

**PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

<p align="center">— 0250866 -004</p>	<p>RECEIVED</p> <p>JUN 27 2012</p>
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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.

**DIVISION OF AIR
RESOURCE MANAGEMENT**

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.)

— SUDSIES, 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.)

— SUDSIES, Inc

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

Street Address: 6786 Collins Ave

City: Miami Beach, FL County: Dade

Zip Code: 33141

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: JASON LUEB President

Facility Contact Telephone Numbers

Telephone: (305) 864 3279

Fax: (305) 864-9003

Cell phone: (305) 805 7837

E-mail: JASON@SUDSIES.COM

Facility Contact Mailing Address

Organization/Firm: SUDSIES

Mailing Address: 6786 - 6792 Collins Ave

City: MIAMI BEACH, FL.

County: Dade Zip Code: 33141

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

Name and Position Title George Babour Vice President

Print Name and Title: _____

Correspondence Contact/Representative Telephone Numbers

Telephone: (305) 864 3279

Fax: (305) 864 9003

Cell phone: (305) 762-2578

E-mail: JNB@SUDSIES.COM

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

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? [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
2000	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC CA	2000
2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC CA	2008
	<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RC CA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RC CA	<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

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.

386 gallons

3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.

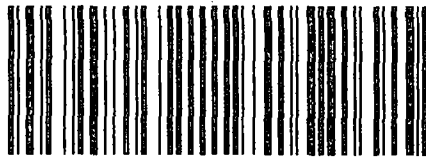
No steam and hot water generating units (boiler) onsite

BOILER	HORSEPOWER	FUEL TYPE*
Fulton 30A	30 HP	Natural gas

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

SUDSIES
6786 Collins Ave
Miami Beach, FL 33141

CERTIFIED MAIL™



7012 0470 0002 3929 4725

FDEP Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

U.S. POSTAGE
PAID
SURFSIDE, FL
33154
JUN 19, 12
AMOUNT

\$5.75

00082848-08



32315



UNITED STATES
POSTAL SERVICE

1000

323153070



0910088-003

To: Jennifer Waltrip

No longer using perc. since Feb.-2011.

Would like to close air permit

Switched to hydrocarbon

Thank You

Hightech cleaners

Jay C. Yoo OWNER

Jay C. Yoo

6-26-12

Inactive request.