

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 30 2009

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

SEE ATTACHED DOS
DIV. OF CORPORATIONS
FOR CORRECT
COMPANY NAME

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Frederick, TOVIN Parisian Cleaners		
2. Site Name (For example, plant name or number):	Parisian Cleaners		
3. Hazardous Waste Generator Identification Number:	1W5-011127-2009/2010 (Reg)-DC50		
4. Facility Location: Street Address:	13170 Biscayne Blvd.		
City:	County:	Zip Code:	
N. Miami	DADE	33181-2013	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250862-004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Frederick K Tovin	Title:	Pres.
7. Responsible Official Mailing Address:			
Organization/Firm:	Parisian Cleaners		
Street Address:	13170 Biscayne Blvd		
City:	County:	Zip Code:	
N Miami	FI (DADE)	33181-2013	
8. Responsible Official Telephone Number:			
Telephone:	(305 842 0369	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

Facility Information

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

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

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
2000		SAME	
_____	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 9500589
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Frederick Tovin

Print name of responsible official

Frederick Tovin

Signature

12/18/09

Date

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 16, 2009
Secretary of State**

DOCUMENT# P05000002950

Entity Name: PARISIAN PRESTIGE CLEANERS, INC.

Current Principal Place of Business:

New Principal Place of Business:

13170 BISCAYNE BLVD
MIAMI, FL 33181

Current Mailing Address:

New Mailing Address:

13170 BISCAYNE BLVD
MIAMI, FL 33181

FEI Number: 20-2114833 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERESA ROMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOVIN, FREDERICK
Address: 13170 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: TOVIN, BEATRICE
Address: 13170 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

** NOT PART OF REGISTRATION FORM - PULLED FROM DOS WEBSITE TO GET CORRECT CORPORATE OWNER NAME,*

*F. D. Wille
01/08/10*

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK TOVIN

PRES

10/16/2009

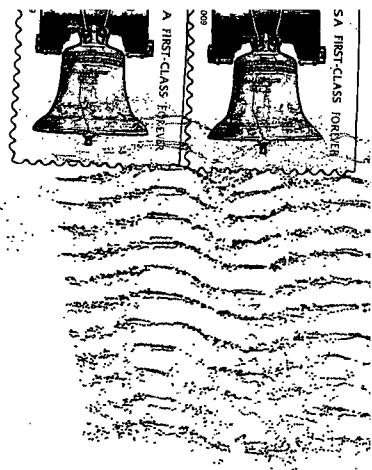
Electronic Signature of Signing Officer or Director

Date

Prestige Cleaners

13170 Biscayne Blvd

M. Miami Fl 33181



Department of Environmental Protection

2600 Blair Stone Rd.

Tallahassee Fl 32399-2400