

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 197-2006.....
SOC REPORTS ..0.....
COMP. STATUS - SNC MNC (IN)

TRPT - Soc R - statement of compliance
Report - 8/4/2006 - IN -

Ins p - Clay CO - NED - R BANKS (NED)



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

March 7, 2007

Mr. Khawar Qureshi
Neighborhood Cleaners
1101 Blanding Boulevard, Suite 123
Orange Park, Florida 32065

Re: Facility No.: 0190051-002

Dear Mr. Qureshi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 2, 2007.

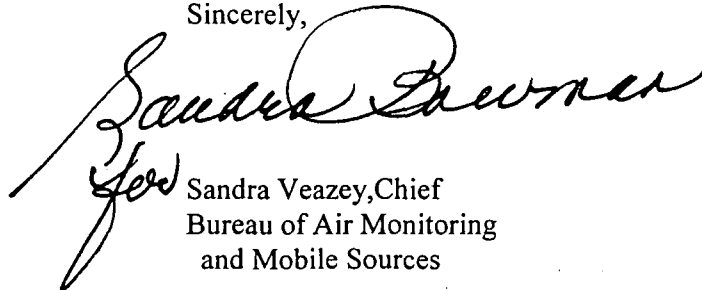
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Rick Banks, Northeast District

RECEIVED
 FEB 02 2007
 Bureau of Air Monitoring
 & 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):	Neighborhood Cleaners & Supply Inc.		
2. Site Name (For example, plant name or number):	Neighborhood Cleaners.		
3. Hazardous Waste Generator Identification Number:	# 0190051		
4. Facility Location: Street Address:	1101- Blanding Blvd, # suite # 123		
City:	County:	Zip Code:	
Orange Park	Clay	32065	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0190051-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Khawar Dureshi	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	1101- Blanding Blvd, # 123		
Street Address:			
City:	County:	Zip Code:	
Orange Park	Clay	32065	
8. Responsible Official Telephone Number:			
Telephone:	(904) 272-5568	Fax:	(904) 278-4670

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Farah Dureshi		
10. Facility Contact Address:			
Street Address:	1101- Blanding Blvd, suite # 123		
City:	County:	Zip Code:	
Orange Park	Clay	32065	
11. Facility Contact Telephone Number:			
Telephone:	(904) 272-5568	Fax:	(904) 278-4670

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")
_____	Existing/New	RC/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:

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?

[15] 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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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) _____

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.

Khawar Aureshi

Print name of responsible official

Shawz Aureshi

Signature

1-30-07

Date



**PRIORITY
MAIL**

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DELIVERY CONFIRMATION™



0306 2400 0003 4202 3409

Neighborhood Cleaners
1101-Blending Blvd,
Suite #123
Orange Park, FL 32065

Attn: Dickson E. Debble
CICG #345)
Div. of Air Resource Management.

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

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

7000 1670 0013 3095 4154

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Receipt
 Postmark
 Here
 02

Total \$ 10 AIRS ID # 0190051001AG
 Sent To KHAWAR QURESHI
 NEIGHBORHOOD CLEANERS & SUPPLY
 Street, 1101 BLANDING BLVD SUITE 123
 City, Sta ORANGE PARK FL
 32065

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF MAILPIECE TO THE BACK OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- 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 # 0190051001AG
 KHAWAR QURESHI
 NEIGHBORHOOD CLEANERS & SUPPLY
 1101 BLANDING BLVD SUITE 123
 ORANGE PARK FL
 32065

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Aaa Dwea* B. Date of Delivery *7/27*
 C. Signature *[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 1670 0013 3095 4154

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4[®] in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

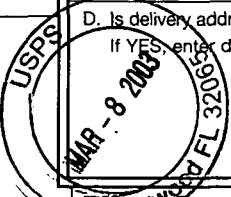
RECEIVED
JUL 29 2002
Bureau of Air Monitoring
& Mobile Sources

32399+6542

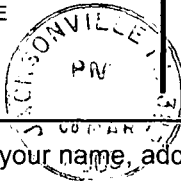


U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>gnr</i> <i>Shaw</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
AIRS ID#0190051	
Sent To	NEIGHBORHOOD CLEANERS & SUPPLY INC
Street, Apt. No., or PO Box No.	KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123
City, State, ZIP+	ORANGE PARK FL 32065
PS Form 3800, 3	

7001 0320 0001 7976 2739

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <hr/> <p>C. Signature <i>X Shaw</i> <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#0190051</p> <p>NEIGHBORHOOD CLEANERS & SUPPLY INC KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065</p>	<p style="text-align: center;">  </p> <p>E. Service Type</p> <p><input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0001 7976 2739</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 11 2003

RECEIVED



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

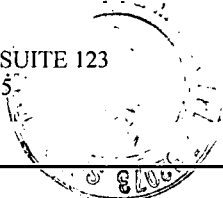
1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0190051

NEIGHBORHOOD CLEANERS & SUPPLY
 INC
 KHAWAR QURESHI
 1101 BLANDING BLVD SUITE 123
 ORANGE PARK FL 32065



4a. Article Number

Z333 667 285

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Khawar Qureshi*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Refile