

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

September 19, 2006

Mr. Alamgir Bashir
Paris Dry Cleaners
2922 Coral Way
Miami, Florida 33145

Re: Facility No.: 0250773-003

Dear Mr. Bashir:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 11, 2006.

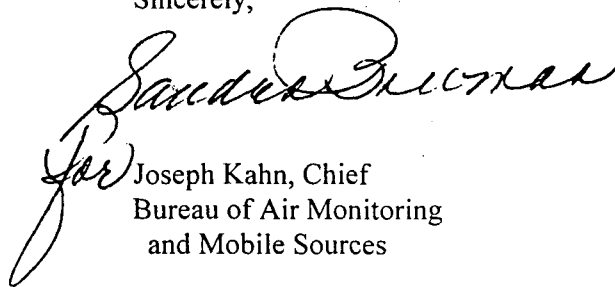
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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NO ACTIVITY FOR FACILITY
EMISSION FEE DATES *19.6.2005*
SOC REPORTS *4*
COMP. STATUS - SNC MNC

*INS2-Compliance Inspection
Walk-through*

Insp - Miami - Dade - MM

8/16 - WAITING FOR SIGNATURE PAGE - FAXED
9/5 - CALLED & FAXED AGAIN
9/8 - REC'D ORIGINAL SIGNATURE

RECEIVED
AUG 11 2006
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):	PARIS CLEANERS OF MIAMI L.L.C.		
2. Site Name (For example, plant name or number):	PARI DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD183275171		
4. Facility Location: Street Address:	2920 - CORAL WAY		
City:	MIAMI	County:	DADE
Zip Code:	33145		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250773-003		

Responsible Official

6. Name and Title of Responsible Official: Name:	ALAMHIR BASHIR	Title:	PARTNER
7. Responsible Official Mailing Address: Organization/Firm:	PARIS DRY CLEANERS		
Street Address:	2920 - CORAL WAY		
City:	MIAMI	County:	DADE
Zip Code:	33145		
8. Responsible Official Telephone Number: Telephone:	(305) 446-3013	Fax:	(305) 446-4477

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ALAMHIR BASHIR		
10. Facility Contact Address: Street Address:	2920 - CORALWAY		
City:	MIAMI	County:	DADE
Zip Code:	33145		
11. Facility Contact Telephone Number: Telephone:	(305) 446-3013	Fax:	(305) 446-4477

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")
DECEMBER /03	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/None required	SAME
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> 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? [4]

How many dryers/reclaimers do you have on-site? [2]

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")
DEC, 03	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> 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?

[0] 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? 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

RECEIVED
SEP 08 2006
Bureau of Air Monitoring
& Mobile Sources

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.

~~MUHAMMAD S. QADIR~~ ALAMGIR BASHIR
Print name of responsible official

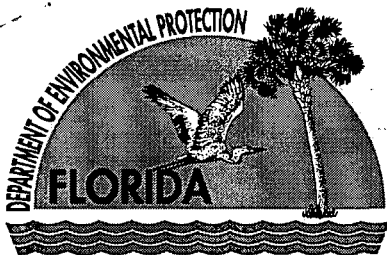

Signature

7/28/06
Date

SENT 8/16/06
FOR NEW R/O
SIGNATURE D.

RETURN TO:

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES, MS5511
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 9/5/06

TO: ALAMMIR BASHIR

PHONE: 305-446-3013

FAX: 305-446-4477

FROM: DICKSON DIBBLE

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: R/O SIGNATURE

CC: _____

Total number of pages including cover sheet: Two

Message

Mr. Bashir,

PLEASE PRINT YOUR NAME AND SIGN, AND
DATE, AND RETURN TO THE FOLLOWING ADDRESS BY
U.S. MAIL: FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES, MS 5510
2600 BLAIRSTONE ROAD
TALLAHASSEE, FL 32399-2400

If there are any problems with this fax transmittal, please call the above phone number.

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

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THANK YOU,
Dick Dibble

TRANSMISSION VERIFICATION REPORT

TIME : 09/05/2006 12:19
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME : 09/05 12:18
FAX NO./NAME : 613054464477
DURATION : 00:00:44
PAGE(S) : 02
RESULT : OK
MODE : STANDARD
ECM



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

FAX TRANSMITTAL SHEET

DATE: 9/5/06

TO: ALAMHIR BASHIR

PHONE: 305-446-3013

FAX: 305-446-4477

FROM: DICKSON VIBBLE

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: R/O SIGNATURE

CC: _____

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Message

Mr. Bashir

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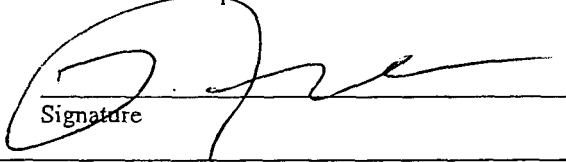
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MUHAMMAD S. QADHI

Print name of responsible official


Signature

7/28/06
Date

SENT 8/16/06
FOR NEW R/O
SIGNATURE D.

RETURN TO:

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES, MS5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400



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

Colleen M. Castille
Secretary

FAX TRANSMITTAL SHEET

DATE: 9/5/06

TO: ADMIRAL BASHIR

PHONE: 305-446-3013

FAX: 305-446-4477

FROM: DICKSON DIBBLE

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: R/O SIGNATURE

CC: _____

Total number of pages including cover sheet: Two

Message

MR. BASHIR,

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U.S. MAIL: FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES, MS 5510
2600 BLAIRSTONE ROAD
TALLAHASSEE, FL 32399-2400

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THANK YOU,
Dick Dibble

Paris Dry Cleaners
2922 Coralway
Miami, FL 33145

MIAMI FL 331

06 SEP 2005 PM 5:17



Florida Department of Environmental Protection
General Permit Section
Bureau of Air Monitoring & Mobile Source,
MS5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+8342

