

Received in Fla  
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AUG 10 2011

PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

BUREAU OF  
AIR REGULATION

Facility Identification Number - If known (seven digit number)

ID # 0112674 0112674-002

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.)

My Brothers Cleaners / JOSEPH MAALOUF

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.)

Plant One Pace Cleaners (M)

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

Street Address: 6815 Stirling Rd.

City: Davie

County: Broward

Zip Code: 33314

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

N/A

FLORIDA DEPARTMENT OF  
NATURAL RESOURCES  
2011 AUG - 1 PM 1:54  
FILING UNIT

100  
M

**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: \_\_\_\_\_ **JOSEPH MAALOUF**

Facility Contact Telephone Numbers

Telephone: \_\_\_\_\_ **(954) 797-0727** Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ **Josscat@live.com**

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_ **My Brothers Cleaners**

Mailing Address: \_\_\_\_\_ **6815 Stirling Rd.**

City: \_\_\_\_\_ **Davie, FL** County: \_\_\_\_\_ **Broward** Zip Code: \_\_\_\_\_ **33314-7100**

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

Name and Position Title

Print Name and Title: \_\_\_\_\_ **Johnny Maalouf**

Other Contact/Representative Telephone Numbers

Telephone: \_\_\_\_\_ **(954) 797-0727** Fax: \_\_\_\_\_

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

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

Other Contact/Representative Mailing Address

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

Mailing Address: \_\_\_\_\_ **Same**

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FLORIDA DEPARTMENT OF  
REVENUE  
2011 AUG -1 PM 1:54  
FINANCIAL ACCOUNTING

**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
2/11	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	J Amc.
2/11	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	J Amc
	<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.

*less than 150 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*
Columbia	20	Propane (1000)

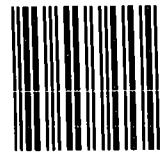
\*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

FLORIDA DEPARTMENT OF  
 ENVIRONMENTAL PROTECTION  
 011 AUG - 1  
 1:54  
 PERCHLOROETHYLENE CLEANING

My Brothers Cleaners  
6815 Stirling Rd.  
Davie, FL 33314



7010 2780 0001 0565 4510



1000

32399

U.S. POSTAGE  
PAID  
FT. LAUDERDALE, FL  
33325  
JUL 29, 11\*  
AMOUNT

\$5.59  
00031009411

Department of Environmental Protection  
: Receipts  
3800 Commonwealth Blvd.  
Mail Station 77  
Tallahassee, FL 32399

3230333123



Heather received Form

My Brother's Cleaners - DBA  
One Price  
Cleaners

6815 - Street  
33314 - Zip

Catherine.MAA/out@live.com

Catherine MAA/out

~~XXXXXXXXXX~~

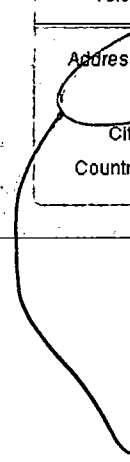
7/28/11

5:00pm

She will download  
Application worksheet and  
send in with check

Enase home Address

Air Resource Management System - Facility Related Party		ARMINV16	
AREA	AIRS ID 0112674	STATUS A	OFFICE SEBR
SITE NAME	ONE PRICE CLEANERS	COUNTY	SE: BROWARD
OWNER/COMP	MY BROTHERS CLEANERS INC		BROWARD
Role *	PRIMARY RESPONSIBLE OFFICIAL (TIT)	Begin Dt *	06/16/2006
		End Dt	
Party#	241152	SSN#	
		FEID#	
Name	JOSEPH	MAALOUF	
	(first)	(middle)	(last)
Company	MY BROTHERS CLEANERS	Title	VICE PRESIDENT
		Noncompliant	<input type="checkbox"/>
Voice	954-476-0481	Ext	
		Fax	954-476-0481
		Mobile	
		Email	
Address	1190 SW 108TH TERRACE	Address Type	BUSINESS
		Mailing Address	<input checked="" type="checkbox"/>
City	DAVIE	State	FL
Country	U.S.A.	Zip	33324


 Erase This Address

Air Resource Management System - Facility													
AREA	Office *	SEBR	SE: BROWARD	County *	BROWARD	AIRS ID	ARMINV01			0112674			
Owner/Comp *	MY BROTHERS CLEANERS INC					Site	ONE PRICE CLEANERS						
Directions													
Street	6815 Stirling Rd							Validate Address					
City *	DAVIE			Zip	33314	2100							
UTM Zone	17	East	576.28	North	2881.06	Latitude	26	02	47.4756	Longitude	80	14	14.9818
Status *	A	ACTIVE	Maj Group SIC *	72	PERSONAL SERVICES								
Reloc	N	Shtdwn Dt	Strt Dt		Final Shtdwn Dt								
Gov Fac *	0	NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE				HAZ Waste Generator ID: FLD							
AOR Req *	N	Ozone SIP Facility *	N	Type	10	PCE Drycleaning Facilities							
Compliance Tracking						Current Permit Indicator		AG					
Title V	TITLE V	non-HAP Class	MINOR	HAP Class	MINOR	Public Exempt							
# of Emis Units	C	A	I	Generator Rating			MW						
Comment	04/05/07-Updated Co. name to reflect 06/09/06 registration form.												

↓

*[Handwritten signature]*

*[Handwritten signature]*

