

RECEIVED

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

AUG 23 2011  
**BUREAU OF  
 AIR REGULATION**

Facility Identification Number - If known (seven digit number)

— 0250694 0250694 - 004

**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.)

— Jerrold Ofgen Best Quality Cleaners Inc (MP)

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.)

— Best Quality Cleaners (MP)

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

Street Address: 9200 SW 40 St

City: Miami

County: FL

Zip Code: 33165 - 4151

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

\_\_\_\_\_ (MP)

**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 |
|------------------------|--|--------------------------|-------------------------------|
| 6 years ago            | <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing | RC                       | 6 years ago                   |
| 14 years ago           | <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing | RC                       | 14 years ago                  |
|                        | <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 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 |
|                        | <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.

120 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 | 50         | Gas (natural) |
|        |            |               |
|        |            |               |
|        |            |               |

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

Other Contact/Representative Telephone Numbers

Telephone: 305-226-2231

Fax: 305-226-5221

Cell phone: 305-608-2881

E-mail: crest9200@bellsouth.net

Other Contact/Representative Mailing Address

Organization/Firm: Crest Quality Cleaners, Inc

Mailing Address: 9200 SW 40th Miami FL 33165 -4151

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**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: Belkis Sanchez

Facility Contact Telephone Numbers

Telephone: 305-898-6038

Fax: Same

Cell phone: 305-898-6038

E-mail: bdayllana@gmail.com

Facility Contact Mailing Address

Organization/Firm: Crest Quality Cleaners

Mailing Address: 9200 SW 40 St  
Miami FL

33165

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Other Contact/Representative (to serve as additional Department contact)**

Name and Position Title

Print Name and Title: Belkis Sanchez G. Manager

8/24/11

10:30am

called TO get POC used  
in CAST 12 months

for Application

spoke w/ employee who  
will find out and call me  
back

8/25/11

1:12pm

received phone call from  
HANSSER, AL STATE

120 gallons used in  
CAST 12 months

CREST QUALITY  
9200 BIRD ROAD  
MIAMI, FL 33165

MIAMI, FL 33165

18 AUG 2011 PM 1 T



FDEP Receipts .

P.O. Box 3070 .

Tallahassee FL

32315-3070

323153070

