



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 15, 2002

Mr. Ismail Peerani
One Hour Star Dry Cleaning
276 Sausalito Boulevard
Casselberry, Florida 32707

Re: Facility No.: 1170354-002

Dear Mr. Peerani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 11, 2002.

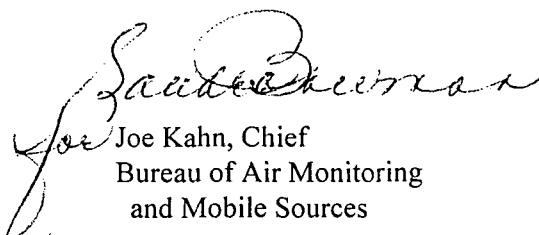
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

Fees 97-01
SOC 6
Compliance IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
[SEP 11 2002
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):	ICSAS ENTERPRISES INC		
2. Site Name (For example, plant name or number):	ONE HOUR STAR DRY CLEANING		
3. Hazardous Waste Generator Identification Number:	TAX ID # 59-3707317 STATE CERTIFICATE No 69-12-072476-49-1		
4. Facility Location:	Street Address: 276 SAUSALITO BLVD City: CASSELBERRY County: FL Seminole Zip Code: 32707		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1170354-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: ISMAIL PEERANI Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 276 SAUSALITO BLVD City: CASSELBERRY County: FL Seminole Zip Code: 32707		
8. Responsible Official Telephone Number:	Telephone: (407) 834-4114 Fax: (407) 834-4881		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ISMAIL PEERANI, PLANT MGR		
10. Facility Contact Address:	Street Address: 276 SAUSALITO BLVD. City: CASSELBERRY County: FL Seminole Zip Code: 32707		
11. Facility Contact Telephone Number:	Telephone: (407) 834-4114 Fax: (407) 834-4881		

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>1997</u>	<u>Existing</u> /New	<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

NA
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?

[460] gallons (You must fill this in)

NA (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".)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Existing machines at small area source
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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

YR
 FULTON MODEL = FB-015-A 1977
 MD LBS/HR SH HD HS MWDP
 518 3/8 1/2 45 150

How many boilers do you have on-site? 1

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.

I BOUGHT THE PLANT LAST YEAR. I DO NOT KNOW WHERE THE PERMIT IS.

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.

ISMAIL PEZCAN
Print name of responsible official

Ismail Pezcan
Signature

9/7/02
Date

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

OFFICIAL USE

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

AIRS ID#1170354

Sent ONE HOUR STAR DRY CLEANING
 ISMAIL PEERANI
 Street or P.O. 276 SAUSALITO BLVD
 City, CASSELBERRY FL
 32707

PS Form

Instructions

7001 0320 0001 7975 5922

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#1170354

ONE HOUR STAR DRY CLEANING
 ISMAIL PEERANI
 276 SAUSALITO BLVD
 CASSELBERRY FL
 32707

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 5922

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2/7

C. Signature

X Ismail Peerani Agent
 Addressee

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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

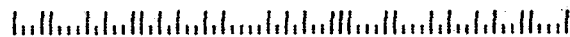
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED



7004 2510 0002 3939 4995

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

Sent To AIRS ID#1.17035e+006.....2nd Cert 05
 ONE HOUR STAR DRY CLEANING
 276 E Sausalito Blvd
 CASSELBERRY, FL 32707

Street, Apt. No. or PO Box No.
 City, State, Zip

#1170354-001

PS Form 3800

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:
 1170354
 AIRS ID#1.17035e+006.....2nd Cert 05
 ONE HOUR STAR DRY CLEANING
 276 E Sausalito Blvd
 CASSELBERRY, FL 32707

2. Article Number
 (Transfer from sender)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
 MAR 25 4 05

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

MAR 25 2007

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 4995

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 •

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

U.S. DEPT. OF AIR FORCE
Mobile Source

MAR 7 2005

RECEIVED

01



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. 457284 DEC 27 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1170354 10
ONE HOUR STAR DRY CLEANING
276 E Sausalito Blvd
CASSELBERRY, FL 32707

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
DEC 29 2005

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

448105 MAR 2 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# 1170354 1stC
ONE HOUR STAR DRY CLEANING
276 E Sausalito Blvd
CASSELBERRY, FL 32707

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

Printed on recycled paper.

RECEIVED
MAR 2 2005
Bureau of Air Monitoring
& Mobile Source

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436855 FEB25 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

ID# 1170354
ISMAIL PEERANI
ONE HOUR STAR DRY CLEANING
276 SAUSALITO BLVD
CASSELBERRY, FL 32707

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

Bureau of Air Mail
MAR 3 2004
RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422865 FEB12 2003

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

AIRS ID#1170354
ONE HOUR STAR DRY CLEANING
ISMAIL PEERANI
276 SAUSALITO BLVD
CASSELBERRY FL
32707

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

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# 1170354 1stC
ONE HOUR STAR DRY CLEANING
276 E Sausalito Blvd
CASSELBERRY, FL 32707

2. Article Number

(Transfer from service label)

7001 1140 0001 7556 3333

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carman Baran* Agent
 Addressee

B. Received by (Printed Name)

C. Purani

C. Date of Delivery

*2/7/05*D. Is delivery address different from item 1? YesIf 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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 0510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Quality
& Mobile Sources

FEB 16 2005

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7003 0500 0004 0144 4312

U.S. Postal Service™
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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)	

Postmark
Here

Total P# ID# 1170354

Sent To ISMAIL PEERANI
ONE HOUR STAR DRY CLEANING
Street, Ap or PO Box 276 SAUSALITO BLVD
City, State CASSELBERRY, FL 32707

PS Form 3800, June 2002

See Reverse for 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:

ID# 1170354
ISMAIL PEERANI
ONE HOUR STAR DRY CLEANING
276 SAUSALITO BLVD
CASSELBERRY, FL 32707

2. Article Number

(Transfer)

||||| 7003 0500 0004 0144 4312 |||

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ismail Peerani* Agent Addressee

B. Received by (Printed Name)

I. Peerani

C. Date of Delivery

2/6/04

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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

Bureau of Air Monitoring
& Control
of Mobile Sources

FEB 9 2004

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