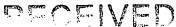
## PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number) 0812508 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.) 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: 13926 Landstar Boulevard City: Orlando County: Orange Zip Code: 32824 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 contained Print Name and Title: Jitendra Khatri V.P.	acted regarding day-to-day operations at the facility.)
Facility Contact Telephone Numbers Telephone: 407-854 5578 Cell phone: 407-780 9279 E-mail: JG Khatri786@gmai8l.com	Fax:
Facility Contact Mailing Address Organization/Firm: Parkway Cleaners	
Mailing Address: 13926 Landstar Boulevard City: Orlando	County: Orange Zip Code: 32824
Correspondence Contact/Representative (to serve as additional and additional additional and additional ad	tional Department contact)
Name and Position Title Print Name and Title: Jitendra Khatri VP	
Correspondence Contact/Representative Telephone Numbers Telephone: 407-854 5578 Cell phone: 407-780 9279 E-mail: JG Khatn786@gmail.com	Fax:
Correspondence Contact/Representative Mailing Address Organization/Firm: Parkway Cleaners Mailing Address: 13926 Landstar Boullevard City: Orlando	County: Orange Zip Code: 32824
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 manageme	ent district.

## **Facility Information**

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

How many dry-to-dry machines do you have on-site?	[1	]
For each day to day machine on site please provide the following	na inform	nati

DATE MACHINE	UNIT CLASS	CONTROL DE	VICE DATE CONT	ROL DEVICE
INSTALLED	(Check one)	(see key)	INSTALLED	
5 / 8 / 1999	■ New □ Existing	RC	5/8/199	99
	☐ New ☐ Existing			
	☐ New ☐ Existing			
	☐ New ☐ Existing			
	☐ New ☐ Existing			
Control Device F	Key: RC = Refrigerated C	Condenser $CA = Ca$	arbon Adsorber NR =1	None Required
1 (b) Is the facil	ity a co-residential Dry Cle	eaning facility?		
	Yes X			
Б 11	_		Classics Carling 1	
	dry machine located at a co	o-residential facility Dry	Cleaning facility, please	provide the
ollowing information				
DATE MACHINE	UNIT CLASS	PERC DRY	CONTROL DEVICE	VAPOR BARRIEI
NSTALLED	(Check one)	CLEANING	(see key)	ENCLOSURE
		MACHINE		
	New Existing	YES NO		YES NO
<u>.</u>	New Existing	YES NO		YES NO
<del></del> -	New Existing	YES NO		YES NO
	New Existing  New Existing	YES NO		YES NO
0 1 1 2 1 1			al an Advantage ND a	
Control Device I	Key: RC = Refrigerated C	ondenser $CA = Ca$	arbon Adsorber NR =N	None Required
. Perchloroethyle	ne Usage			
	gistration for a perchloroe	thulana day alaanar ara	wide an estimate of the fa	ailitu's aynastad
	thylene to be used over the			citity's expected
inount of peremore				
	PPROX.	. 60 - 7 <i>5</i>	GAL.	
Calcia in a sur sur sindar	ation for a perchloroethyle	ne dry cleaner provide	the amount of perchloroe	thylene used in
	•	ne dry cleaner, provide	the amount of peremore	difficile asea in
_				
_				
the most recent 12 m				

BOILER	HORSEPOWER	FUEL TYPE*	
PACIFIC BOILER		ELECTRIC	
PACIFIC BOILER		ELECTRIC	
PACIFIC BOILER	······································	ELECTRIC	<del></del>

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

No steam and hot water generating units (boiler) onsite