

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

APR 27 2012

Facility Identification Number (If known)

DIVISION OF AIR  
RESOURCE MANAGEMENT

\_\_\_\_\_

025 1355-001

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.

MP

~~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):

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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.)

Los Pinos Tintoreria / Janet Garcia / Adina Adrian Corp.

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.)

Los Pinos Tintoreria

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

Street Address: 4222 W 14th Ave  
City: Hialeah

County: DADE FL

Zip Code: 33012-7629

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: Adina Garcia Lang.

Facility Contact Telephone Numbers

Telephone: 305-557-4505 Fax:     

Cell phone: 786-277-3693

E-mail: Lospinosdrycleaner@att.net

Facility Contact Mailing Address

Organization/Firm: Adina Garcia Corp.

Street Address: 4222 W/4 Ave

City: MIAMI

County: DADE FL

Zip Code: 33012

7629  
MI

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

Name and Position Title

Print Name and Title: Janet Garcia / Owner

Other Contact/Representative Telephone Numbers

Telephone: 305-557-4505 Fax:     

Cell phone:     

E-mail: Lospinosdrycleaner@att.net

Other Contact/Representative Mailing Address

Organization/Firm:     

Street Address:      W/A

City:     

County:     

Zip Code:

**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
1997	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC / CA	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.

~~20 to 25 gallons~~

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

20 to 25 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*
Fulton	15 hp.	NATURAL GAS

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

**Pacione, Michael**

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**From:** Pacione, Michael  
**Sent:** Friday, May 04, 2012 9:40 AM  
**To:** 'lospinosdrycleaner@att.net'  
**Subject:** Air General Permit Registration

Hello,  
We have received your registration for your Air general permit renewal. I cannot find your facility in our system and was wondering if this is actually the first time you have registered with the Air Quality Division. If so, that is fine and I will create a new record for your facility. I was just a bit confused because you indicated on page 2 of the form that this is a re-registration after expiration of current term of air general permit use.  
Please get back to me as soon as possible. Thank you

Michael P. Pacione  
Environmental Specialist II  
FDEP-Office of Permitting and Compliance  
Minerals and Metals  
Phone 850-717-9032  
Fax 850-717-9001

786-277-3693  
Adin called me in  
response → confirmed  
"New Facility"  
MP

5/4/12  
@  
9:40 AM

Los Pinos Tutoreria  
Actu & Admin Corp.  
4222 W 16 Ave  
Hialeah FL 33012

MIAMI FL 331  
20 APR 2002 PM 6 L



Department of Environmental Protection  
Receipts  
Post Office Box 3070  
Tallahassee FL 32315-3070

32315307070

