

Received in P/A
4/11/12

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

RECEIVED

Facility Identification Number - If known (seven digit number)

APR 13 2012

0251049-002

DIVISION OF AIR
RESOURCE MANAGEMENT

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.

0251049-003

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.)

QABA ENTERPRISE INC.

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.)

MIAMI DRY CLEANERS

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

Street Address: 8410-W-FLAGLER ST. #101

City: MIAMI

County: DADE

Zip Code: 33144-2092

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

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FINANCE & ACCOUNTING
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MP

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: MUHAMMAD S. QUADRI V. PRESIDENT

Facility Contact Telephone Numbers

Telephone: 305-221-0585 Fax: _____

Cell phone: 305-298-2746-C.

E-mail: SHARIEF101@LIVE.COM

Facility Contact Mailing Address

Organization/Firm: QABA ENT. INC.

Mailing Address: 8410 - W - FLAGLER ST. #101

City: MIAMI County: DADE Zip Code: 33144-2092

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

Name and Position Title

Print Name and Title: MUHAMMAD S. QUADRI
V. PRESIDENT

Correspondence Contact/Representative Telephone Numbers

Telephone: 305-221-0585 Fax: _____

Cell phone: _____
305-298-2746

E-mail: _____

Correspondence Contact/Representative Mailing Address

Organization/Firm: QABA ENT. INC.

Mailing Address: 8410 - W - FLAGLER ST. #101

City: MIAMI County: DADE Zip Code: 33144-2092

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

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FINANCE & ACCOUNTING REVENUE

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
2002	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	8/2002
	<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.

120 GAL.

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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*
FULTAN	15	PROPANE

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



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4

Science and Ecosystem Support Division
Enforcement and Investigations Branch
980 College Station Road
Athens, Georgia 30605-2720

Tammy _____
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APR 13 2012

DIVISION OF AIR
RESOURCE MANAGEMENT

STO
4/13
April 10, 2012

Ms. Sandra Veazy
Bureau of Air Monitoring
Florida Department of Environmental Protection
2600 Blairstone Road
Tallahassee, FL. 32399-2400

SESD Project Number: 12- 0284

Ms. Veazy:

We have reviewed the Sarasota Co.- Air Quality-Standard Operating Procedure (SOP) submitted via email. This SOP is:

Corrective Actions - SCAP 59-02, Rev. 1, dated April 2011.

EPA approval for this SOP is granted. We will add this SOP to our copy of your Quality Assurance documentation on file. If you have any questions or comments, please contact Jose Rios at (706) 355-8843, rios.jose@epa.gov or me at (706) 355- 8776, ackerman.laura@epa.gov.

Sincerely,

A handwritten signature in cursive script that reads "Laura Ackerman".

Laura Ackerman, Chief
Superfund and Air Section

Enclosures

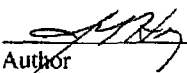
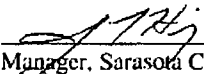
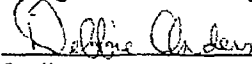

cc : Mr. Todd Rinck, US EPA R4
John Hickey, Sarasota County, Air Quality Section

Standard Operating Procedure

Corrective Action

Sarasota County Air Quality
Community Services Business Center
Sarasota, Florida

APPROVED:

 _____ Author	<u>4/3/12</u> _____ Date
 _____ Manager, Sarasota County Air & Water Quality	<u>4/3/12</u> _____ Date
 _____ Quality Assurance Officer	<u>4/3/12</u> _____ Date
 _____ EPA Region 4 Approval Officer	<u>04/10/12</u> _____ Date