#### **BEST AVAILABLE COPY**

INSP-INSZ-Compliance Inspection Walk through - 2/27/2007-IN INSP-Brown & Co-CBittle



Made in USA





### Florida Department of Environmental Protection

March 25, 2008

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Mooneer Khan Khan & Khan, Incorporated 2476 North Federal Highway Lighthouse Point, Florida 33064

Re: Facility No.: 0112406-003

Dear Mr. Khan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 21, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

Sandra F. Veazey, Chief

Bureau of Air Monitoring and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County

# 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.

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):
KHAN & KHAN INC
2. Site Name (For example, plant name or number):
DEERFIELD ONE PRICE
3. Hazardous Waste Generator Identification Number:
FLR 0000 36038
4. Facility Location: 77 S. FEDERAL HIWAY Street Address:
City: DEERFIELD BUH BROWARD Zip Code: 33441
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112406-003
Responsible Official
6. Name and Title of Responsible Official:
Name: MOONEER KHAN Title: MANAGER / PRESIDEN
7. Responsible Official Mailing Address:
Organization/Firm: KHAN & KHAN INC
City: County: Zir Code:
Organization/Firm: KHAN & KIFAN INC Street Address: 2476 N. FEBERAL HIWAY City: LIGHTHOUSE PT. BROWARD Zip Code: 33064
8. Responsible Official Telephone Number:
Telephone: (954) 781 3561 Fax: (954) 236 5245
cell (954-644-2719) cell
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: 2476 N. FEDERAL HIWAY
City: LIGHTHOUSE PT. BROWARD Zip Code: 3366x
11. Facility Contact Telephone Number:
Telephone: (954) 781 3561 Fax: (954) 236 \$245
cell (934) - 644-2719 (cell)
DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### **Facility Information**

	1.(a) DRY-TO-DRY M	ACHINES ONL	Y				
	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")			
1	JAN. 1996	Existing/No	ew RC/CA/None required				
v	ADRIL 2002	Existing No.	RC/CA/None required				
		Existing/No	ew 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 <b>EXISTING</b> unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a <b>NEW</b> 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:						
				owed to operate under this general			
				owed to operate under this general			
	permit). For each transfer	er machine on-sit	e, please provide the following inf Control Device Required*	owed to operate under this general formation:  Date Control Device Installed (if already included at time of			
	permit). For each transfer	Status (circle one)	e, please provide the following inf  Control Device Required*  (circle one)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of			
	permit). For each transfer	Status (circle one) Existing/New	e, please provide the following inf Control Device Required* (circle one)  RC/CA/None required	owed to operate under this general formation:  Date Control Device Installed (if already included at time of			
	permit). For each transfer	Status (circle one)  Existing/New Existing/New Existing/New	e, please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	owed to operate under this general formation:  Date Control Device Installed (if already included at time of			
	Date Initially Purchased From Manufacturer  *CONTROL DEVICE K  2.(a) How much perchlor	Status (circle one)  Existing/New Existing/New Existing/New Existing/New	e, please provide the following inf  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA =	Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber			
	Date Initially Purchased From Manufacturer  *CONTROL DEVICE K  2.(a) How much perchlor	Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New (EY: RC = roothylene (perc)) (You must fill	e, please provide the following inf  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser CA =  have you used within the last 12 n  this in)  MAChine Africa Afric	Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber			
	*CONTROL DEVICE K  2.(a) How much perchlor  (b) If less than 12 mor	Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New (circle one)	e, please provide the following inf  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser CA =  have you used within the last 12 n  this in)  MAChine Africa Afric	Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  nonths?			
	*CONTROL DEVICE K  2.(a) How much perchlor  (b) If less than 12 mor	Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New (circle one)	e, please provide the following inf  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser CA =  have you used within the last 12 n  this in)  MACLINE AF  months	Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  nonths?  precords: []			

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

3. What is the facility's source classification based on Indicate with an "X". Select one classification of						
Small Area Source						
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)					
Large Area Source						
Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (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 No such units on-site	OR 					
How many boilers do you have on-site?						
For each boiler, indicate its horsepower (HP) rating: [30] [-]						
What type of fuel do you use?  [] propane  [] No. 2 fuel  [] No. 6 fuel						
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						

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:				
	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 notif statemen maintain comply w	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.				
	oneca Kutan ne of responsible official				
Signatur	former the Mirlos				
1 1					

DEERFIELD ONE PRICE DRYCLEAUS 2476 N. RED. HIWAY LIGHTHOUSE POINT FLA 33064



ATT: CECILY TART

TITLE V AIR GENERAL PERMIT PROGRAM

BURGALI OF AIR MONITORING & Mobile Sourses MS 5510

DEPARTMENT OF ENVIRONMENT PROTECTION

JG00 BLAIR ROAD

TALLAHASSEE PLA 32399-2400

22299+6542 COO1

ીનીનનીનીતીતીતીનીનાનીનાતીનોતીનીનીનીતીતીતીતીતીતીતી

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389544

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

DEC 17 1999

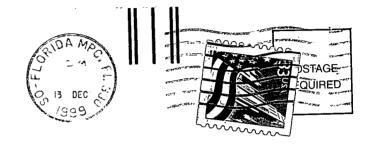
Do NOT Remove Label

AIRS ID # 0112406

DEERFIELD ONE PRICE DRY CLEANER MOONEER KHAN 77 SOUTH FEDERAL HWY DEERFIELD BEACH FL 33441 Bureau of Air Monitoring & Mobile Sources

MAIL R

ONE PRICE DRY CLEANERS 2476 NO. FEDERAL HWY. LIGHTHOUSE POINT, FL 33064



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

SESTETSON Infinitellimble of the Secretary of the Secreta

0

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354778

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

DEC 2 3 1998

**TOTAL AMOUNT DUE: \$50.00** 

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0112406 DEERFIELD ONE PRICE DRY CLEANER MOONEER KHAN 77 SOUTH FEDERAL HWY DEERFIELD BEACH FL 33441 FOR GOVERNMENT USEONIO Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273