

Department of Environmental Protection

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

David B. Struhs Secretary

October 10, 2002

Mr. Akber Makhani Millionaires Dry Cleaners 6313 Miramar Parkway Miramar, Florida 33023

Re: Facility No.: 0112385-002

Dear Mr. Makhani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 2002.

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,

Joe Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County.

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

Printed on recycled paper.

9/26/02 Called + left messang for Mr. Markhoni 4:250

AIRS ID # 0112385-001



09/30/2002

Spoke with Mr. Akber Makhani and he stated that the dry-to-dry machine was purchased prior to 1991.

Page 15

1. (a) Add Date Initially Purchased From Manufacturer.

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 Sind completed form to the address listed in the instructions and keep a copy of the form for your files 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):		
AKBERMAKHANI		
2. Site Name (For example, plant name or number):		
MILLIONAIRES DRYCLEANERS		
3. Hazardous Waste Generator Identification Number:		
DEP FAC 1D# 069701206		
4. Facility Location: Street Address:		
City: 6313 MIRAMARPKWY PROWARD Zip Code: 33023		
5. Facility Identification Number (DEP Use ONLY - do not fill in):		
0112385-004		
Responsible Official 6. Name and Title of Responsible Official:		
6. Name and Title of Responsible Official: Name: AKBER MAKHANI Title: President of IMAICHANI ENTERPRISE		
1.7 December 1.1. Official Mailine Address.		
7. Responsible Official Mailing Address: Organization/Firm: MILLIDINA INCES DRICLE ANERS Street Address: 6313 MIRAMAR PILWY		
Street Address: 6313 MIRAMAR PIKWY		
City: MIRAMAL County: BROWARD zip Code: 33023		
8. Responsible Official Telephone Number:		
Telephone: (954) 967-0483 Fax: (—)		
Facility Contact (If different from Responsible Official)		
9. Name and Title of Facility Contact (For example, plant manager):		
AKBER MAICHANI, OWNER		
10. Facility Contact Address: SAME AS ABOVE		
Street Address:		
City: County: Zip Code:		
11. Facility Contact Telephone Number:		
Telephone: (954)967 - 0483 Fax: (

DEP Form No. 62-213.900(2)

Effective: 2/24/99

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility	Information
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1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	on:
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")
N/A	Existing No.	ew (RC)CA/None required	Same
	Existing/Ne	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	Existing/Ne	ew RC/CA/None required	·
*CONTROL DEVICE KI	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		, A
How many washers do yo	ou have on-site?		11/4
How many dryers/reclaim	ners do you have o	on-site? []	NA
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between l	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	
		have you used within the last 12 n	carbon adsorber
(b) If less than 12 mor	iths, how many?	months	·
Check why it is les	ss than 12 months	:: New owner: [] Did not kee	ep records: []
		New store: New machin	e
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 [] 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 No such units on-site OR				
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [5] []				
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 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				
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan				

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
文	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
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	omptly notify the Department of any changes to the information contained in this notification.
A	KBER MAKHANI
	ne of responsible official
Signatur	Bar Maller Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

Effective: 2/24/99

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

469864 FEB23207

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

FLAIR ACCT. CODE 372020350013755010000 **BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200**

AIRS ID# 112385

MILLIONAIRE'S MAKHARY & Mobile Sour

DRYCLEANERS ENTERRISES

6313 Miramar D.

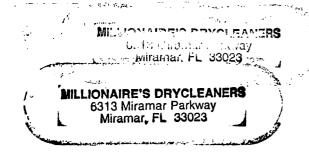
6313 Miramar Parkway Luk

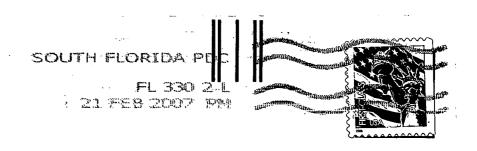
MIRAMAR, FLORIDA 33023

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273**

Printed on recycled paper.





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

3231593070 8099

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

462792 JUL 5206

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112385 10 MILLIONAIRE'S DRYCLEANERS 6313 Miramar Parkway MIRAMAR, FL 33023

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112385 AKBER MAKHANI MILLIONAIRE'S DRYCLEANERS 6313 MIRAMAR PARKWAY MIRAMAR FL 33023

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Org.: 37550101000 EC Fund: 20-2-035001

Obj.: 002273

458946 FEB15206

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# 112385 1st MILLIONAIRE'S DRYCLEANERS 6313 Miramar Parkway MIRAMAR, FL 33023 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



420512 DEC112002

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#0112385

MILLIONAIRE'S DRYCLEANERS AKBER MAKHANI 6313 MIRAMAR PARKWAY MIRAMAR FL 33023

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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# 112385 10 MILLIONAIRE'S DRYCLEANERS 6313 Miramar Parkway MIRAMAR, FL 33023

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273