

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 2 2001

Mr. Sadru Pirani  
Quality 1 Hour Cleaners  
199 South Court  
Miami, Florida 33147

Re: Facility No.: 0250730-002

Dear Mr. Pirani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 2001.

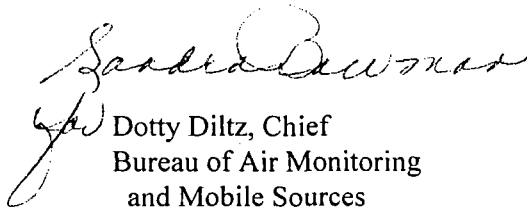
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

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FreeRad  
SOC 4  
Compliance M&C

0250730-002

P15  
1(a) None Required should be circled  
under Control Device Required. For  
Existing small sources.

Date Control Device Installed should  
be blank.

P16  
3. Small Area Source should be marked.  
(used less than 140 gallons of (perc))  
Mark out Large area source.

4. Existing machine at small area  
source should be marked.

P17 Responsible official sign and date  
for changes made.

RECEIVED  
 JUN 29 2001  
 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):	NORTHCLEAN, INC
2. Site Name (For example, plant name or number):	QUALITY 1 HOUR CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 981468762
4. Facility Location: Street Address: City:	199 SOUTH COURT MIAMI
County:	MIAMI DADE
Zip Code:	33147
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250730-002

Responsible Official

6. Name and Title of Responsible Official: Name:	SADRU PIRANI	Title:	MANAGER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	199 SOUTH COURT MIAMI	County:	MIAMI DADE
Zip Code:	33147		
8. Responsible Official Telephone Number: Telephone:	(305) 691-7122	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME
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?

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")
08 DEC 91	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?

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".)

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  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.*

SADRU PIRAWI

Print name of responsible official



Signature

6/26/2001

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.

466051 DEC 14 2006

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 250730  
NORTHCLEAN, INC  
199 South Court  
MIAMI, FLORIDA 33147

Bureau of Air Mail  
DEC 15 2006

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

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BEST AVAILABLE COPY

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

TOTAL AMOUNT DUE: \$50.00

465983 DEC132006

Do NOT Remove Label

AIRS ID# 250771 ✓  
MR ALEX DRY CLEANERS  
9401 SW 56th Street  
MIAMI, FLORIDA 33165

Bureau of Air Monitoring  
& Mobile Sources

DEC 13 2006

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

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ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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

459036 FEB 17 2006

**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID# 250730 1st  
QUALITY 1 HOUR CLEANERS  
199 South Court  
MIAMI, FL 33147

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FEB 2 10 2006  
Bureau & Mod. Incomes Training  
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

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446261 FEB14 2005

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# 250730 1stC  
QUALITY 1 HOUR CLEANERS  
199 South Court  
MIAMI, FL 33147

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

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Bureau of Air Monitoring  
& Mobile Sources

FEB 16 2005

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Restricted Delivery Fee (Endorsement Required)	

*1541*  
*0922*  
Postmark  
Here

Tr ID# 250730

SADRU PIRANI

Se QUALITY 1 HOUR CLEANERS

Str 199 SOUTH COURT

or MIAMI, FL 33147

City

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435174 JAN12 2004

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**

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250730  
SADRU PIRANI  
QUALITY 1 HOUR CLEANERS  
199 SOUTH COURT  
MIAMI FL 33147

Bureau of Air  
& Mobile Services

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JAN 5 2004

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj: 002273



(cut here)

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**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID#0250730

QUALITY 1 HOUR CLEANERS  
SADRU PIRANI  
199 SOUTH COURT  
MIAMI FL  
33147

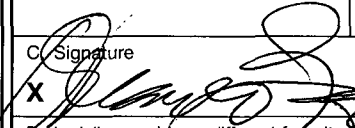
**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air Monitoring  
& Mobile Sources

JAN 23 2003

RECEIVED

421886 JAN17 2003

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted-Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery  <b>FEB 8 2000</b></p> <p>C. Signature   <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>AIRES ID # 0250738  <b>GROVE CLEANERS &amp; LAUNDRY</b>  <b>ALFONSO ZEQUEIRA</b>  <b>1806 PONCE DE LEON BLVD</b>  <b>CORAL GABLES FL</b>  <b>33134</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below: _____</p> <p>3. Service Type  <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)  <b>70000520 0020 93730879</b></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)																
7000 0520 0020 9373 0879	<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">           Postmark Here         </td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td colspan="2">           Tot <b>AIRES ID# 0250738</b>  <b>GROVE CLEANERS &amp; LAUNDRY</b>  <b>ALFONSO ZEQUEIRA</b>  <b>1806 PONCE DE LEON BLVD</b>  <b>CORAL GABLES FL</b>  <b>33134</b> </td> <td style="text-align: center;">           (Postmark Here)            _____            _____         </td> </tr> <tr> <td colspan="2">           Rec _____            Stré _____            City, State, ZIP _____         </td> <td></td> </tr> </table>	Postage	\$	Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Tot <b>AIRES ID# 0250738</b> <b>GROVE CLEANERS &amp; LAUNDRY</b> <b>ALFONSO ZEQUEIRA</b> <b>1806 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL</b> <b>33134</b>		(Postmark Here) _____ _____	Rec _____ Stré _____ City, State, ZIP _____		
Postage	\$	Postmark Here														
Certified Fee																
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Restricted Delivery Fee (Endorsement Required)																
Tot <b>AIRES ID# 0250738</b> <b>GROVE CLEANERS &amp; LAUNDRY</b> <b>ALFONSO ZEQUEIRA</b> <b>1806 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL</b> <b>33134</b>		(Postmark Here) _____ _____														
Rec _____ Stré _____ City, State, ZIP _____																
<p>PS Form 3800, February 2000 See Reverse for Instructions</p>																



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413008 JAN14 2002

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**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID # 0250730  
QUALITY 1 HOUR CLEANERS  
SADRU PIRANI  
199 SOUTH COURT  
MIAMI FL  
33147

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Fund: 20-2-035001  
Obj.: 002273



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Total Postage & Fees	

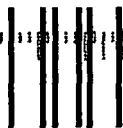
Sent To: AIRS ID# 250730 1stC  
 QUALITY 1 HOUR CLEANERS  
 Street, Apt. No., or PO Box No.: 199 South Court  
 City, State, ZIP+4: MIAMI, FL 33147

PS Form 3800, July 2003

7003 0500 0004 0144 6750

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse, so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p style="font-size: 1.5em;"><i>[Signature]</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="font-size: 1.5em;"><i>Charmaine [Signature]</i> <span style="float: right;"><i>2/1/04</i></span></p> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="font-size: 0.8em;">If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 10px; margin-top: 10px;"> <p>AIRS ID# 250730 1stC            QUALITY 1 HOUR CLEANERS            199 South Court            MIAMI, FL 33147</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="margin-left: 20px;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
<p>7003 0500 0004 0144 6750</p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

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

RECEIVED  
FEB 1 2005  
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