

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 16, 2001

Mr. Kasu Abdulghani
Superior Cleaners
2131 Americana Boulevard
Orlando, Florida 32839

Re: Facility No.: 0950305-002

Dear Mr. Abdulghani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 12, 2001.

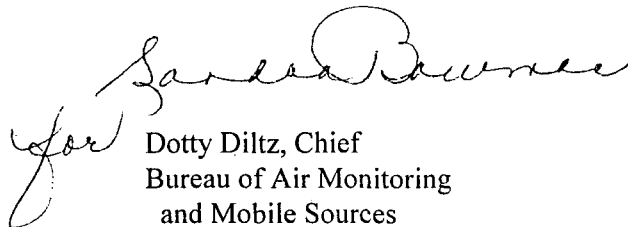
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

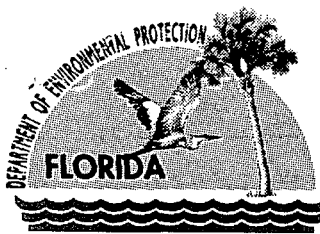
DD/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 4
Compliance IN



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Colleen M. Castille
Secretary

February 9, 2005

ANS ID 0950305

Shaheen Ventures, Inc.
DBA Superior Cleaners
2131 Americana Blvd.
Orlando, FL 32839

To Whom It May Concern:

We are returning your check # 1826 the following reason.

Check not signed

Wrong Payee

Legal amount is not filled in and check is not signed.

Please contact me if you have any questions at (850) 245-2458.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/as

cc: Reading File
Cashier

"More Protection, Less Process"

Printed on recycled paper.

0950305-002

P15

(a) Add Date Initially Purchased
from Manufacturer.

P17 Responsible official sign and date for
changes made

7/25/2001

Spokane Ok Hasu and he stated the
Dry to dry machine at Superior Cleaners was
originally purchased in 1995.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

____ 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

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 12 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):	SHAHEEN VENTURES, INC		
2. Site Name (For example, plant name or number):	SUPERIOR CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 982093031		
4. Facility Location:	2131 AMERICANA BLVD.		
Street Address:			
City:	ORLANDO	County:	ORANGE
		Zip Code:	FL 32839
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950305-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	KASU, ABDULGHANI	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	2131 AMERICANA BLVD.		
Street Address:			
City:	ORLANDO	County:	ORANGE
		Zip Code:	FL 32839
8. Responsible Official Telephone Number:			
Telephone:	(407) 859-6583	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	KASU, ABDULGHANI PRESIDENT		
10. Facility Contact Address:			
Street Address:	2131 AMERICANA BLVD.		
City:	ORLANDO	County:	ORANGE
		Zip Code:	FL 32839
11. Facility Contact Telephone Number:			
Telephone:	(407) 859-6583	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")
	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
	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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

~~7-9-01~~ Permit Renewal

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.

KASU, ABDULGHANI

Print name of responsible official



Signature

7-9-01

Date

0950305-002

P15

(a) Add Date Initially Purchased from Manufacturer.

RECEIVED
JAN - 7 2001

Bureau of Air Monitoring & Mobile Sources
Orange
Send files.

Prior complete

Facility Name

1. Facility Name	SHA
2. Site Name	SU
3. Hazardous	FL
4. Facility Street / City:	
5. Facility	

P17 Responsible official sign and date for changes made

7/25/2001

Spoke to Mr. Kasu and he stated the Dry to dry machine at Superior Cleaners was originally purchased in 1995.

Responsible

6. Name and Name:	K
7. Responsible Organization Street / City:	
8. Responsible Telephone	

Facility Contact

9. Name and	KASU
10. Facility	
Street Address:	2131 AMERICANA BLVD.
City:	ORLANDO
County:	ORANGE
Zip Code:	FL 32839
11. Facility Contact Telephone Number:	
Telephone:	(407) 859-6583
Fax:	() -

RECEIVED
AUG 20 2001
ORANGE COUNTY ENVIRONMENTAL PROTECTION DIVISION

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 12 2001

Bureau of Air Monitoring
& Mobile Sources

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4. Facility Location: Street Address:	2131 AMERICANA BLVD.		
City:	County:	Zip Code:	FL 32839
ORLANDO	ORANGE		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950305-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: KASU, ABDULGHANI Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: 2131 AMERICANA BLVD.		
Street Address:	City: ORLANDO County: ORANGE Zip Code: FL 32839		
8. Responsible Official Telephone Number:	Telephone: (407) 859-6583 Fax: () -		

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ORLANDO	ORANGE		
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1995- <i>AK</i>	Existing/ New	RC /CA/None required	<u>SAME</u>
_____	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?

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2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

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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

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How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

What type of fuel do you use? propane natural gas
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- (d) Carbon adsorber exhaust perc concentration monitoring
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~~NO~~ Permit Renewal

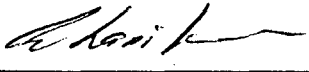
Responsible Official Certification

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.

KASU, ABDULGHANI

Print name of responsible official


Signature

7-9-01
Date

10-25-01



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.

TOTAL AMOUNT DUE: \$50.00

pd 1/3/02

Do **NOT** Remove Label

AIRS ID # 0950305
SUPERIOR CLEANERS
ABDUL GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL
32839

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



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.

TOTAL AMOUNT DUE: \$50.00

1478

Bureau of Air Monitoring
of Mobile Sources

JAN 8 2004

Do NOT Remove Label

950305
ABDUL KASU
SUPERIOR CLEANERS
2131 AMERICANA BLVD
ORLANDO FL 32839

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422301 JAN28 2003

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

1170

TOTAL AMOUNT DUE: \$50.00

RECEIVED

FEB 03 2003

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#0950305

SUPERIOR CLEANERS
ABDUL GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL
32839

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

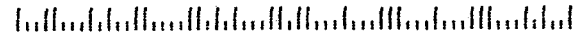
Obj.: 002273

Superior Cleaners
2131 Americana Blvd.
Orlando, FL 32839



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

32315+3070 99



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

Do **NOT** Remove Label

AIRS ID# 950305 10
SUPERIOR CLEANERS
2131 AMERICANA BLVD
ORLANDO, FL 32839

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

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448907 FEB 18 2005

~~445000 JAN 26 2005~~

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FEB 21 2005

Bureau of Air, Monitoring
& Mobile Sources

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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 & Fees	Postmark Here
Sent Street or P.O. Box City, State, ZIP+4®	AIRS ID# 950305 1stC SUPERIOR CLEANERS 2131 AMERICANA BLVD ORLANDO, FL 32839
PS Form 3811, August 2001	Instructions

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# 950305 1stC
 SUPERIOR CLEANERS
 2131 AMERICANA BLVD
 ORLANDO, FL 32839

 2. Article Number
 (Transfer from service label)

7004 2510 0002 3938 6532

COMPLETE THIS SECTION ON DELIVERY

 A. Signature *Kemward* 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

BEST AVAILABLE COPY

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 SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources
Tallahassee, Florida

FEB 21 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457158 DEC22 2005

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

2070

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

950305 10
SUPERIOR CLEANERS
2131 AMERICANA BLVD
ORLANDO, FL 32839

DEC 22 2005
Bureau of Air Monitoring
& Mobile Sources

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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