

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

RECEIVED

Facility Identification Number - If known (seven digit number)

SEP 08 2011

<p>1605107 9500182</p>	<p>BUREAU OF AIR REGULATION</p>
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Registration Type

0250712-004

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.)

— **KLEEN BLUE**

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.)

— **N/A**

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

Street Address: **2779 BIRD AVE**

City: **MIAMI**

County: **FL**

Zip Code: **33133**

- 4602
mp

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

— **N/A**

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: CARMEN VEIGA, MANAGER

Facility Contact Telephone Numbers

Telephone: 305 444 7444

Fax: —

Cell phone: —

E-mail: —

Facility Contact Mailing Address

Organization/Firm: KLEEN BWE

Mailing Address: 2779 BIRD AVE.

City: MIAMI

County: FL

Zip Code: 33133

4602
MP

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

Name and Position Title N/A
Print Name and Title: —

Facility Information

1.(a) DRY-TO-DRY MACHINES

How many dry-to-dry machines do you have on-site? 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
2004	<input checked="" type="radio"/> New <input type="radio"/> Existing	RC <input checked="" type="checkbox"/> CA	2004
	<input type="radio"/> New <input type="radio"/> Existing		
	<input type="radio"/> New <input type="radio"/> Existing		
	<input type="radio"/> New <input type="radio"/> Existing		
	<input type="radio"/> New <input type="radio"/> 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="radio"/> New <input type="radio"/> Existing	YES NO		YES NO
	<input type="radio"/> New <input type="radio"/> Existing	YES NO		YES NO
	<input type="radio"/> New <input type="radio"/> Existing	YES NO		YES NO
	<input type="radio"/> New <input type="radio"/> Existing	YES NO		YES NO
	<input type="radio"/> New <input type="radio"/> Existing	YES NO		YES 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.

172 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

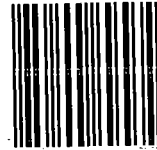
1 No

BOILER	HORSEPOWER	FUEL TYPE*
1 - FULTON	20	NATURAL GAS

Kleen Blue
2779 Bird Ave.
Mia. FL 33133



7011 1150 0002 2172 7669



1000

32315

U.S. POSTAGE
PAID
MIAMI, FL
33145
SEP 03, 11
AMOUNT

\$5.59
00085048-40

Dept of Environmental Protection,
Receipts

P.O. Box 3070

Tallahassee, FL 32315-3070

**RETURN RECEIPT
REQUESTED**

323153070

