			
Correspondence Contact/Representative Mailing Address Organization/Firm: FRED G WILEY, INC Mailing Address: POBOX 283 City: MARIANNA, FL	County: JACKSON	Zip Code: <u>32447</u>		
Government Facility Code (check only one)	-			
Facility not owned or operated by a federal, state	_			
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 manageme	nt district.			

Facility Information

1.(a) DRY-TO-DRY MACHINES

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

For each dry-to-d	ry machine on-site, ple	ase provide the followi	ng information:	
DATE MACHINE	UNIT CLASS	CONTROL	DEVICE DATE CO	NTROL DEVICE
INSTALLED	(Check one)	(see key)	INSTALL	ED
JAN 01/2000	☐ New ■ Existi	ng RC, CA	JANO	1/2000
	New Existi	ng		
	New Existi	ng		
	New Existi			
	New Existi	ng		
	Key: RC = Refrigerated ty a co-residential Dry Yes		= Carbon Adsorber NR	=None Required
For each dry-to-d following information		co-residential facility	Dry Cleaning facility, ple	ase provide the
DATE MACHINE	UNIT CLASS	PERC DRY	CONTROL DEVIC	E VAPOR BARRIER
INSTALLED	(Check one)	CLEANING	(see key)	ENCLOSURE

Control Device Key: RC = Refrigerated Condenser CA = Car

Existing

Existing

Existing

Existing

Existing

New

New

New

New

New

CA = Carbon Adsorber

[1

NR =None Required

YES

YES

YES

YES

YES

NO

NO

NO

NO

☐ NO

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. 40 gallons

YES

YES

YES

YES

NO

NO

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*
YORK SHIPLEY	60 hp	natural gas

^{*}Fuel Type - propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other