## RECEIVED

## PERCHLOROETHYLENE DAY CLEAVELL AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET DIVISION OF AIR RESOURCE MANAGEMENT

MAR 1 2 2012

egistration Type  heck 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 permit, 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) - 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.  Irrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable  Existing air operation permits for this facility are hereby surrendered upon the effective date of this air general rmit; specifically permit number(s):  Exercise Company Name (Name of corporation, agency, or individual owner who or which owns, leases, retrates, controls, or supervises the facility.)  The Name (Name, Incl/MT Hawkins  The Name (Name, if any, of the facility site; c.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a mighted registration must be submitted for each.)  Cility Location (Physical location of the facility, not necessarily the mailing address.)		er - If known (seven digit number)
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Facility Contact		
Name and Position Title (Plant manager or person to be	contacted regarding day-to-da	ay operations at the facility.)
Print Name and Title:	·	
Facility Contact Telephone Numbers		
Telephone: <u>561-996-4333</u>	Fax: 561-996-04	29
Cell phone:		
E-mail: jeff@stitchwp.com		
Facility Contact Mailing Address		
Organization/Firm: Affordable Dry Cleaning		1.
Mailing Address: 349 South Main Street	G	3427/
City: Belle Glade	County: Palm Beach	Zip Code: 33430 - 3427
Other Contact/Representative (to serve as additional	Department contact)	
Name and Position Title		
Print Name and Title: Terri Hawkins/Owner		
Other Contact/Representative Telephone Numbers		
Telephone: <u>561-996-4333</u>	Fax: 561-996-042	29
Cell phone: E-mail: terri@stitchwp.com		
25 Main		
Other Contact/Representative Mailing Address		
Organization/Firm: Affordable Dry Cleaning Mailing Address: 349 South Main Street		7/1
City: Belle Glade	County: Palm Beach	Zip Code: 33430 — 3 4 7 1 1 1
		Zip Code: <u>33430</u> – 347
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 go	vernment.	
Facility owned or operated by the state.		
Facility owned or operated by the county.		
Facility owned or operated by the municipal	ity.	
Facility owned or operated by a water mana	gement district.	

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

How many	dry-to-dry	machines	do vou	have on	-site?
now many	ui v-to-ui v	macmines	uo you	nave on	TOLIC;

No steam and hot water generating units (boiler) onsite  $\Box$ 

[1 ]

UNIT CLASS	CONTROL DE	ЛСЕ   DATE CONT	ROL DEVICE
(Check one)	(see key)		
New / Existing	06/01-RC	06/01	
New Existing			
-	aning facility?	TOOL AUSOIDEL TAK -1	vone required
y machine located at a co-	residential facility Dry	<u> </u>	
		CONTROL DEVICE	VAPOR BARRIE
		(see key)	ENCLOSURE
		· · · · · · · · · · · · · · · · · · ·	
			YES NO
			YES NO
			120 [110
			YES NO
		-1 A.J 1	YES NO
Usage			·
stration for a perchloroethy lene to be used over the	nylene dry cleaner, prov next 12-month period.	vide an estimate of the fa	cility's expected
on for a perchloroethylend	e dry cleaner, provide t	he amount of perchloroe	thylene used in
	(Check one)  New Existing New Existing New Existing New Existing Yes Refrigerated Co Yes Yes  White Company Check one)  New Existing Yes  White Check one  New Existing Yes  Yes  When Existing Yes  When	(Check one) (see key)  New Existing 06/01-RC  Refrigerated Condenser CA = Ca  A a co-residential Dry Cleaning facility? Yes No  Yes No  What Machine located at a co-residential facility Dry  UNIT CLASS PERC DRY CLEANING MACHINE  New Existing YES NO  YES	Check one   (see key)   INSTALLED     New

BOILER	HORSEPOWER	FUEL TYPE*
Hurst	15	Propane
Ĺ		

## Affordable Dry Cleaning 349 South Main Street Belle Glade, FL 33430



Department of Environmental Protection Receipts Post Office Box 3070 Tallahassee, Florida 32315-3070