

RECEIVED

SEP 13 2011

PERCHLOROETHYLENE DRY CLEANERS DIVISION OF AIR  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0112307 0112307-003

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.
- 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.)

CANBE CLEANERS INC. D/B/A CUSTOM CARE CLEANERS FRANK RUSSO OWNER

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.)

CUSTOM CARE CLEANERS

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

Street Address: 3350 W. BROWARD BLVD  
City: FORT LAUDERDALE County: BROWARD Zip Code: 33312

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

ALREADY SENT PYMT @ \$10000 ON 8-11-11  
CK# 1725

**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: FRANK RUSSO OWNER

Facility Contact Telephone Numbers

Telephone: 954-584-5270 Fax: \_\_\_\_\_

Cell phone: 954-651-4503

E-mail: CRYSTALBROKER@bellsouth.net

Facility Contact Mailing Address

Organization/Firm: Custom Care Cleaners

Mailing Address: 3350 W. BROWARD BLVD.

City: FORT LAUDERDALE

County: Broward

Zip Code: 33312 - 1115

MP

**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 Mailing Address

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

Mailing 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
1998	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	
	<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.

60 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*
	15	PNG

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

Called:

10:55 AM

Frank Russo  
Custom Car cleaners

8/23/11

NO ANSWER - NO  
954-584-5270

Answer  
machine  
setup  
TO LEAVE MESSAGE

Need TO Send Application

954-651-4503 (cell)

8/23/11

11:50

contacted employee who took message  
from Frank Russo.

Told her to have him  
call me and send in application

8/31/11

12:20 PM

Frank left me message

9/1/11

8:30 AM

Called back - I will send application to him  
Crystal Broken @ bellsouth.net

**\*\*IMPORTANT\*\***  
**AIR GENERAL PERMIT**  
**RULE CHANGE NOTICE**  
 Effective: June 29, 2011

**RECEIVED**

AUG 16 2011

BUREAU OF  
AIR REGULATION

After the effective date noted above, pursuant to Rule 62-4.050 and Rule 62-210.310, F.A.C., the following facility types eligible to construct or operate under an Air General Permit (AGP) will be required to submit a \$100 fee along with a registration or re-registration for a new or an existing facility every five years.

Note: Recent changes to the air general permit rules have rescinded the \$50 annual emissions fee that was previously required under this air general permit. This air general permit now requires a \$100 registration fee that is good for the life of the air general permit (up to 5 years).

New rule references replacing those in Rule 62-213.300, F.A.C. are noted below:

- **Perchloroethylene Dry Cleaners**-Rule 62-210.310 (5)(f), F.A.C.
- **Ethylene Oxide Sterilizers**-Rule 62-210.310 (5)(g), F.A.C.
- **Halogenated Solvent Degreasers**-Rule 62-210.310 (5)(h), F.A.C.
- **Chromium Electroplaters and Anodizers**-Rule 62-210.310 (5)(i), F.A.C.
- **Asbestos Manufacturers and Fabricators**-Rule 62-210.310 (5)(j), F.A.C.
- **Secondary Aluminum Sweat Furnaces**-Rule 62.210.310 (5)(k), F.A.C.

Please send your AGP Registration and the \$100 fee payable to FDEP:

FDEP Receipts  
 PO Box 3070  
 Tallahassee, Florida 32315-3070

For overnight delivery:  
 FDEP Receipts  
 3800 Commonwealth Blvd. MS 77  
 Tallahassee, Florida 32399

Questions regarding the new rule changes should be directed to:

**DEP's Air General Permit Section (850) 717-9000**

**Small Business Environmental Assistance Program 1-800-722-7457**

or found on DEP's website at: [http://www.dep.state.fl.us/Air/emission/air\\_gp.htm](http://www.dep.state.fl.us/Air/emission/air_gp.htm)

**Pacione, Michael**

---

**From:** Pacione, Michael  
**Sent:** Thursday, September 01, 2011 8:46 AM  
**To:** 'crystalbroker@bellsouth.net'  
**Cc:** Dibble, Dickson  
**Subject:** General Air Permit Registration Application - Custom Care Cleaners  
**Attachments:** PERCHLOROETHYLENE\_DRY%20CLEANERS\_EXAMPLE\_WORKSHEET[1].docx

Mr. Russo,

Here is the link to the Air General Permit page for Perchloroethylene dry cleaners. I have attached the "Perchloroethylene Dry Cleaner Air General Permit Example Worksheet" in Microsoft Word, but you can also open the worksheet from the third paragraph of our General Air Permit page.

<http://www.dep.state.fl.us/air/emission/drycleaners.htm>

Please send directly to me:

**Attention Michael Pacione  
FDEP-DARM  
2600 Blair Stone Rd  
MS #5505  
Tallahassee, FL. 32399-2400**

Thank you and feel free to contact me if you have any questions

Michael P. Pacione

Environmental Specialist II

FDEP-Office of Permitting and Compliance

Minerals and Metals

Phone 850-717-9032

Fax 850-717-9001

Custom Care Cleaners  
3350 W. Broward Blvd.  
Ft. Lauderdale, FL 33312

FT. LAUDERDALE  
FL 333  
11 AUG 2011 PM 2 1



FDED RECEIPTS  
P.O. BOX 3070  
TALLAHASSEE, FL.  
32399

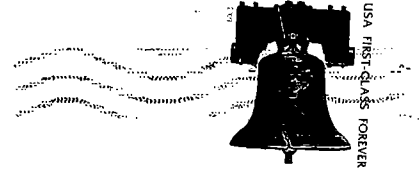
32313+3070





Custom Care Cleaners  
3350 W. Broward Blvd.  
Ft. Lauderdale, FL 33312

FL 333  
09 SEP 2011 PM 3 T



RECEIVED

SEP 13 2011

DIVISION OF AIR  
RESOURCE MANAGEMENT

FDEP RECEIPTS  
P.O. Box 3070  
TALLAHASSEE, FL.  
32315 - 3070

5500

no check

32315+3070

