

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

December 26, 2006

Mr. Solomon Hashim
Crown Custom Cleaners
2025 Northeast 163rd Street
North Miami Beach, Florida 33162

Re: Facility No.: 0250715-003

Dear Mr. Hashim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 20, 2006.

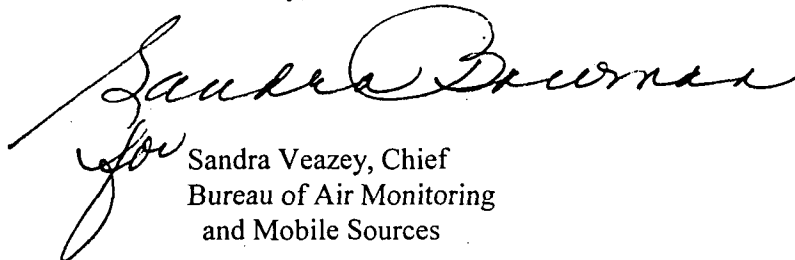
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY

EMISSION FEE DATES 1/16-2005

SOC REPORTS 3

COMP. STATUS - SNC MNC 1/17/2006

Insp - Compliance Inspection
walkthrough

Insp - Miami-Dade. Muthiah

RECEIVED

NOV 20 2006

Bureau of Air, Water, 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):	CROWN CUSTOM CLEANERS
2. Site Name (For example, plant name or number):	AS ABOVE
3. Hazardous Waste Generator Identification Number:	FLD032539603
4. Facility Location: 2025 N.E 163 rd St Street Address: City: N.M.B FL County: FLORIDA Zip Code: 33162	DADE COUNTY
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250715-003

Responsible Official

6. Name and Title of Responsible Official: Name: SOLOMON WASHIM Title: MANAGER
7. Responsible Official Mailing Address: Organization/Firm: AS ABOVE Street Address: City: N. Miami Beach County: Dade Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 944-5009 Fax: (305) 944-8982

Facility Contact (If different from Responsible Official)

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

Facility Information

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

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

2.
[100]

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")
<u>1997.</u>	Existing/New	RC/CA/None required	<u>SAME</u>
<u>1996.</u>	Existing/New	RC/CA/None required	<u>SAME</u>
_____	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?

[135] 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? 1

For each boiler, indicate its horsepower (HP) rating: 30

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.

SOLOMON

Print name of responsible official

Aech

Signature

11/17/06

Date

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.

468933 FEB12 2007

TOTAL AMOUNT DUE: \$50.00

*OVERPAYMENT
REFUND REQUESTED 2/16/07
#14917*

Do NOT Remove Label

AIRS ID#250715
CROWN CUSTOM CLEANERS INC
2025 NE 163 Street
NORTH MIAMI BEACH, FLORIDA
33162

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY
OR# 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Monitoring
Mobile Sources

2007/

IVE

CROWN CUSTOM CLEANERS
2025 N. E 163RD ST
N.M.B FL 33162

MIAMI FL 331

08 FEB 2007 PM 5 L



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

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.

TOTAL AMOUNT DUE: \$50.00

468599 FEB 6 2007

Do NOT Remove Label

AIRS ID# 250715
CROWN CUSTOM CLEANERS
INC
2025 NE 163 Street
NORTH MIAMI BEACH,

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

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

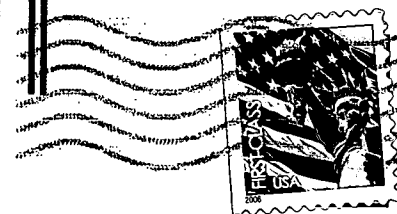
FEB 08 2007

Printed on recycled paper.

CROWN CUSTOM CLEANERS
2025 N.E. 163RD ST.
N.M.B. FL 33162

MIAMI FL 331

30 JAN 2007 PM 3 T



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

CROWN CUSTOM CLEANERS

2025 N.E. 163rd ST.
N. MIAMI BCH., FL 33162
TELE. 305-944-5009

MIAMI FL 33132

17 NOV 2006 PM 5



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES MS 5510
DEPT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400