

FreePaid  
SOC 4  
Compliance IN



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. Dennis C. Anderson  
The Dry Cleaner  
6481 Falconsgate Avenue  
Davie, Florida 33331

Re: Facility No.: 0112259-002

Dear Mr. Anderson:

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

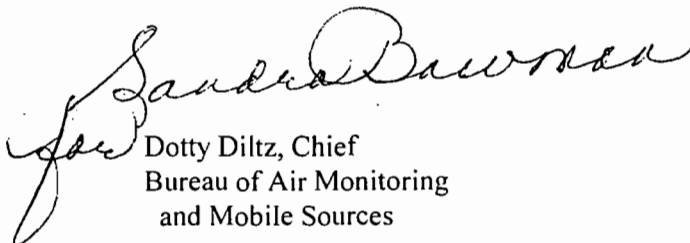
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
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.



Department of Planning and Environmental Protection

Air Quality Division
218 S.W. 1st Avenue
Fort Lauderdale, Florida 33301
(954)519-1220 Fax (954)519-1495

APPLICATION FOR TRANSFER OF LICENSE

Please enclose a \$30 transfer fee made payable to the Broward County Board of Commissioners.

LICENSE NO. DATE ISSUED DATE EXPIRES

COMPANY NAME The Dry Cleaner

SOURCE LOCATION 9610 Pines Blvd Pembroke Pines 33024

MAILING ADDRESS 2481 Falconsgate Ave Davie 33331

I am the undersigned owner or authorized representative of Anderson and Daughters, Inc The Dry Cleaner. I hereby notify the Broward County Department of Planning and Environmental Protection of the sale or legal transfer of the above air pollution source. I agree to assign the rights as licensee to the new owner or operator.

SIGNATURE [Signature] TELEPHONE 954-680-9991 DATE 6/3/2003

NAME AND TITLE (Please type) Dennis C Anderson President

REQUEST FOR TRANSFER OF LICENSE
(to be completed by new owner)

COMPANY NAME Laundro Express of Hollywood Inc.

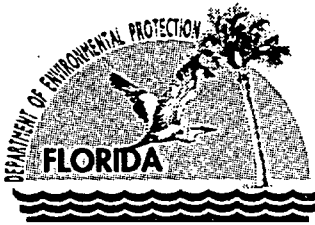
APPLICANT Faraidun Farshid

MAILING ADDRESS 9610 Pines Blvd Pembroke Pines FL 33024

I am the undersigned owner or authorized representative of Laundro Express of Hollywood Inc. I hereby notify the Broward County Department of Planning and Environmental Protection of acquiring title to this air pollution source. I agree to comply with the terms and conditions of the license and to assume the rights and liabilities contained therein. I agree to notify the Department of Planning and Environmental Protection of any future change in ownership of, or responsibility for the licensed air pollution source.

SIGNATURE [Signature] TELEPHONE 954-436-5973 DATE 6/17/03

NAME AND TITLE (Please Type) FAR Aidun FARSHID President



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 26, 2003

Mr. Faraidun Farshid  
3475 Northeast 163 Street  
North Miami Beach, Florida 33160

Dear Mr. Farshid:

I am returning your check in the amount of \$30 (#9369) and your Application For Transfer Of License which have been mailed to the Florida Department of Environmental Protection in error.

It appears from this information that you have assumed ownership of the former The Dry Cleaner. In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), the Title V Air General Permit is **not-transferable** and **does not** follow a change in ownership of the facility. The new owner of My Kinda Cleaner (formerly, The Dry Cleaner) is eligible to operate under the terms of a Title V air general permit provided a Perchloroethylene Dry Cleaner Air General Permit Notification Form is completed and submitted to the department.

For your convenience, I am enclosing a Perchloroethylene Dry Cleaner Air General Permit Notification Form. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/

Enclosures

"More Protection, Less Process"

Printed on recycled paper.



Department of Planning and Environmental Protection

Air Quality Division
218 S.W. 1st Avenue
Fort Lauderdale, Florida 33301
(954)519-1220 Fax (954)519-1495

APPLICATION FOR TRANSFER OF LICENSE

Please enclose a \$30 transfer fee made payable to the Broward County Board of Commissioners.

LICENSE NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

COMPANY NAME The Dry Cleaner

SOURCE LOCATION 9610 Pines Blvd Pembroke Pines 33024

MAILING ADDRESS 6481 Falconsgate Ave Davie 33331

I am the undersigned owner or authorized representative of Anderson and Daughters, Inc The Dry Cleaner. I hereby notify the Broward County Department of Planning and Environmental Protection of the sale or legal transfer of the above air pollution source. I agree to assign the rights as licensee to the new owner or operator.

SIGNATURE D Anderson TELEPHONE 954-680-9991 DATE 6/3/2003

NAME AND TITLE (Please type) Dennis C Anderson President

REQUEST FOR TRANSFER OF LICENSE
(to be completed by new owner)

COMPANY NAME Laundro Express of Hollywood Inc.

APPLICANT Faraidun Farshid

MAILING ADDRESS 9610 Pines Blvd Pembroke Pines FL 33024

I am the undersigned owner or authorized representative of Laundro Express of Hollywood Inc. I hereby notify the Broward County Department of Planning and Environmental Protection of acquiring title to this air pollution source. I agree to comply with the terms and conditions of the license and to assume the rights and liabilities contained therein. I agree to notify the Department of Planning and Environmental Protection of any future change in ownership of, or responsibility for the licensed air pollution source.

SIGNATURE Faraidun Farshid TELEPHONE 954-436-5973 DATE 6/17/03

NAME AND TITLE (Please Type) FAR Aidun Farshid President



**LAUNDRO EXPRESS OF HOLLYWOOD, INC.**  
 dba My Kinda Cleaners  
 3475 N.E. 163rd St.  
 NORTH MIAMI BEACH, FL 33160  
 305-944-4565

9369

63-7981/2631

6/17/2003

PAY TO THE ORDER OF Broward County Board of Commissioners \$ 30.00  
thirty and ~~no~~ 100 DOLLARS

Security features are included. Details on back.

PEFCU  
 PEMBROKE PINES, FL 33024

FOR license fee  
 [REDACTED]

[Signature] MP

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):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: County: Zip Code:
5. Facility Identification Number (DEP Use ONLY - do not fill in):

**Responsible Official**

6. Name and Title of Responsible Official: Name: Title:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

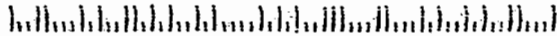
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

MY KIND "A" CLEANERS  
3475 N.E. 163rd ST.  
N. MIAMI BEACH, FL 33160  
(305) 944-4565



RECEIVED  
JUN 26 2003  
Bureau of Air Monitoring  
& Mobile Sources

Department of Planning and Environmental  
Protection - Air Quality Division  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399+2400 



p15

0112259-002

1(a) (None Required) should be circled under Control Device Required.

Date Control Device Installed should be blank.

p16

6(c) Not required for Existing small area sources.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

## DISTRICT ROUTING SLIP

To: \_\_\_\_\_ DATE: \_\_\_\_\_

CC To:

	<b>PENSACOLA</b>	<b>NORTHWEST DISTRICT</b>	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	<b>TAMPA</b>	<b>SOUTHWEST DISTRICT</b>	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	<b>ORLANDO</b>	<b>CENTRAL DISTRICT</b>	
	Melbourne	Central District Satellite Office	
	<b>JACKSONVILLE</b>	<b>NORTHEAST DISTRICT</b>	
	Gainesville	Northeast District Branch Office	
	<b>FORT MYERS</b>	<b>SOUTH DISTRICT</b>	
	Marathon	South District Branch Office	
	<b>WEST PALM BEACH</b>	<b>SOUTHEAST DISTRICT</b>	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional  
Date Due: \_\_\_\_\_

Reply Required  
Date Due: \_\_\_\_\_

Info Only

Comments:

From: \_\_\_\_\_

Tel.: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUL - 9 2004  
Bureau of Air, Monitoring  
& Mobile Sources

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): <i>Anderson and Daughters, Inc.</i>
2. Site Name (For example, plant name or number): <i>The Dry Cleaner</i>
3. Hazardous Waste Generator Identification Number: <i>ID: 0401689</i>
4. Facility Location: Street Address: <i>9610 Pines Blvd</i> City: <i>Pembroke Pines</i> County: <i>Broward</i> Zip Code: <i>33024</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0112259-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>DENNIS C. ANDERSON</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>6481 Falconsgate Ave</i> City: <i>Davie</i> County: <i>Broward</i> Zip Code: <i>33331</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 680-9991</i> Fax: ( ) -

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: ( ) -

**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")
<u>March 1990</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>Same</u>
_____	Existing/New	RC/CA/None required	_____
_____	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?

95 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) Electric

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

X 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.*

Denais C Anderson  
Print name of responsible official

DC Anderson President  
Signature

7/3/2001  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423447 FEB24 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

AIRS ID#0112259  
THE DRY CLEANER  
DENNIS C ANDERSON  
6481 FALCONSGATE AVENUE  
DAVIE FL  
33331

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1711  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
Bureau of Air Mobility  
& Mobile Support  
FEB 28 2003

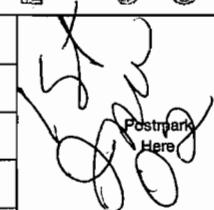
TO THE RIGHT OF RETURN ADDRESS  
PLACE STICKER AT TOP OF ENVELOPE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <u>D.C. Anderson</u>      B. Date of Delivery <u>2-70-03</u></p> <p>C. Signature  <input checked="" type="checkbox"/> <u>D.C. Anderson</u>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</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> <p style="text-align: right;">AIRS ID#0112259</p> <p>THE DRY CLEANER          DENNIS C ANDERSON          6481 FALCONSGATE AVENUE          DAVIE FL          33331</p>	<p>3. Service Type</p> <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>
<p>2. Article Number          (Transfer from service label)</p> <p><u>70002870000070275296</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, March 2001      Domestic Return Receipt      102595-01-M-1424

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

O F F I C I A L   U S E

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>		AIRS ID#0112259
<p><b>Sent To</b> THE DRY CLEANER          DENNIS C ANDERSON          6481 FALCONSGATE AVENUE          DAVIE FL          33331</p>		

7000 2870 0000 7027 5296

PS Form 3800, May 2000      See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <span style="float: right;">B. Date of Delivery</span>  <span style="font-size: 1.2em;">D. Anderson</span> <span style="float: right;">2-9-02</span></p> <p>C. Signature <span style="float: right;"><input type="checkbox"/> Agent</span>  <span style="font-size: 1.2em;">D. Anderson</span> <span style="float: right;"><input type="checkbox"/> Addressee</span></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> <p style="text-align: center;">AIRS ID # 0112259</p> <p>DRY CLEANER                      DENNIS C ANDERSON                      6481 FALCONSGATE AVENUE                      DAVIE FL</p>	<p>3. Service Type</p> <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>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.5em; font-family: monospace;">70002870000070274879</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-00-M-0952</span></p>	

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

O F F I C I A L U S E

<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p>	<p>Postmark Here</p>	
<p>AIRS ID # 0112259</p>		
<p>Total Postage: THE DRY CLEANER</p>		
<p>Sent To DENNIS C ANDERSON</p>		
<p>Street, Apt. 1 6481 FALCONSGATE AVENUE</p>		
<p>City, State, 2 33331</p>		
<p>PS Form 3800, May 2000 <span style="float: right;">See Reverse for Instructions</span></p>		

7000 2870 0000 7027 4879



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414133 FEB14 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 # 0112259  
THE DRY CLEANER  
DENNIS C ANDERSON  
6481 FALCONSGATE AVENUE  
DAVIE FL  
33331

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