

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

March 19, 2004

Mr. Salih M. Mirani  
Best Choice Dry Cleaners  
5960 West 16 Avenue  
Hialeah, Florida 33012

Re: Facility No.: 0250819-003

Dear Mr. Mirani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 4, 2004.

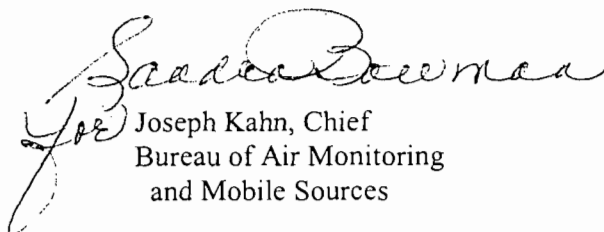
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES ..... 1997-2002  
SOC REPORTS ..... 4  
COMPLIANCE STATUS ..... MNE → 1/07/03

New Owner

AIRS ID # 0250819

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

FEB 04 2004

Part III. Notification of Intent to Use General Permit Air Quality  
Management Division

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):	Best Choice Drycleaners
2. Site Name (For example, plant name or number):	SAMES AS #1
3. Hazardous Waste Generator Identification Number:	FLA 000023978
4. Facility Location: Street Address: City:	5960 W-16th AVENUE Hialeah County: MIAMI-DADE Zip Code: 33012
5. Facility Identification Number (DEP Use ONLY; do not fill in):	0250819-003

Responsible Official

6. Name and Title of Responsible Official: Name:	SALIH M. Mirani Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	5960, W-16th AVENUE HIALEAH County: FL (MIAMI DADE) Zip Code: 33012
8. Responsible Official Telephone Number: Telephone:	(305) 823-8986 Fax: ( )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SALIH M. Mirani / president
10. Facility Contact Address: Street Address: City:	5960, W-16th AVE HIALEAH County: MIAMI DADE Zip Code: 33012
11. Facility Contact Telephone Number: Telephone:	(305) 823-8986 Fax: ( )

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

RECEIVED

Facility Information

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

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

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>7-17-1992</u>	Existing <input checked="" type="radio"/> 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? 2

How many dryers/reclaimers do you have on-site? 1

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?

→ 40 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? ONE

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.

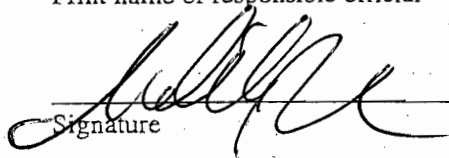
Responsible Official Certification

*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.*

**SALIH M MIRANI**

Print name of responsible official

  
Signature

**2-3-04**

Date

Page 15

1. (a) Circle Control Device Required for New dry-to-dry machine  
Add Date Control Device Installed for New machine.

Page 16

5. Add horsepower for each boiler.

**SENDER - COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
 BEST CHOICE DRY CLEANER  
 MUHAMMED MEER  
 5960 W 16TH AVENUE  
 HIALEAH, FL 33012  
 #0250819

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

Article Number: **7003 0500 0004 0144 4589**

Form Receipt: 102595-02-M-1540

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Total Postage & Fees \$ \_\_\_\_\_

Postmark Here: *303*

SENT TO: **7003 0500 0004 0144 4589**

Street, Apt. No., or PO Box No.: **5960 W 16TH AVENUE**  
 City, State, ZIP+4: **HIALEAH, FL 33012**  
*#0250819*

PS Form 3800, JUN 2003 See Reverse for Instructions

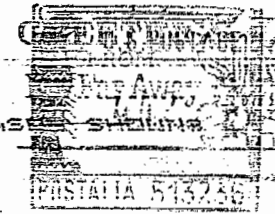
MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7003 0500 0004 0144 4589



Bureau of Air Monitoring & Mobile Sources  
APR 15 2004

RECEIVED

BEST CHOICE DRY CLEANER  
MUHAMMED MEER  
5960 W 16TH AVENUE  
HIALEAH, FL 33012

UNKNOWN

- Forwarding Order Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Attempted, Not Known
- No Such Street
- No Such Number
- Returned



**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:

AIRS ID# 250819 1stC  
 BEST CHOICE DRY CLEANER  
 5960 W 16 Avenue  
 HIALEAH, FL 33012

2. Article Number  
 (Transfer from service label)

7003 0500 0004 0144 6910

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  
 Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: AIRS ID# 250819 1stC  
 BEST CHOICE DRY CLEANER  
 Street, Apt. No., or PO Box No. 5960 W 16 Avenue  
 City, State, ZIP+4 HIALEAH, FL 33012

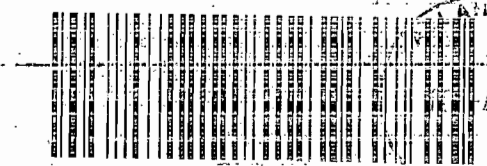
PS Form 3800, July 2003

059 4410 4000 0050 0000 7003

MS# \_\_\_\_\_ MC Acct # \_\_\_\_\_

Department of Environmental Protection  
 2600 Blair Stone Rd  
 Tallahassee FL 32399-2400

**CERTIFIED MAIL™**



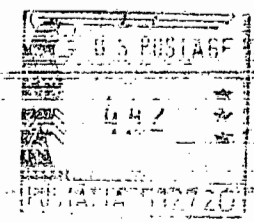
7003 0500 0004 0144 6910

**RETURN TO SENDER**

Reason for return:

- Unclassified
- Insufficient address
- No such street number
- No such office in state
- Not a mail address

AIRS ID# 250819 1stC  
 BEST CHOICE DRY CLEANER  
 5960 W 16 Avenue  
 HIALEAH, FL 33012



MAR 2 2005  
 Certified Mail  
 Air Monitoring  
 Mobile Sources

*[Handwritten signature]*

SENDER COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece or on the front if space permits.

Article Addressed to:

AIRS ID # 250819  
MUHAMMED MEER  
BEST CHOICE DRY CLEANER  
5960 W 16TH AVENUE  
HIALEAH, FL 33012

2. Article Number: 7003 0500 0004 0144 8723  
(Transfer from service label)

PS Form 3800, August 2000

COMPLETE THIS SECTION ON DELIVERY

A. Signature:  Agent  Addressee

B. Received by: (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

8723 0144 0004 0500 0003 7003

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com  
**OFFICIAL USE**  
Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage \$  
Postmark Here: 2003  
AIRS ID # 250819  
Sent To: MUHAMMED MEER  
BEST CHOICE DRY CLEANER  
5960 W 16TH AVENUE  
HIALEAH, FL 33012  
PS Form 3800, July See Reverse for Instructions

2nd cert.

2003

**CERTIFIED MAIL**

MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400



7003 0500 0004 0144 8723



UNCLAIMED FROM  
HIALEAH, FL 33012

NL 316104

RT 32

Bureau of Air Mail  
Monitoring  
& Research  
Services

MAR 23 2004

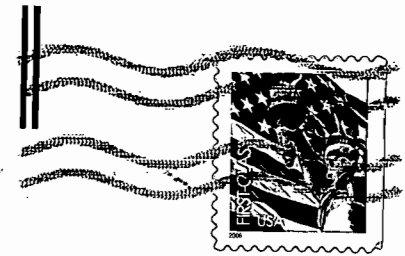
RECEIVED

AIRS ID # 250819  
MUHAMMED MEER  
BEST CHOICE DRY CLEANER  
5960 W 16TH AVENUE  
HIALEAH, FL 33012

Best choice Dry cleaner  
5960w 16 AVE  
HIALEAH FL 33012

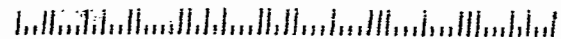
SOUTH FLORIDA P.D.C.

FL 330-21L  
23 FEB 2007 PM



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

323153070 BO99



-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

448815 MAR10 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#0250819.....2<sup>nd</sup> Cert 05  
BEST CHOICE DRY CLEANER  
5960 W 16 Avenue  
HIALEAH, FL 33012

FOR GOVERNMENT USE ONLY  
ORG.: 375501010000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*Printed on recycled paper.*

RECEIVED  
MAR 11 2005  
AIR MONTANA  
Mobile Source

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**

RECEIVED  
489945 FEB 26 2007

MAR 01 2007

Do **NOT** Remove Label

AIRS ID#250819  
BEST CHOICE DRY CLEANER INC  
5960 W 16 Avenue  
HIALEAH, FLORIDA 33012

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459397 FEB272006

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# 250819 1st  
BEST CHOICE DRY CLEANER  
5960 W 16 Avenue  
HIALEAH, FL 33012

cut it if you  
want to  
use  
Mobile Source  
mailing


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

Printed on recycled paper.

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<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To AIRS ID#0250819.....2 <sup>nd</sup> Cert 05 BEST CHOICE DRY CLEANER Street, Apt. No., or PO Box No. 5960 W 16 Avenue City, State, ZIP+4 HIALEAH, FL 33012	
PS Form 3800	

7004 2510 0002 3939 3271

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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>1. Article Addressed to:</p> <p>AIRS ID#0250819.....2<sup>nd</sup> Cert 05          BEST CHOICE DRY CLEANER          5960 W 16 Avenue          HIALEAH, FL 33012</p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/>  <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> Date of Delivery          S/4/05</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>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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
7004 2510 0002 3939 3271	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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 32390-2400

MAR 9 2005

RECEIVED

