



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 28, 2006

Mr. Sakir N. Ali, Jr.
Corporate Cleaners, Incorporated
21113 Johnson Street, Suite 108
Pembroke Pines, Florida 33029

Re: Facility No.: 0112677-001

Dear Mr. Ali:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 2006.

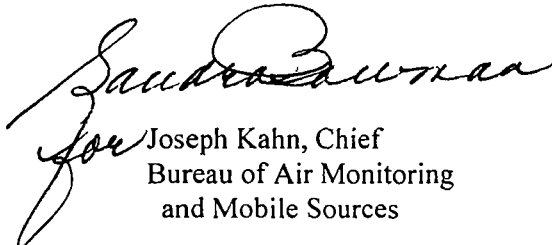
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Clifton Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED
JUN 26 2006

Bureau of Air, Noise, and
& Mobile Sources

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): SAKIR N. ALI JR. / CORPORATE CLEANERS INC.
2. Site Name (For example, plant name or number): CORPORATE CLEANERS INC.
3. Hazardous Waste Generator Identification Number: FLCESQG, Dept. of Planning and Environmental Protection - #06109
4. Facility Location: Street Address: City: 2113 JOHNSON ST. Suite 108 County: PEMBERKE PINES, FL Zip Code: 33029
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112677-001

Responsible Official

6. Name and Title of Responsible Official: Name: SAKIR N. ALI JR. Title: DIRECTOR
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2113 JOHNSON ST. Suite 108 City: PEMBERKE PINES, FL County: BROWARD Zip Code: 33029
8. Responsible Official Telephone Number: Telephone: (954) 499-1500 Fax: (954) 499-1580

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAKIR N. ALI JR. DIRECTOR
10. Facility Contact Address: Street Address: 2113 JOHNSON ST. Suite 108 City: PEMBERKE PINES, FL County: BROWARD Zip Code: 33029
11. Facility Contact Telephone Number: Telephone: (954) 499-1500 Fax: (954) 499-1580

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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")
06 JAN 2001	Existing/New	RC/CA/None required	SAME
06 JAN 2001	Existing/ <u>New</u>	<u>RC</u> /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? [N/A]

How many dryers/reclaimers do you have on-site? [N/A]

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?

[80] 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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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) ELECTRICITY

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.

SAKIR N. ALI JR
Print name of responsible official


Signature

06/22/06
Date

~~Pat King~~
~~[Signature]~~

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

RECEIVED
MAY 23 2008

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): <i>CORPORATE CLEANERS INC</i>
2. Site Name (For example, plant name or number): <i>CORPORATE CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>small quantity generator</i>
4. Facility Location: Street Address: <i>20851 Johnson St. #113</i> City: <i>Pembroke Pines</i> County: <i>Broward</i> Zip Code: <i>33029</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0112677-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Sabie N. Au Jr</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>CORPORATE CLEANERS INC</i> Street Address: <i>20851 Johnson St. #113</i> City: <i>Pembroke Pines</i> County: <i>Broward</i> Zip Code: <i>33029</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 499-1500</i> Fax: <i>(954) 499-1580</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

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07/23/1994	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	SAME
_____	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:

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_____	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?

[120] 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.)

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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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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).

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No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 2 9

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:

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

Sakin N. Ali Jr

Print name of responsible official

Sakin N. Ali Jr

Signature

5/14/08

Date

Dibble, Dickson

From: Dibble, Dickson
Sent: Thursday, May 15, 2008 9:28 AM
To: 'King, Ron'
Cc: Bowman, Sandy
Subject: RE: Title V air general permit application for Corporate Cleaners (new facility)

Tracking: **Recipient** **Delivery** **Read**
 'King, Ron'
 Bowman, Sandy Delivered: 5/15/2008 9:30 AM Read: 5/15/2008 10:31 AM

Ron,

I can process the application and start the 30 day review clock, but will need the signed original notification form in order to complete the registration process.

Thanks,

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 (850) 921-9586
 SunCom 291-9586
 ICG-#345
Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: King, Ron [mailto:RKING@broward.org]
Sent: Thursday, May 15, 2008 9:20 AM
To: Dibble, Dickson
Subject: Title V air general permit application for Corporate Cleaners (new facility)

Good Morning,

Please find attached a scanned copy of the Title V air general permit application for;

Corporate Cleaners, Inc.
 Attention: Sakir Nazir Ali Jr., Director
 20851 JOHNSON ST, SUITE 113
 Pembroke Park, FL 33029

Thanks,
 RK

5/15/2008

Corporate Cleaners Inc.

20851 Johnson St.

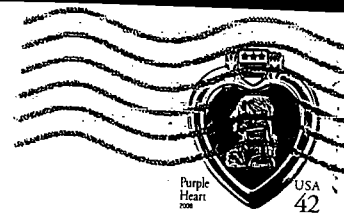
Suite 113

Pembroke Pines, FL 33029

FT LAUDERDALE

FL 333

21 MAY 2008 PM 2 L



FDEP

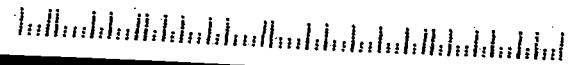
Air General Permit Section

BAMMS, MS 5510

2600 Blairstone Rd.

Tallahassee, FL 32399-2400

32399+6542



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.

469939 FEB26 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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

AIRS ID# 112677
CORPORATE CLEANERS ✓
21113 Johnson St. Ste 108
PEMBROKE PINES, FLORIDA
33029

RECEIVED

MAR 01 2007

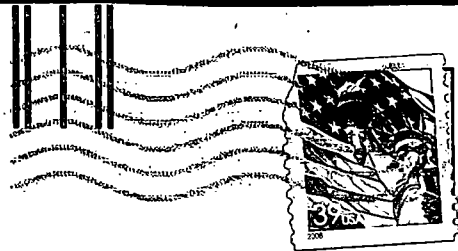
Bureau of Air Monitoring
& Mobile Sources

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

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Corporate Cleaners Inc
21113 Johnson St #108
Pembroke Pines, FL 33029

FT LAUDERDALE
FL 333
22 FEB 2007 PM 3 T



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

323153070 BOSS

