PERCHLOROETHYLENE DRY CLEANERS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number (If known)
- 9811902 0251057-003
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., or 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): **RECEVED**
General Facility Information AUG 27 2012
Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns leases AIR operates, controls, or supervises the facility.) RESOURCE MANAGEMENT RESOURCE MANAGEMENT
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.) Romi DRY CLEANERS
Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 15 303 South DIXIE HWY City: PALMETTO BRY County: Miami' Once Zip Code: 33157
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

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 F. MARTINEZ / MANAGER
Facility Contact Telephone Numbers Telephone: (305) 255-9182 Cell phone: (305) (608-7428) E-mail:
Facility Contact Mailing Address Organization/Firm: Romi Dry cheamers Street Address: 15303 South Dixie Howy City: PALMETTO BAG County: MIAMI DAVE Zip Code: 33157
Other Contact/Representative (to serve as additional Department contact)
Name and Position Title Print Name and Title: MIRTA MARTINEZ / SECRETARY
Other Contact/Representative Telephone Numbers Telephone: (305) 255-9182 Fax: (305) 255-9599 Cell phone: (305) 586-4622 E-mail:
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?

For each dry-to-dry machine on-site, please provide the following information:				
TE MACHINE STALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED	
1992	New Existing	RC /CA	1992 CAME W/MACHILL	

[ONE]

l	DATE MACHINE	UNIT CLASS	CONTROL DEVICE	DATE CONTROL DEVICE
Į	INSTALLED	(Check one)	(see key)	INSTALLED
	1992	➤ New ☐ Existing	RC/CA	1992 CAME W/MACHINE
I		New Existing		
		☐ New ☐ Existing		
I		☐ New ☐ Existing		
I		☐ New ☐ Existing		
	Control Device Key	y: RC = Refrigerated Conden	ser CA = Carbon Ads	sorber NR =None Required
	1. (b) Is the facility	a co-residential Dry Cleaning	facility?	
		gn	No	

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE	UNIT CLASS	PERC DRY	CONTROL DEVICE	VAPOR BARRIER
INSTALLED	(Check one)	CLEANING	(see key)	ENCLOSURE
		MACHINE		
	New Existing	☐ YES ☐ NO		YES NO
	New Existing	YES NO		YES NO
	New Existing	YES NO		YES NO
	☐ New ☐ Existing	YES NO		☐ YES ☐ NO
	New Existing	YES NO		YES NO

Control Device Key: RC = Refrigerated Condenser

CA = Carbon Adsorber

NR =None Required

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.			
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

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