

Received in F/A
8/23/11

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET
AUG 23 2011
BUREAU OF AIR REGULATION

Facility Identification Number (If known)

0251292-002

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., 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):

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.)

Gables Excellence Services Corporation

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.)

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

Street Address: 2325 Coral Way

City: Miami

County: Dade

Zip Code: 33145

(CORAL GABLES)

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

2011 AUG 23 AM 9:23
BUREAU OF AIR REGULATION
FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

3510
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: Claudio Turchetti / owner

Facility Contact Telephone Numbers

Telephone: 305-285-8977

Fax: _____

Cell phone: 786-895-6917

E-mail: claudio@turchetti.net

Facility Contact Mailing Address

Organization/Firm: Gables Excellence Services Corporation

Street Address: 2325 Coral Way

City: Miami

County: Dade

Zip Code: 33145 - 3510

(Coral Gables / mi)

(mi)

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 Representative Mailing Address

Organization/Firm: _____

Street Address: _____

City: _____

County: _____

Zip Code: _____

FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
2011 AUG 23 AM 9:23
FINDS REVENUE UNITING

AUG 23 2011

BUREAU OF AIR REGULATION

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:

He doesn't know
MP

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
N/A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	same
	<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.

154 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 *MP*

BOILER	HORSEPOWER	FUEL TYPE*
1	15 HP	Natural Gas

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

Called

Claudio Tunchetti

305-285-8977

8/23/11

11:00 Am

Needs TO send check
left message w/ employees

- called cell @ 786-899-6917

Left message

Please send check

I will call when check
Received

Called

786-899-6917

sent check via Fedex

8/25/11

1:35 pm

Claudio Asked about certificate
to buy pens, I returned
him to Jennifer Farrell with
The waste management Division.

Air Resource Management System - Facility														
AREA		Office *	SEDA	SE: DADE	County *	MIAMI-DADE	AIRS ID	ARMINV01						
Owner/Comp *		MRW PREMIUM SERVICES INC					Site				MRW PREMIUM SERVICES			
Directions		2325 SW 22ND ST												
Street		2325 CORAL WAY												
City *		CORAL GABLES					Zip	33145	3510	Validate Address				
UTM Zone		17	East	576.90	North	2848.29	Latitude	25	45	02.2320	Longitude	80	13	59.4588
Status *		A	ACTIVE			Maj Group SIC *		72	PERSONAL SERVICES					
Reloc		N	Shtdwn Dt		Strt Dt		Final Shtdwn Dt							
GovFac *		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		N
# of Emis Units		C		A		I		Generator Rating				MW		
Comment														
10/27/08-INITIAL TV PERC DC AGP Registration.														

From: Cables Excellence Services
2325 Coral Way
Miami, FL 33125

RECEIVED

AUG 26 2011

DIVISION OF AIR
RESOURCE MANAGEMENT

#1

TO: Florida Department of Environmental Protection
Attn. Michael Pacione, FDEP-DART
2600 Blair Stone Road
Ms 5505
Tallahassee, FL 32399-2400

FedEx *NEW Package*
Express *US Airbill*

FedEx
Tracking
Number

8762 7040 8320

0200 Form
ID No.

FedEx Retrieval Copy

From _____
Date 8/22/2011 Sender's FedEx Account Number _____

Sender's Name Clawson Turckwith Phone 706 8916117

Company Valles Excellence Services Corporation

Address 2325 Court Way Dept./Floor/Suite/Room _____

City Marietta State GA ZIP 30145

Your Internal Billing Reference _____

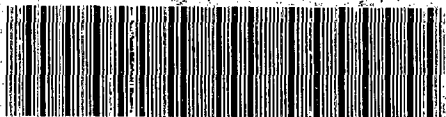
To Recipient's Name _____ Phone _____

Company Department of Environmental Protection

Address 3800 Commonwealth Blvd HOLD Weekday
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room _____
FedEx First Overnight.

Address Mail Station 77 HOLD Saturday
Use this line for the HOLD location address or for continuation of your shipping address. FedEx Priority Overnight and FedEx 2Day to select locations.

City Tallahassee State FL ZIP 32309



8762 7040 8320

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully.

- Next Business Day**
- 06** FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 01** FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 05** FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

- 2 or 3 Business Days**
- 49** NEW FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.
- 03** FedEx 2Day
Second business morning.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 20** FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

- 06** FedEx Envelope* **02** FedEx Pak* **03** FedEx Box **04** FedEx Tube **01** Other

6 Special Handling and Delivery Signature Options

03 SATURDAY DELIVERY

- No Signature Required**
Package may be left without obtaining a signature for delivery.
- 10** Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.
- 34** Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery for residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

- No** **04** Yes
As per attached Shipper's Declaration.
- Yes** Shipper's Declaration not required.
- 06** Dry Ice
Dry Ice, 9 UN 1845 _____ kg
- Cargo - Aircraft Only
- Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:

- Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. ACCT. No.
- 1** Sender Acct. No. in Section 1 will be billed. **2** Recipient **3** Third Party **4** Credit Card **5** Cash/Check

Total Packages _____ Total Weight _____ lbs. Credit Card Auth. _____

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

612

fedex.com 1800.GoFedEx 1800.463.3339

fedex.com 1800.GoFedEx 1800.463.3339

FedEx US Airbill
Express

FedEx
Tracking
Number

8736 4020 7122

0200 Form
ID No.

FedEx Retrieval Copy

1. From Date 8/25/11 Sender's FedEx Account Number

Sender's Name Claudio Turcetti Phone 786 8916517

Company Cables Excellence Services Corporation

Address 2325 Coral Way Dept./Floor/Suite/Room

City Miami State FL ZIP 33145

2. Your Internal Billing Reference

3. To Recipient's Name Michael Pacione Phone

Company Florida Department of Environmental Protection

Address 2600 Blair Stone Road 01
We cannot deliver to P.O. boxes or P.D. ZIP codes. Dept./Floor/Suite/Room

Address MS 5505 31
Use this line for the HOLD location address or for continuation of your shipping address.

City TALAHASSEE State FL ZIP 32355-2A00



8736 4020 7122

4a Express Package Service
 01 FedEx Priority Overnight Next business morning, Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 05 FedEx Standard Overnight Next business afternoon Saturday Delivery NOT available.
 06 FedEx First Overnight Earliest next business morning delivery to select locations.

03 FedEx 2Day Second business day, Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 20 FedEx Express Saver Third business day Saturday Delivery NOT available.

4b Express Freight Service
 70 FedEx 1Day Freight Next business day, Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 80 FedEx 2Day Freight Second business day, Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 83 FedEx 3Day Freight Third business day, Saturday Delivery NOT available.

5 Packaging
 06 FedEx Envelope
 02 FedEx Pak Includes FedEx Small Pak and FedEx Large Pak.
 03 FedEx Box
 04 FedEx Tube
 01 Other

6 Special Handling and Delivery Signature Options
 03 SATURDAY DELIVERY

No Signature Required Package may be left without obtaining a signature for delivery.
 10 Direct Signature Someone at recipient's address may sign for delivery. Fee applies.
 34 Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
One box must be checked.
 No 04 Yes AS per attached Shipper's Declaration.
 Yes Shipper's Declaration not required. 06 Dry Ice Dry Ice, 9, UN 1845 kg
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.
 Cargo Aircraft Only

7 Payment Bill to:
Enter FedEx Acct. No. or Credit Card No. below.
1 Sender Acct. No. in Section 1 will be billed. 2 Recipient 3 Third-Party 4X Credit Card 5 Cash/Check

Total Packages Total Weight Credit Card Auth.

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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fedex.com 1.800.GoFedEx 1.800.463.3339