

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

Facility Identification Number (If known)

\_\_\_\_\_ 0250813- ~~0000~~ 003

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., or 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.)

\_\_\_\_\_ PROFESSIONAL CLEANERS and TAYLOR INC.

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

Street Address: 830 ALIBABA AVE

City: OPALOCKA

County: MIAMI DADE

Zip Code: 33054

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

\_\_\_\_\_

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DIVISION OF AIR  
RESOURCE MANAGEMENT  
Perchloroethylene Dry Cleaners  
Example Registration Worksheet

**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: JOSE I. OCOA PRESIDENTE

Facility Contact Telephone Numbers

Telephone: (954) 6002675 Fax: \_\_\_\_\_

Cell phone: (954) 4781334

E-mail: maria.hernandez7789@gmail.com

Facility Contact Mailing Address

Organization/Firm: PROFESSIONAL CLEANER AND TAYLOR INC.

Street Address: 830 ALIBABA AVE

City: OPALOCKA, FL

County: MIAMI DADE Zip Code: 33054

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

Name and Position Title

Print Name and Title: \_\_\_\_\_

Other Contact/Representative Telephone Numbers

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Contact/Representative Representative Mailing Address

Organization/Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 1 ]

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
3/2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	Same
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<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.

72 GAL.

**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*
Fujitor	50	NATURAL GAS.

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



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## Detail by Entity Name

### Florida Profit Corporation

PROFESSIONAL CLEANER & TAYLOR, INC

### Filing Information

Document Number P11000074859  
 FEI/EIN Number NONE  
 Date Filed 08/23/2011  
 State FL  
 Status ACTIVE  
 Effective Date 08/22/2011

### Principal Address

~~699 EAST 9TH STREET  
HIALEAH FL 33010 US~~      830 Alibaba Ave.  
Opalocka, FL 33054

### Mailing Address

699 EAST 9TH STREET  
HIALEAH FL 33010 US

### Registered Agent Name & Address

~~OCON CARCAMO, JOSE I  
699 EAST 9TH STREET  
HIALEAH FL 33010 US~~      830 Alibaba Ave  
Opalocka, FL. 33054

### Officer/Director Detail

#### Name & Address

Title P  
 OCON CARCAMO, JOSE I  
~~699 EAST 9TH STREET  
HIALEAH FL 33010 US~~

### Annual Reports

No Annual Reports Filed

### Document Images

08/23/2011 -- Domestic Profit     

Note: This is not official record. See documents if question or conflict.

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Entity Name Search

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Environmental Resources Management  
 Air Quality Management Division  
 701 NW 1<sup>st</sup> Court, Suite 800  
 Miami, Florida 33136-3912  
 Tel. 305-372-6925  
 Fax: 305-372-6954  
 www.miamidade.gov

Carlos Alvarez, Mayor

**FIELD NOTICE OF VIOLATION  
 AIR POLLUTION SOURCES**

TO: Jose Ocon  
 ADDRESS: 830 Ali Baba Ave, OpaLocka, FL- 33054  
 SOURCE/LOCATION: Professional Cleaners & Taylor, INC

YOU ARE HEREBY NOTIFIED that on September 21, 2012 the following violation(s) of Chapter 24 of the Code of Miami-Dade County, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- |  |  |
|--|--|
| <input type="checkbox"/> Failure to obtain appropriate Air Permit    | <input type="checkbox"/> Excessive Visible Emissions           |
| <input type="checkbox"/> Uncontrolled fugitive emissions             | <input type="checkbox"/> Improper handling/removal of asbestos |
| <input type="checkbox"/> Non-compliance with Stage II Vapor Recovery | <input type="checkbox"/> Non-compliance with CFC regulations   |
| <input type="checkbox"/> Objectionable odor                          | <input checked="" type="checkbox"/> Other                      |

Specifically: Expired Entitlement (AIRS ID) # 0250813

In view of the above, and pursuant to the authority granted to me by Sections 24-7 and 24-25, Miami-Dade County Environmental Protection Ordinance, I hereby order you to:

- Upon receipt of this NOTICE, **immediately** initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within \_\_\_ days of receipt of this NOTICE, contact the DERM Air Quality Management Division at (305) 372-6925 to discuss corrective measures. When contacted, you may be required to submit in writing the steps which you have taken to ensure that no further violation(s) will occur. Said report may include evidence of equipment repairs, adjustments or servicing performed to correct the violation(s).
- Within \_\_\_ days of receipt of this NOTICE, submit a completed application for an air construction/operating permit to the DERM Air Quality Management Division located at the above letterhead address.
- Within 10 days of receipt of this NOTICE, submit the required documents/records/reports to the DERM Air Quality Management Division.

**Be advised that applying for a DERM Air Permit does not necessarily guarantee the issuance of such Permit, and you may not be allowed to continue operation at this location.**

Failure to comply with the above may result in either the issuance of a Uniform Civil Violation Notice (UCVN), pursuant to Chapter 8-CC of Miami-Dade County, requiring corrective action(s) and payment of a civil penalty or the initiation of formal enforcement action by this Department, subjecting you to the enforcement and penalty provisions of Sections 24-29 and 24-30 of the Code of Miami-Dade County.

For further information regarding the above, please contact the Air Quality Management Division at 305-372-6925.

PLEASE GOVERN YOURSELF ACCORDINGLY

Received by [Signature] Recipient's Signature  
 Print JOSE OCON Recipient's Name  
 Title President 9/25/12  
 Posted: Y \_\_\_ N \_\_\_ Photographed: Y \_\_\_ N \_\_\_

Carlos Espinosa, P.E., Director  
 ENVIRONMENTAL RESOURCES MANAGEMENT  
 Issued/Posted by: Maruful Malik DERM Staff Signature  
 Print MARUFUL MALIK DERM Staff Name

Section/Phone Air Facilities/ 305-372-6925  
 Date: 9/21/2012  
*Delivering Excellence Every Day*

RECEIVED DIVISION OF AIR RESOURCE MANAGEMENT

RECEIVED OCT 18 2012

# PERCHLOROETHYLENE DRY CLEANERS

## Air General Permit Example Registration Worksheet

The Department of Environmental Protection (“Department” or “DEP”) has established an “air general permit” at Florida Administrative Code (“F.A.C.”) Rule 62-210.310(5)(f) for perchloroethylene dry cleaning facilities. An air general permit is an authorization by rule to construct or operate a specific type of air pollutant emitting facility. Use of such authorization by any individual facility does not require action by the Department. The terms and conditions of the air general permit are set forth in the rule, rather than in a separately issued air construction or air operation permit.

If you are the owner or operator of an eligible facility comprising a perchloroethylene dry cleaning facility, you may register to use the air general permit at Rule 62-210.310(5)(f), F.A.C., by following the general procedures given at subsections 62-210.310(2) and 62-210.310 (3), F.A.C. To register, use the Department’s electronic registration system (currently under development) or submit all the information specified in the above rules to either of the following addresses, along with the air general permit registration processing fee (\$100.00).

### Regular USPS Mail Delivery

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

or

### Overnight Delivery (FedEx, UPS, DHL, etc.)

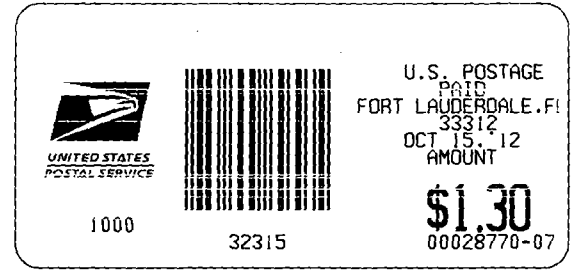
Department of Environmental Protection  
3800 Commonwealth Blvd.  
Mail Station 77  
Tallahassee, Florida 32399

If you properly register to use an air general permit, and are not denied use of the air general permit by the Department, you are authorized to construct and operate the facility in accordance with the general terms and conditions of Rule 62-210.310, F.A.C., and the specific terms and conditions of Rule 62-210.310(5)(f), F.A.C. Your facility may vary, so be sure your registration describes the operations at your facility in sufficient detail to demonstrate the facility’s eligibility for use of the air general permit and to provide a basis for tracking any future equipment or process changes. Your registration should describe all air pollutant-emitting processes and equipment at the facility, and it should identify any air pollution control measures or equipment used.

The rules do not require any specific format for the registration. This worksheet, however, has been designed to assist owners and operators. Using it as a template for a general permit registration will help ensure that all necessary information is submitted.

Additional information can be found on the Department’s air general permit program website ([http://www.floridadep.org/air/emission/air\\_gp.htm](http://www.floridadep.org/air/emission/air_gp.htm)) or by calling the Small Business Environmental Assistance Program Hotline at 1-800-SBAP-HLP (1-800-722-7457).

PROFESSIONAL CLEANERS and Taylor  
830 ALIBABA AVE  
OPALOCKA, FL 33054



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

