

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 19, 2003

Mr. John Shakarji
American Cleaners of Winter Park
849 South Orlando
Winter Park, Florida 32789

Re: Facility No.: 0951163-003

Dear Mr. Shakarji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 16, 2003.

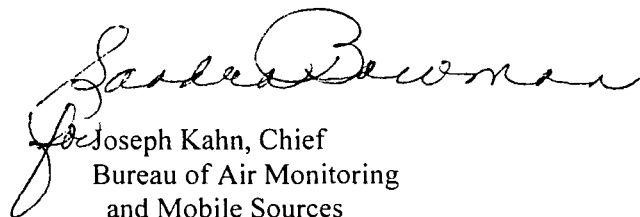
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Feed 97-02

SOC 3

Last Comp IN

BEST AVAILABLE COPY

RECEIVED
D.C. ENVIRONMENTAL
PROTECTION DIVISION

PERCHLOROETHYLENE DRY-CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

2003 JUN 20 PM 12:10

Part III. Notification of Intent to Use General Permit MAY 16 2003

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
JUN 2 2003

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):
YAGH CORPORATION / DBA American Cleaners of Winter Park

2. Site Name (For example, plant name or number):
American Cleaners of Winter Park

3. Hazardous Waste Generator Identification Number: FLD
FLD # (FL 0000141226)

4. Facility Location:
Street Address:
City: 849 S. Orlando County: Orange Zip Code: 32789

5. Facility Identification Number (DEP Use ONLY - do not fill in)
0951163-003

Responsible Official

6. Name and Title of Responsible Official:
Name: John Shakarji Title: President

7. Responsible Official Mailing Address:
Organization/Firm: American Cleaners of Winter Park
Street Address: 849 South Orlando
City: WINTER PARK County: ORANGE Zip Code: 32789

8. Responsible Official Telephone Number:
Telephone: (407) 645-5537 Fax: ()

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:
Street Address: SHALE County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: (407) 645-5537 Fax: ()

DE 11221
 J. L. ...
 01:51M9 OS MUL 8005

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")
<i>date</i> 2002	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
_____	Existing <input checked="" type="radio"/> New	RC/CA/None required	_____
_____	Existing <input checked="" type="radio"/> 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: 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

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.

John Chakaj
Print name of responsible official

[Signature]
Signature

5/5/03
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

Part III. Notification of Intent to Use General Permit **MAY 16 2003**

Prior to filling out this form, please read the instructions provided at the end of the form. ^{Sum of Air Sampling} ^{& Mobile Offices} 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):	YAGH CORPORATION / DBA American Cleaners of Winter Park		
2. Site Name (For example, plant name or number):	American Cleaners of Winter Park		
3. Hazardous Waste Generator Identification Number:	FLD # (FL 0000141226)		
4. Facility Location:	Street Address: Winter Park City: 849 S. Orlando County: Orange Zip Code: 32789		
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0951163-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: John Shakarij Title: President		
7. Responsible Official Mailing Address:	Organization/Firm: American Cleaners of Winter Park Street Address: 849 South Orlando City: WINTER PARK County: ORANGE Zip Code: 32789		
8. Responsible Official Telephone Number:	Telephone: (407) 645-5537 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address: SAME City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: (407) 645-5537 Fax: () -		

Facility Information

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

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*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

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	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

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gallons (You must fill this in)

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Check why it is less than 12 months: New owner: Did not keep records:

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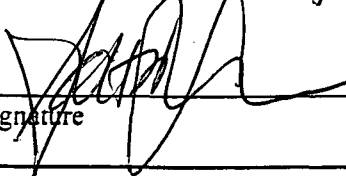
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

John Shakarj
Print name of responsible official


Signature

5/5/03
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

Part III. Notification of Intent to Use General Permit MAY 16 2003

Prior to filling out this form, please read the instructions provided at the end of the form. ^{3. Mobile Offices} ^{4. Monitoring} ^{5. Air} ^{6. 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):	YAGH CORPORATION / DBA American Cleaners of Winter Park		
2. Site Name (For example, plant name or number):	American Cleaners of Winter Park		
3. Hazardous Waste Generator Identification Number:	FLD # (FL 0000141226)		
4. Facility Location:	Street Address: Winter Park		
	City: 849 S. Orlando	County: Orange	Zip Code: 32789
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0951163-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: John Shakarji		Title: President
7. Responsible Official Mailing Address:	Organization/Firm: American Cleaners of Winter Park		
	Street Address: 849 South Orlando		Zip Code: 32789
	City: WINTER PARK	County: ORANGE	
8. Responsible Official Telephone Number:	Telephone: (407) 645-5537		Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address: SAME		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: (407) 645-5537		Fax: () -

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466591 DEC28 2006

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

TOTAL AMOUNT DUE: \$50.00

Bureau of
Tallahassee
DEC 29 2006

Do NOT Remove Label

AIRS ID# 951163
YAGH CORP
849 S Orlando
WINTER PARK, FLORIDA 32785

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

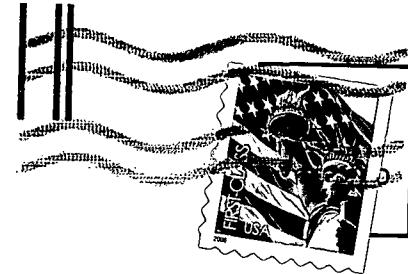
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

AMERICAN CLEANERS OF WINTER PARK
849 S. ORLANDO AVENUE
WINTER PARK, FLORIDA 32789
(407) 645-5537

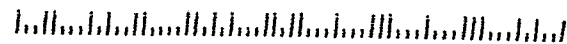
ORLANDO FL 328

26 DEC 2006 PM 7 L



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

323153070 BOSS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444003 JAN 3 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

RECEIVED
JAN 4 2005
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID# 951163 10
AMERICAN CLEANERS OF WINTER
PARK
849 S Orlando
WINTER PARK, FL 32785

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

458184 JAN 18 2006

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
JAN 19 2006
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

951163 10
AMERICAN CLEANERS OF WINTER
PARK
849 S Orlando
WINTER PARK, FL 32785

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

435969 FEB 4 2004

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

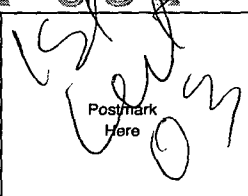
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

951163
JOHN SHAKARI
AMERICAN CLEANERS OF WINTER PARK
849 S ORLANDO
WINTER PARK FL 32789

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

~~Bureau of Air Monitoring
& Mobile Sources~~
FEB 9 2004
RECEIVED

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 ID# 951163	Postmark Here 
Sent To JOHN SHAKARJ AMERICAN CLEANERS OF WINTER PARK 849 S ORLANDO WINTER PARK, FL 32789	
PS Form 3800	

7003 2260 0003 5650 8816

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:

ID# 951163
 JOHN SHAKARJ
 AMERICAN CLEANERS OF WINTER PARK
 849 S ORLANDO
 WINTER PARK, FL 32789

2. Article Number

(Transfer from service label)

7003 2260 0003 5650 8816

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/5/04

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

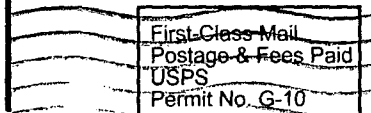
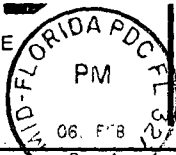
Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2004
Bureau of Air Monitoring
& Air Quality Sources

