



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 17, 1997

Mr. Elliott Kushner  
Father and Son Cleaners  
7431 Northwest 57th Street  
Tamarac, Florida 33319

Re: Facility I.D. No. 0112323

Dear Mr. Kushner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 1996.

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, Florida 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. John Coppola, Broward County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

#0112323

P.14

i. (a) add date control  
device installed

i. (c) should not be  
marked

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ELLIOTT KUSHNER		
2. Site Name (For example, plant name or number):	FATHER & SON CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLR000014142		
4. Facility Location:	Street Address: 7431 NW 57 <sup>TH</sup> ST	County: BROWARD	Zip Code: 33319
5. Facility Identification Number (DEP Use):	0112323		

## Responsible Official

6. Name and Title of Responsible Official:	ELLIOTT KUSHNER OWNER/OPERATOR		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address: 7431 NW 57 <sup>TH</sup> ST	County: BROWARD
	City: TAMARAC, FL		Zip Code: 33319
8. Responsible Official Telephone Number:	Telephone: (954) 722-1500	Fax: ( ) -	

## Facility Contact (If different from Responsible Official)

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

RECEIVED

SEP 10 1996

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1	2 MAR-96							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

790/15 gallons

(b) If less than 12 months, how many? 7 months

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

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.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

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

### 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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

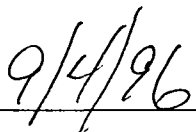
No air permits currently exist for the operation of the facility indicated in this notification form.

### 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.*

  
Signature

  
Date

# INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0112 323

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Fathers & Son Dry Cleaners DATE: 12-18-97

FACILITY LOCATION: 7431 NW 57 St

Tomball FL 33819

RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: 722-1500

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>Business Sold - new owner</u>	

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: not (Approximate)

INSPECTION CONDUCTED BY: B. Thoms (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 519-1459

SHALIZA HARRAKSINGH

SHALIZ ~~HA~~ Inf. Pres Inc  
DBA CLEANERS PLUS

*Cleaners*

ALTERATIONS & DRESSMAKING ON PREMISES

NE CORNER COMMERCIAL & UNIVERSITY  
BIG LOTS PLAZA  
(954) 722-1500

*Shalixa*

FORMERLY AMERICLEAN

NEIGHBORHOOD DRY CLEANING SERVICES

Free Pick-Up & Delivery

*Alteration's by Shalixa*

*Cleaner's Plus*

7431 N.W. 57th Street  
Tamarac, FL 33319  
BIG LOTS PLAZA

954-722-1500 Wk.

954-442-1923 Hm.

954-546-0718 Bpr.



DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Cleanners Plus DATE: 2-25-98

FACILITY LOCATION: 7431 NW 57 Street

Tomball

RECEIVED  
APR 20 1998  
Bureau of Air Monitoring  
& Mobile Sources

Annual Reporting Period: Feb 1997 TO Feb 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

\_\_\_\_\_

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

\_\_\_\_\_

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Shalida Harradisingh - SHALIDA HARRADISINGH 2-25-98

Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED  
MAR 17 1998  
Bureau of Air Monitoring  
& Mobile Sources

S. HARRACKSINGH AIRS ID#0112323  
~~ELLIOTT KUSHNER~~  
~~ELLIOTT KUSHNER~~ CLEANERS PLUS  
7431 NW 57TH STREET  
TAMARAC FL 33319

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO DECEMBER 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

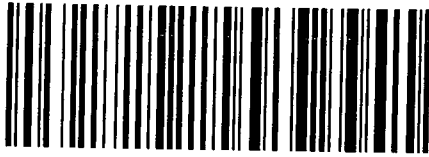
*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: S. HARRACKSINGH [Signature] 3/17/98  
Name (Please Print) Signature Date

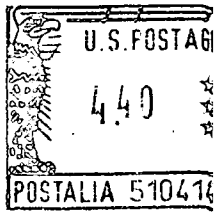
\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL



7000 0520 0020 9372 9194



*SAK*  
*6761*  
*1979*



REASON CHECKED

- Unclaimed \_\_\_\_\_ Refused \_\_\_\_\_
- Attempted-Not known
- Insufficient Address \_\_\_\_\_
- No such street \_\_\_\_\_ number \_\_\_\_\_
- No such office in state \_\_\_\_\_

Do not re-mail in this envelope

*Inactive*

10 AIRS ID # 0112323001AG  
ELLIOTT KUSHNER  
FATHER & SON CLEANERS  
7431 NW 57TH STREET  
TAMARAC FL 33319

Bureau of Air Monitoring  
& Mobile Sources

AUG 23 2001

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258693 ✓

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

RECEIVED  
MAIL ROOM

JAN 22 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 0112323

FATHER & SON CLEANERS  
ELLIOTT KUSHNER  
7431 NW 57TH STREET  
TAMARAC FL 33319

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 305421

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

RECEIVED  
MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0112323

~~ELLIOTT KUSHNER~~ S. HARRACKSINGH  
~~ELLIOTT KUSHNER~~ CLEANERS PLUS  
7431 NW 57TH STREET  
TAMARAC FL 33319

Bureau of Air Monitoring  
& Mobile Sources

93

MAR 17 1998

RECEIVED

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

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

**SENDER: COMPLE** **DELIVERY**

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.

1. Article Addressed to:

10 AIRS ID # 0112323001AG  
 ELLIOTT KUSHNER  
 FATHER & SON CLEANERS  
 7431 NW 57TH STREET  
 TAMARAC FL 33319

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature \_\_\_\_\_  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
7000 0520 0020 9372 9194

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0520 0020 9372 9194

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Tot</b>		
10 AIRS ID # 0112323001AG		
<b>Rec</b>	ELLIOTT KUSHNER	Postmark Here
<b>Stree</b>	FATHER & SON CLEANERS	
	7431 NW 57TH STREET	
<b>City</b>	TAMARAC FL 33319	

PS Form 3800, February 2000 See Reverse for Instructions