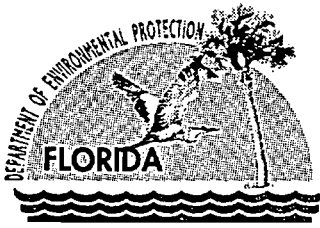


Fees Paid
SOC 4
Compliance WMC



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

August 14, 2001

Mr. Satish C. Chauhan
Dry Clean USA
7220 South Gate Boulevard
North Lauderdale, Florida 33068

Re: Facility No.: 0112243-002

Dear Mr. Chauhan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 9, 2001.

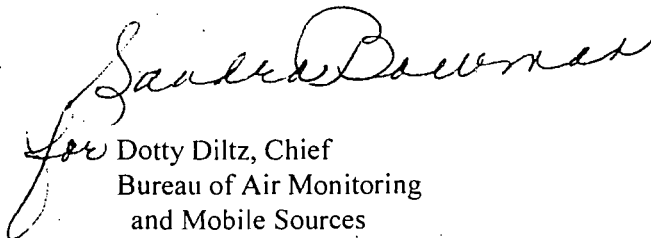
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

0112243-002

P15

1(a) None Required should be circled under Control Device Required. Date Control Device Installed should be blank for Existing small sources.

P17

Responsible Official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

02 Mar 01
MNC

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL - 9 2001

RECEIVED

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

| | | | |
|--|--------------------|-----------|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | SAI-S-INC | | |
| 2. Site Name (For example, plant name or number): | DRY CLEAN USA | | |
| 3. Hazardous Waste Generator Identification Number: | FLD 101967750 | | |
| 4. Facility Location: Street Address: | 7220 SOUTHGATE BLD | | |
| City: | County: | Zip Code: | |
| NORTH LAUDERDALE | BROWARD | 33068 | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0112243-002 | | |

Responsible Official

| | | | |
|--|--------------------|-----------|----------------|
| 6. Name and Title of Responsible Official: | | | |
| Name: | SATISH C. CHAUHAN | | Title: Pres |
| 7. Responsible Official Mailing Address: | | | |
| Organization/Firm: | 7220 SOUTHGATE BLD | | |
| Street Address: | | | |
| City: | County: | Zip Code: | |
| NORTH LAUDERDALE | BROWARD | 33068 | |
| 8. Responsible Official Telephone Number: | | | |
| Telephone: | (954) 721-8130 | Fax: | (954) 721-8130 |

Facility Contact (If different from Responsible Official)

| | | | |
|---|-----------------|-----------|-----------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | | | |
| 10. Facility Contact Address: | | | |
| Street Address: | | | |
| City: | County: | Zip Code: | |
| | | | |
| 11. Facility Contact Telephone Number: | | | |
| Telephone: | () - () - () | Fax: | () - () - () |

Bureau of Air Monitoring
& Mobile Sources

JUL - 9 2001

RECEIVED

Facility Information

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

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

For each dry-to-dry machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|-------------------------|---------------------------------------|---|
| 08 DEC-91 | Existing/New | RC/CA/None required | _____ |
| 08 DEC-91 | Existing/New | RC/CA/None required | SAME |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source

- Carbon adsorber
- Refrigerated condenser

New machines at large area source

- Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

NATISHI Q. HAUNAN

Print name of responsible official

[Handwritten Signature]

Signature

Date

7/3/01

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

| | |
|--|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | SATIS - INC |
| 2. Site Name (For example, plant name or number): | DRY CLEAN USA |
| 3. Hazardous Waste Generator Identification Number: | FLD 101967750 |
| 4. Facility Location: Street Address: City: | 7220 SOUTHGATE BLD NORTH LAUDERDALE |
| County: | BROWARD |
| Zip Code: | 33068 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0112243-002 |

Responsible Official

| | | | |
|--|--|---------|----------------|
| 6. Name and Title of Responsible Official: Name: | SATISH C. CHAUHAN | Title: | Pres |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: | 7220 SOUTHGATE BLD NORTH LAUDERDALE | County: | BROWARD |
| Zip Code: | 33068 | | |
| 8. Responsible Official Telephone Number: Telephone: | (954) 721-8130 | Fax: | (954) 721-8130 |

Facility Contact (If different from Responsible Official)

| | | | | | |
|---|-----|---------|-----|-----------|--|
| 9. Name and Title of Facility Contact (For example, plant manager): | | | | | |
| 10. Facility Contact Address: Street Address: City: | | County: | | Zip Code: | |
| 11. Facility Contact Telephone Number: Telephone: | () | Fax: | () | | |

Bureau of Air Monitoring
& Mobile Sources

JUL - 9 2001

RECEIVED

JUL - 9 2001

RECEIVED

Bureau of Air Monitoring
& Mobile Sources

Bureau of Air Monitoring
& Mobile Sources

JUL 21 2001

Facility Information

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

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

For each dry-to-dry machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|-------------------------|---------------------------------------|---|
| 08 DEC-91 | Existing/New | RC/CA/None required | _____ |
| 08 DEC-91 | Existing/New | RC/CA/None required | SAME |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
Indicate with an "X". Select one classification only.)

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)

Transfer only on-site (used less than 200 gallons of perc per year)

Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)

Transfer only on-site (used 200 - 1,800 gallons of perc per year)

Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR

No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

What type of fuel do you use?

propane

natural gas

No. 2 fuel oil

No. 4 fuel oil

No. 6 fuel oil

Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases/solvent addition log

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:



I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____



No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

J. PATISH
J. CHAUHAN

Print name of responsible official

Signature

Date

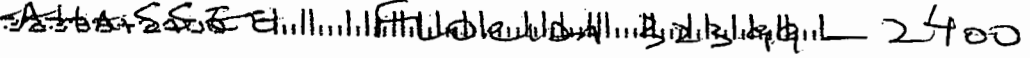
7/3/01

7/20/01

Dry Clean USA
7220 Southgate Blvd.
North Lauderdale
FL 33068



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES
MS 5510
DEPT OF ENV PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32309



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458727 FEB 8 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112243 1st
DRY CLEAN USA
7220 Southgate Blvd
NORTH LAUDERDALE, FL
33068

Bureau of Air
& Mail
FEB 09 2006


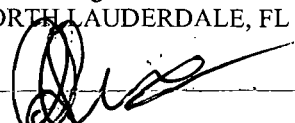
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--|------------------|
| OFFICIAL USE | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| AIRS ID# 112243 1stC DRY CLEAN USA 7220 Southgate Blvd NORTH LAUDERDALE, FL 33068 | |
| See reverse for instructions | |

7001 1140 0001 7556 3470

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2/7/05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID# 112243 1stC DRY CLEAN USA 7220 Southgate Blvd NORTH LAUDERDALE, FL 33068</p>  </div> | <p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>7001 1140 0001 7556 3470</p> </div> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
& Mobile Sources
WASHINGTON

FEB 15 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

447437 FEB 24 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112243 10
DRY CLEAN USA
7220 Southgate Blvd
NORTH LAUDERDALE, FL 33068

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

RECEIVED
FEB 28 2005
Bureau of Air Monitoring
& Mobile Sources

Printed on recycled paper.

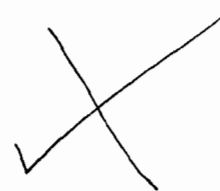


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434644 DEC22 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

| |
|---|
| 112243 SATISH CHAUHAN DRY CLEAN USA 7220 SOUTHGATE BLVD NORTH LAUDERHILL FL 33068 |
|---|

| |
|---|
| FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273 |
|---|



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

420568 DEC12 2002

Do **NOT** Remove Label

AIRS ID#0112243

DRY CLEAN USA
SATISH CHAUHAN
7220 SOUTHGATE BLVD
NORTH LAUDERHILL FL
33068

FOR GOVERNMENT USE ONLY
Org.: 37550101000
Fund: 20-2-035001
Obj.: 002273

MISSILE SOURCE
A.R. Monitoring

DEC 16 2002

RECEIVED

W. C. D. Strubben
2000 1st St. SW
Coast Springs
FL 32071



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412988 JAN14 2002 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

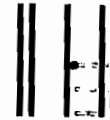
AIRS ID # 0112243

DRY CLEAN USA
SATISH CHAUHAN
7220 SOUTHGATE BLVD
NORTH LAUDERHILL FL
33068

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

S. C. & D. Chauhan
222 NW 122 Ter.
Coral Springs
FL 33071

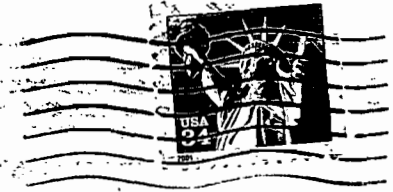


TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99



S. C. & D. Chauhan
222 NW 122 Ter.
Coral Springs
FL 33071



GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING & MOBILE SURVEILLANCE

MS 5510,

DEPT OF ENVIRONMENTAL PROTECTION,

2600 BLAIR STONE ROAD

TALLAHASSEE FL 32399-2400

32399+2400

