

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: RODOLFO E. MARTÍNEZ / MANAGER

Facility Contact Telephone Numbers

Telephone: (305) 255-9182
Cell phone: (305) 608-7428
E-mail: _____

Fax: (305) 255-9599

Facility Contact Mailing Address

Organization/Firm: ROMI DRY CLEANERS
Street Address: 15803 SOUTH DIXIE HWY
City: PALMETTO BAY County: MIAMI DADE Zip Code: 33157

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

Name and Position Title

Print Name and Title: MIRTA MARTÍNEZ / SECRETARY

Other Contact/Representative Telephone Numbers

Telephone: (305) 255-9182
Cell phone: (305) 586-4622
E-mail: _____

Fax: (305) 255-9599

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 [ONE]**

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
1992	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC/CA	1992 SAME w/ MACHINE
	<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.

N/A

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

30 GALS

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*
SUSMAN	5 HP	ELECTRIC

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

Romi Corporation
15303 S. Dixie Hwy
Miami, FL 33157
(305) 255-9182

DEPARTMENT OF ENVIRONMENTAL PROTECTION
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FLORIDA 32315-3070

Print postage online - Go

PLEASE PRESS FIRMLY



U.S. POSTAGE
PAID
MIAMI, FL
33156
AUG 21, 12
AMOUNT

\$18.95
00021511-06

1007



Flat Rate Mailing Envelope

For Domestic and International Use

Visit us at usps.com



Addressee Copy
Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. <u>8</u> Day <u>27</u> Year <u>11</u>			<i>[Signature]</i>
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
CUSTOMER USE ONLY			
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Mailer Signature			

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage	
<u>33156</u>	<input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	\$ <u>18.95</u>	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee	
<u>08 21 12</u>	Month <u>08</u> Day <u>27</u>	\$ <u>—</u>	
Mo. Day Year	Scheduled Time of Delivery	COD Fee	Insurance Fee
	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$ <u>—</u>	\$ <u>—</u>
Time Accepted	Military	Total Postage & Fees	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		\$ <u>18.95</u>	
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code	Acceptance Emp. Initials	
<u>2-6</u> lbs. <u>—</u> ozs.			

FROM: (PLEASE PRINT) PHONE ()

*Bank of America
11703 North Dixie Hwy
Miami FL 33157*

TO: (PLEASE PRINT) PHONE ()

*Bank of America
11703 North Dixie Hwy
Miami FL 33157*

ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES.)

[] [] [] [] [] + [] [] [] []

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

[]

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811