

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 31 2001

Mr. Shaukatali Kadibhai  
Wekiva Club Cleaners  
3873 Wekiva Spring Road  
Longwood, Florida 32779

Re: Facility No.: 1170064-002

Dear Mr. Kadibhai:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 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: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid  
SOC 4  
Compliance IN

1170064-002

P15

1(a) (RC) should be circled under  
Control Device Required

P17

Responsible official sign and  
date for changes made

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):	KIREFU INC. DBA WEKIVA CLUB CLEANERS		
2. Site Name (For example, plant name or number):	WEKIVA CLUB CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLCESQG (MCF SYSTEMS)		
4. Facility Location:	Street Address: 3873 WEKIVA SP. Rd. City: LONGWOOD County: SEMINOLE Zip Code: 32779		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1170064-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: SHAIKATALI KADIBHAI Title: MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm: WEKIVA CLUB CLEANERS Street Address: 3873 WEKIVA SP. Rd. City: Longwood County: SEMINOLE Zip Code: 32779		
8. Responsible Official Telephone Number:	Telephone: (407) 774-5157 Fax: ( ) -		

Facility Contact (If different from Responsible Official) SAME

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

**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>8/25/96</u>	Existing/ <u>New</u>	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?

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?**

15 gallons (You must fill this in) 2000

(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:  10

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 MRS ID# 1170064001 AG
- 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.*

SHAUKAT KADI BHAI

Print name of responsible official

*Shaukat Kadibhai*

Signature

6/13/2001

Date

**RECEIVED**  
JUN 20 2001  
Bureau of Air Monitoring  
& Mobile Sources

*6/21/01  
Shaukat Kadibhai*

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**SENDER:** [REDACTED] **ION ON DELIVERY**

<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>A. Received by (Please Print Clearly) <b>S. KADIBHAI</b></p> <p>B. Date of Delivery</p>
	<p>C. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <b>AIRS ID # 1170064</b>  <b>WEKIVA CLUB CLEANER</b>  <b>AUKAT KADIBHAI</b>  <b>5306 HYDE PARK AVENUE</b>  <b>ORLANDO FL 32808</b></p> <p style="text-align: right;">Bureau of Air Mail &amp; Mobile Services</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>2. Article Number (Copy from service label) <b>7000060000264128</b></p>	<p>3. Service Type <b>MAR 06 2002</b></p> <p><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>

**RECEIVED**  
MAR 8 2002

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

6219 9214 9200 0090 7000

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>AIRS ID # 1170064</b>
<b>Recipient</b>	<b>WEKIVA CLUB CLEANER</b>
<b>Street, Apt</b>	<b>SHAUKAT KADIBHAI</b>
<b>City, State</b>	<b>5306 HYDE PARK AVENUE</b>
	<b>ORLANDO FL 32808</b>

PS Form 3800, February 2000 See Reverse for Instructions



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

7001 0320 0001 7976 0568

OFFICIAL USE

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

AIRS ID # 1170064

WEKIVA CLUB CLEANER  
 SHAUKAT KADIBHAI  
 5306 HYDE PARK AVENUE  
 ORLANDO FL 32808

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD ADDRESS LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 style="text-align: center;">AIRS ID # 1170064            WEKIVA CLUB CLEANER            SHAUKAT KADIBHAI            5306 HYDE PARK AVENUE            ORLANDO FL 32808</p>	<p>A. Received-by (Please Print Clearly) <span style="float: right;">B. Date of Delivery</span></p> <p style="text-align: center;"><i>S. Kadibhai</i> <span style="float: right;">3-8-02</span></p> <p>C. Signature <span style="float: right;"><input type="checkbox"/> Agent</span></p> <p><input checked="" type="checkbox"/> <i>S. Kadibhai</i> <span style="float: right;"><input type="checkbox"/> Addressee</span></p> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes</span></p> <p style="padding-left: 20px;">If YES, enter delivery address below: <span style="float: right;"><input type="checkbox"/> No</span></p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="margin-left: 20px;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p>
	<p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
<p>2. Article Number (Copy from mailing label)</p> <p style="font-size: large; font-weight: bold;">7001 0320 0001 7976 0568</p>	
<p>PS Form 3811, July 1999 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-00-M-0952</span></p>	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415118 MAR11 2002

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

*Business closed  
as of 8/30/01  
and I am the owner  
Shaukat Kadibhai*

Do NOT Remove Label

AIRS ID # 1170064  
WEKIVA CLUB CLEANER  
SHAUKAT KADIBHAI  
5306 HYDE PARK AVENUE  
ORLANDO FL 32808

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

*Pls. update on your  
system - Business Closed*