

Part III. Notification of Intent to Use General Permit & Mobile Sources

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):	
M.R. & AS = 2	
2. Site Name (For example, plant name or number):	. •
Dry clean U.S.A.	
3. Hazardous Waste Generator Identification Number:	
U.S. EP.P ID# FLD984167791.	
4. Facility Location: 15984. West St. ROAD 84. Street Address:	
City: Suwers e. RL- County: BROWANY Zip Code: 333LC	_
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
0112217-00	4
Responsible Official Mohammed Imran Yassin (RO pect) 6. Name and Title of Responsible Official:	Ton
	d.
Name: IMRAN 'YASSIN Title: Pecsens of De	Cert
Street Address.	tion
City: SUWMSERL County: Brown Zip Code: 33326 CM	nplet
8. Responsible Official Telephone Number:	1 pan
Telephone: (954) 384. 1890 Fax: () -	rson
Facility Contact (If different from Responsible Official) e-mail: billk_786@hotm	all.
9. Name and Title of Facility Contact (For example, plant manager):	DW
Re193 Khan: MANAger. 954.600-2928	'evaz
15984 W. RT-RUAD & U-	Lan
Street Address: City: Suwuse.FL County: Brown. Zip Code: 33374	
11. Facility Contact Telephone Number:	
Telephone: (954) 384 1890 Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

-11/22/10-per Mr yassin, #1-1995; new; RC; \SAME" and #2-2000; new; RC; **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 Status Control Device Required* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) Same 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 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 (circle one) SAL From Manufacturer (circle one) (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? [// O] 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 _____)

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3. What is the facility's source classification based on the definitions found in Indicate with an "X". Select one classification only.)	section (3) of Part II?			
Small Area Source	•			
Dry-to-dry machines only on-site (used less than 140 gallo Transfer only on-site (used less than 200 gallo Both machine types on-site (used less than 140 gallo	ons of perc per year)			
Large Area Source []				
Dry-to-dry machines only on-site (used 140 - 2,100 gallons) Transfer only on-site (used 200 - 1,800 gallons) Both machine types on-site (used 140 - 1,800 gallons)	s of perc per year)			
4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?			
Existing machines at small area source (NONE REQUIRED) Refrigerated con	at small area source ndenser []			
Existing machines at large area source Carbon adsorber Refrigerated condenser [] Refrigerated condenser	ndenser			
5. A facility which contains non-exempt emissions units shall not be eligible Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site (see attached memo for the	to use the general permit pursuant to on-site meet the following ne criteria).			
All steam and hot water generating units exempt No such units on-site OR	-11/22/10-per Mr Hassin, (2) boilers at 15 HP each -MB			
How many boilers do you have on-site?	Manyin 12) bollers			
For each boiler, indicate its horsepower (HP) rating: [/5] []	at 15 HP each			
What type of fuel do you use? [] propane [] natural g [] No. 2 fuel oil [] No. 4 fuel [] Other (pl				
6. Equipment Monitoring and Recordkeeping Information				
Check all logs which are required to be kept on-site in accordance with the rec	quirements 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				

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Surrender	of Existing DEP Air Permit(s)			
Please indica	te 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				
this notij statemen maintain comply v I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Someting the Department of any changes to the information contained in this notification. The of responsible official The of responsible official Date			

Brynes, Marnie

From:

Bill Khan [billk_786@hotmail.com]

Sent:

Monday, November 22, 2010 3:15 PM

To:

Brynes, Marnie

Subject:

RÉ: Air General Permit Notification Form

hi marnie i mohammed imran yassin is the responsible offcial of mr&asz dba dry clean u s a (onwer) thank you M I YASSIN

From: Marnie.Brynes@dep.state.fl.us

To: billk 786@hotmail.com

Date: Mon, 22 Nov 2010 14:10:12 -0500 Subject: Air General Permit Notification Form

Mr. Mohammed Yassin-

Ser

GC: Tor EK/

Per our conversation today, I have attached the first page of your notification form in order for you to update the responsible official and e-mail the update back to me. Thank you.

-Marnie Brynes 850/922-8978 Department of Environmental Protection

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Mimi Drew is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.



IMPORTANT

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Bureau of Air Wonttorins & Mobile Sources

NOTIFICATION OF EXPIRING AIR GENERAL PEMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

I am a new OWNER or AUTHORIZED REP	RESENTATIVE for this facility.
My business has moved to a new location.	
If you have checked any of the above boxes	s, please include this form with your
CHIDDENIDEDING	VALID
	
notifying the Department of the pending act	tion by signing and dating this form
RMS ID number is: <u>0112217-</u> - <u>AG</u> (9999999-999-AG)	Mo Laner Ynssim (PRINT YOUR NAME HERE)
11 /08 / 2010	Menhod years
(mm/dd/yyyy)	(SIGN YOUR NAME HERE)
	My business has moved to a new location. If you have checked any of the above boxed GP registration form. SURRENDERING AIR GENERAL PERMIT R By checking this box, I wish to surrender my notifying the Department of the pending act below and returning it to the mail address about RMS ID number is: ON 12217 - AG (9999999-999-AG)

DRY Clean USA 15984 W. St. Rd. 84 Sunrise. Fl 33326 954) 354-1890

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AIRGENERAL PERMIT PROGRAM

BUREAU OF AIR. MONITORING & MODILE SOURCE MS 55-10

DEPARTMENT OF ENUIR ON MENTAL. PROTECTION

2600 BLAIR. STONE ROAD

TALLAHASSEC FL. 32899

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