

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 16, 2001

Mr. Dadrudin I. Kanji
International Professional Cleaner
10420 Northwest Seventh Avenue
Miami, Florida 33150

Re: Facility No.: 0250739-002

Dear Mr. Kanji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 13, 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,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

Fees Paid 96-00

SOC 5

Compliance SNC

Follow-up IN

Compliance

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.

464385 OCT 12 2006

RECEIVED
OCT 16 2006
Bureau of Air Mail
& Mobile Services

10/17/06
OVER PAY
NOT INVOICED
REFUND REQUESTED
D.D.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

250739 10
INTERNATIONAL PROFESSIONAL
CLEANERS
10420 NW 7th
NORTH MIAMI, FL 33150

FLAIR ACCT. CODE 372020359013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

COPY
FOR FILE Q.W.

REFUND REQUEST #: 14463

Print-Formatted

DEP 14-081
DBF AA-4

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: WHITE ROSE INVESTMENT, INC.
ADDRESS: 10420 NW 7TH AVE MIAMI, FL 33120-
AMOUNT: \$50.00 CHECK #: 18897 DEPOSIT DATE: 10-12-2006 DEPOSIT: 271113
DOCUMENT NUMBER: 464385 SYS RECEIPT#: 559430 PAYMENT#: 774747 REMIT#: 697247
REV OBJECT CODE: 002273 TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

COPY
FILE

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$50.00 was originally deposited into the State Treasury, Receipt 559430, dated 10/12/2006
NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720203500137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:
SAMAS ACCOUNT CODE
3720203500137 _____ 00000022000000

CERTIFIED TRUE AND CORRECT this 17TH day of OCTOBER, 2006.

Richard B. Riddle, ESTI / [Signature] SMART
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCURED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.

0250739-002

Page 15

1(a) Add Date machine initially purchased in space provided

Existing should be circled for 1989 machines.

RC should be circled for Refrigerated Condenser.

Add Date Control Device Installed for 1989 machine.

Page 16

3. Large Area source should be marked

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

5. add horsepower for boiler.

6. (a)

(b)

(c)

(e)

} Required for Existing large sources with Ref. Condensers.

Page 17

● Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

____ SECRETARY'S SIGNATURE
____ DIV/DIST DIR SIGNATURE
____ MY SIGNATURE
____ YOUR SIGNATURE
____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME
____ COMMENTS/ADVISE
____ REVIEW AND RETURN
____ SET UP MEETING
____ FOR YOUR INFORMATION
____ HANDLE APPROPRIATELY
____ INITIAL AND FORWARD
____ SHARE WITH STAFF
____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 13 2001
Bureau of Air Monitoring
& Mobile Sources

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):	WHITE ROSE INVESTMENTS INC.
2. Site Name (For example, plant name or number):	INTERNATIONAL PROFESSIONAL CLEANER
3. Hazardous Waste Generator Identification Number:	IWS 002286 2001/2002
4. Facility Location: Street Address: 10420 NW 7th Avenue City: MIAMI County: DADE Zip Code: 33150	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	AIR ID: 0250739001 AG. 0250739-002

Responsible Official

6. Name and Title of Responsible Official: Name: BADRUDIN I KANJI Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 10420 NW 7th Avenue City: MIAMI FL County: DADE Zip Code: 33150	
8. Responsible Official Telephone Number: Telephone: (305) 754-6211 Fax: (305) 754-8110	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	BADRUDIN I KANJI
10. Facility Contact Address: Street Address: City: MIAMI FL County: DADE Zip Code: 33150	
11. Facility Contact Telephone Number: Telephone: (305) 754-6211 Fax: (305) 754-8110	

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")
JAN 1989		REFRIGERATED CONDENSER	JAN 89
_____	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 ✓

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) 2000 DEC

(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.

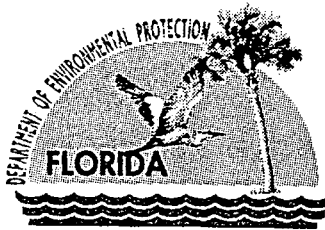
I will promptly notify the Department of any changes to the information contained in this notification.

BADRUDIN T KANJI

Print name of responsible official

Bmms :
Signature

9-5-01
Date



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 8, 2001

Mr. Dadrudin I. Kanji
International Professional Cleaner
10420 Northwest Seventh Avenue
Miami, Florida 33150

Dear Mr. Kanji:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#14070) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

Look for blue background on the front of this check, and the imageSafe® logo on back. If not present, do not cash.

WHITE ROSE INVESTMENT, INC.
10420 N.W. 7TH AVENUE
MIAMI, FL 33150-1004

14070

63-4/630 FL
1348

DATE 11-1-01



PAY TO THE ORDER OF

Fifty dollars only

DOLLARS \$ 50

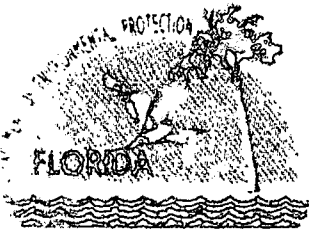
Department of Environmental Protection

v permit -
Re. Facility # 0250739-002



BEST AVAILABLE COPY

Department of Environmental Protection



Jeb Bush
Governor

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

David B. Struhs
Secretary

October 16, 2001

Mr. [Name]
[Address]
[City, State, Zip]

Enclosed is the Title V General Permit Notification Form for the dry cleaning facility that you operated in September, 2001.

Please note that the Department will be mailing fee notices to those facilities operating the Title V General Permit. The operating fee is \$50 and it is due and payable between January 1 and March 31 of each year. The fee is subject to the requirements of the Title V General Permit.

Please provide the following information in your mailing address, location address, responsible person, and phone number to the Department at the following address:

Department of Environmental Protection
Title V General Permit Unit
P.O. Box 1000
Tallahassee, Florida 32304

If you have any questions regarding the Title V General Permit Program, please contact the office in your area.

Sincerely,

David B. Struhs
Secretary
Bureau of Air Monitoring
and Mobile Sources

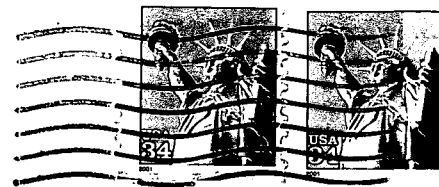
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
NOV - 5 2001

10420 NW 7th Ave

Miami FL

33150



GENERAL PERMIT SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCE MS 5510
DEPARTMENT OF

ENVIRONMENTAL PROTECTION

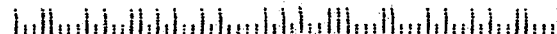
TWIN TOWERS OFFICE BUILDING

2600 BLAIR STONE ROAD.

TALLAHASSEE FLORIDA.

32399-2400

32399-2400



THIS PORTION MUST BE ATTACHED TO RECEIPTANCE FOR PROPER HANDLING

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

459046 FEB172006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

FLAIR ACCT. CODE 372020359613755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

AIRS ID# 250739 1st
INTERNATIONAL
PROFESSIONAL CLEANERS
10420 NW 7th
NORTH MIAMI, FL 33150

Printed on recycled paper.

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.

443741 DEC 27 2004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250739 10
INTERNATIONAL PROFESSIONAL
CLEANERS
10420 NW 7th
NORTH MIAMI, FL 33150

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

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources

DEC 29 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435086 JAN 9 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

Do **NOT** Remove Label

250739
 BADRUDIN KANJI
 INTERNATIONAL PROFESSIONAL
 CLEANERS
 10420 NW 7TH AVE
 NORTH MIAMI FL 33150

RECEIVED
 JAN 15 2004
 Bureau of Air Monitoring
 & Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

#9728

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

427336

Bureau of Air Monitoring
& Mobile Sources

APR 8 2003

RECEIVED

Do **NOT** Remove Label

AIRS ID#0250739
INTERNATIONAL PROFESSIONAL
CLEANERS
BADRUDIN KANJI
10420 NW 7TH AVE
NORTH MIAMI FL 33150

*referred
2/14/03
PH
423036*

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

423036 FEB17 2003

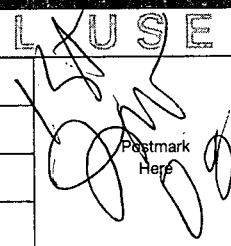
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0250739
 INTERNATIONAL PROFESSIONAL CLNER
 BADRUDIN KANJI
 10420 NW 7TH AVE
 NORTH MIAMI FL
 33150

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

RECEIVED
 FEB 19 2003
 Bureau of Air Monitoring
 & Mobile Source Control

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
AIRS ID#0250739	
Sent To	INTERNATIONAL PROFESSIONAL CLNER
Street, Apt. or PO Box #	BADRUDIN KANJI 10420 NW 7TH AVE
City, State,	NORTH MIAMI FL 33150
PS Form 3811	102595-02-M-1035

7001 0320 0001 7975 7889

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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 2/7/03</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#0250739</p> <p>INTERNATIONAL PROFESSIONAL CLNER BADRUDIN KANJI 10420 NW 7TH AVE NORTH MIAMI FL 33150</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 (Transfer from service label)</p>	<p>7001 0320 0001 7975 7889</p>
PS Form 3811, August 2001	Domestic Return Receipt
	102595-02-M-1035

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412027 DEC21 2001

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

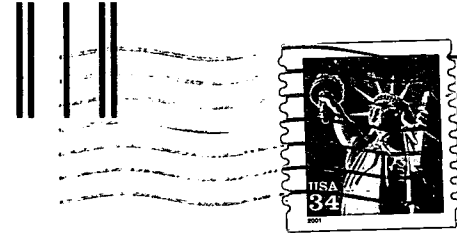
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250739
INTERNATIONAL PROFESSIONAL CLNRS
BADRUDIN KANJI
10420 NW 7TH AVE
NORTH MIAMI FL
33150

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

~~10420~~ NW 7th Ave.
Miami Florida
33150



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

32315+3070 99

