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PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET  
DIVISION OF AIR  
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0570367 0570367-004

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.

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.)

AGemy Family Corporation d/b/a Quality Plus Cleaners

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.)

Main Plant

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

Street Address: 9945 Pace Track Rd

City: Tampa

County: Hillsborough

Zip Code: 33626

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

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**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: Hassan Agency President

Facility Contact Telephone Numbers

Telephone: 813-925-8414

Fax: 813-925-8414

Cell phone: 727-781-7777

E-mail: Quality Plus Cleaners@yahoo.com

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_

Mailing Address: 9945 Racetrack Road

City: Tampa

County: Hillsborough Zip Code: 33626

4458  
MP

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

Name and Position Title

Print Name and Title: Denise Peaves

Other Contact/Representative Telephone Numbers

Telephone: 727-510-2122

Fax: 813-925-8414

Cell phone: \_\_\_\_\_

E-mail: Quality Plus Cleaners@yahoo.com

Other Contact/Representative Mailing Address

Organization/Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**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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**Facility Information**

1.(a) **DRY-TO-DRY MACHINES**

How many dry-to-dry machines do you have on-site?

[ 4 ]

*(Handwritten signature/initials)*

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
June 1995	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC CA	6/1995
June 2000	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC CA	6/2000
SEPT 2005	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC CA	8/2005
NOV 2005	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC CA	10/2005
	<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 checked="" 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.

220 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

*(Handwritten signature/initials)*

BOILER	HORSEPOWER	FUEL TYPE*
Fulton VMP	100	Natural Gas

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