

Department of **Environmental Protection**

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

David B. Strubs Secretary

August 6, 2001

Mr. Nagui R. Zaripa Dry Clean N Save 2238 University Drive Coral Springs, Florida 33091

Re: Facility No.: 0112215-002

Dear Mr. Zaripa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 2, 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. Jarret Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

01/2215-002

9/6 4. New marlines at longe area source should be morbed. Morbout "X" under New marlines at small area source

State of Florida DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To:		Date:	
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	PENSACOLA	Northwest District	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	Тамра	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	Northeast District	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	
	Reply Optional Date Due	Reply Required Info Or	nly
Comr	nents:		
From:		Tel:	
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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 leave a copy of the form for your files. 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):
RAFIK TARIFA INC
2. Site Name (For example, plant name or number):
DRY CLEAM N SAVE
3. Hazardous Waste Generator Identification Number:
FLA 882 078 883
4. Facility Location: Street Address: 2238 UNIVELS (TY. DR.
City: CORAL SPRINGS County: BROWARD FL Zip Code: 330 71
5. Facility Identification Number (DEP Use ONLY do not fill in)
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Responsible Official
6. Name and Title of Responsible Official:
Name: NAGUI R ZARIFA Title: U.P.
7. Responsible Official Mailing Address:
Organization/Firm: SATTE AS ABOUT
City: County: Zip Code:
Q. Domenikle Official Telephone Number
8. Responsible Official Telephone Number: Telephone: (954) 753 - 4653 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:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99.

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: Control Device Required* Date Control Device Installed Date Initially Purchased Status From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") Existing/New RC/CA/None required (RC)CA/None required Existing/New Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorberW/c 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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required RC/CA/None required Existing/New Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [/64] 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 New store: Unopened store [____] (date of expected opening

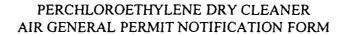
DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 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 No such units on-site OR					
How many boilers do you have on-site? [Z]					
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 [] Other (please list) Ecernic					
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					
(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					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 potification form; the permit number(s) are AINS TO #011221 Join 46 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 pollutani 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. NRGUI R. ZARIFA Print name of responsible official 6/25/01 Date



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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):	
RAFIK TARIPA INC	
2. Site Name (For example, plant name or number):	
DRY CLEAM N SAVE	ļ
3. Hazardous Waste Generator Identification Number:	
FLA 882 078 883	
4. Facility Location: Street Address: 2238 UNIVELSITY DR	
City: CORAL SPRINGS County: BROWARD FL Zip Code: 330 71	Ì
City: CARAL SPRINCES County: 1377 OW KRY 1 1 C Zip Code: 334 77	
5. Facility Identification Number (DEP Use ONLY do not fill in):	
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Responsible Official	
6. Name and Title of Responsible Official:	
Name: NRGUI R ZARIFA Title: U.P.	
7. Responsible Official Mailing Address:	$\neg \neg$
Organization/Firm: SAFTT AS ABOUT	}
City: County: Zip Code:	ì
8. Responsible Official Telephone Number:	1
Telephone: $(954)753 - 4653$ Fax: $($	1
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Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	$\neg \neg$
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10. Facility Contact Address:	
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Street Address:	- 1
City: County: Zip Code:	
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1.(a) DRY-TO-DRY M	ACHINES ONL		Commence of the Commence of th
How many dry-to-dry ma	ichines do you ha	ve on-site?	Commence of Commence
For each dry-to-dry mach	nine on-site, pleas	e provide the following informat	ion:
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")
1989	Existing/No	ew RCCA/None required	1969
1989	Existing/No	ew (RC)CA/None required	1989
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	,	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	a/c	
How many washers do yo	ou have on-site?		
How many dryers/reclaim	ners do you have	on-site?	tem on the subspecial enterests of the contract of the contrac
unit. If the transfer mach	ine was purchased no units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general
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 K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
•	roethylene (perc) ns (You must fill	have you used within the last 12 this in)	months?
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	s: New owner: [] Did not ke	eep records: []
	·	New store: New machi	
		Unopened store [] (date of	f expected opening

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3. What is the facility's source classification based of Indicate with an "X". Select one classification of	
Small Area Source	in the first of the control of the c
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
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
	units shall not be eligible to use the general permit pursuant to not water generating units on-site meet the following (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site? [2]	EACH 34-14P
For each boiler, indicate its horsepower (HP) rating:	
What type of fuel do you use? [] propane [] No. 2 fue [] No. 6 fue	
6. Equipment Monitoring and Recordkeeping Inform	nation
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 a	addition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring
(e) Startup, shutdown, malfunction plan	
and the state of t	and emission

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•	7. :	Surrender o	f Existing DEP Air Permit(s)	
	Ple	ase indicat	with an "X" the appropriate selection:	
hom	M	ئٹ	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are	
	• \	<u> </u>	No DEP air permits currently exist for the operation of the facility indicated in this notification form.	
	Re	sponsible (official Certification	
		this notifi statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in action. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the uir pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification.	
		NRG	of responsible official	
		Signature	Date 2/25/01	

DEP Form No. 62-213.900(2) Effective: 2/24/99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



412869 JAN10 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

Do NOT Remove Label

AIRS ID # 0112215

DRY CLEAN N' SAVE NAGUI ZARIFA 2238 UNIVERSITY DRIVE CORAL SPRINGS FL 33071

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273