

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 3, 1996

Mr. Farasat Raza Khan President Tip Top Cleaners 870 Northwest 210 Street, #105 Miami, Florida 33169

Dear Mr. Khan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

Please note that in November 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

cc: Mr. Ewart Anderson, Dade County
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Aishab me				
2.	Site Name (For example, plant name or number):				
ļ!	TIP TOP Cleaners Hazardous Waste Generator Identification Number:				
3.	Hazardous Waste Generator Identification Number:				
	FLD 981746795				
4.	Street Address: 6909 Miramay PK WJ City: Miramay County: Broward Zip Code: 33023				
5.	Facility Identification Number (DEP Use): ON 2268				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	FARASAT RAZA KHAN (President) Responsible Official Mailing Address:				
7.	Organization/Firm:				
	Street Address: 270 N.W 210 Dade Zip Code: 33169 City: Michini County: Dade Zip Code: 33169				
8.	Responsible Official Telephone Number: Telephone: (954) 966-7500 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: () -				

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Bureau of Air Monitoring & Mobile Sources 世 011 2268

P.13 7- add org/firm name

P.15
(f) should be marked

.

•

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93		08-DEC-91		#3	02-MAR-92	02-MAR-9
SUNEN	-	M.OEL	90053	•	Dry 7. 0.	ry			
Dry-to-Dry Unit									
(1) w/ ref. condenser	却	1986	1996						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1.01. 11.			•				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		'			<u> </u>			•	-
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are ro	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				r 1
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small ar	urce Selec	classification	based on the	e defi		d in section (3			
Existing large are	ea soi	urce []	Ne	w laı	ge area sour	ce [

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd 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	ſΧ̈́
(b) Leak detection inspection and repair	\leq
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
入	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	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.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date 7/21/96

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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- 11.___

ANDI ECTION SUMMERANT REPURT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:35 TIME OUT: 12:00 AIRS ID#: 0112268
TYPE OF FACILITY: PERC DRY CLEANER
FACILITY NAME: TIP TOP CLEANERS DATE: 11/18/97
FACILITY LOCATION: 6909 MIRAMAR PKWY. MIRAMAR FL. 33023
The Page Valle Supplier (CTA) On the
RESPONSIBLE OFFICIAL: FARASAT RAZA KHAN PHONE NUMBER: (954) 966-7500
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: NOV 1998 (Approximate)
INSPECTION CONDUCTED BY: ART TENNETTA
INSPECTOR'S SIGNATURE: Letter Pront Phone Number: (954)519-1428

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINTA	DISCOVERY	
AIRS ID#: <u>6112268</u> DA					12:00
FACILITY LOCATION: 69					<u>3043</u>
RESPONSIBLE OFFICIAL : F			_phone: <u>(9</u> : _phone:	•	75CC
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30	days prior to startup	•			
2. Facility failed to notify DARM	to use general permit	i .			۵
PART II: CLASSIFICATION					
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notificati	on form ut of business/pe	troleum
Facility indicated on notification	2. dry tra bo	ansfer only, x oth types, $x < 1$	□ Drop store/or rea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. dry tra bo (cc 2. dry tra dry tra dry tra dry gal/yr tra /yr bo	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	□ Drop store/or rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ut of business/pe	troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	2. dry tra bo (co	y-to-dry only, ansfer only, x oth types, x < constructed on New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	Drop store/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ut of business/pe	troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class. If no, please check the appropriate box.	2. dry tra bo (cc or cc	y-to-dry only, ansfer only, x oth types, x < 10 onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	Drop store/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not deter	ut of business/pe	troleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	ZY ON ON/A
2. Examining the containers for leakage?	ØY □N □N/A
3. Closing and securing machine doors except during loading/unloading?	MZ ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	₫y on on/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	O). ON QN/V
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser
. If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref. (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ОУ ОИ
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם צם

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	0(1	22	80
Has the responsible official of an existing large or new large area source also:			
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ВИ	□N/A
Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	AVA
5. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ИП	□N/A.
Is the perc concentration equal to or less than 100 ppm?	DУ	DΝ	DN/∴
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	uП	□N/A.
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□N/A
5. Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A
PART V: RECORDKEEPING REQUIREMENTS			
Eas the responsible official: (check appropriate boxes)			
. Maintained receipts for perc purchased?	\mathbf{Z}	ИO	
: : Anintained rolling monthly averages of perc consumption?	P Y	ΠN	
Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	$\mathbf{Z}\mathbf{Y}$	ПN	□N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	⊡ Y	ロN	□N/A
Maintained calibration data? (for applicable direct reading instruments)	\Box Y	ИП	W N/A
Maintained exhaust duct monitoring data on perc concentrations?	\Box Y	N	₽ Ñ/A
	ØÝ	ИП	
Maintained startup/shutdown/malfunction plan?			
	_	ПN	□N/A
∴ Maintained startup/shutdown/malfunction plan? ∴ Maintained deviation reports? Problem corrected?	T Y		□N/A □N/A

P.4	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection as	nd repair			
	inspection?			ØÝ ON			
2.	Has the facility maintained a leak log?			⊠ Ý □N			
3.	Does the responsible official check the	following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	BY ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	BY ON ON/A			
	Water separators	אואם אם ציש					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed s	solvent on exterior surface	ces)	8			
	Physical detection (airflow felt th	rough gaskets)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N						
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	OY ON			
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN			
	d. Kept in a clean and s	secure area when not in	use?	OY ON			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
_							
	1						
_	Inspector's Name (Please Pri	int)	11/18/97	ection			
		,	Dute of Hispe				
	Cothe Kmatt		NOV 1998	>			
_	Inspector's Signature Approximate Date of Next Inspection						





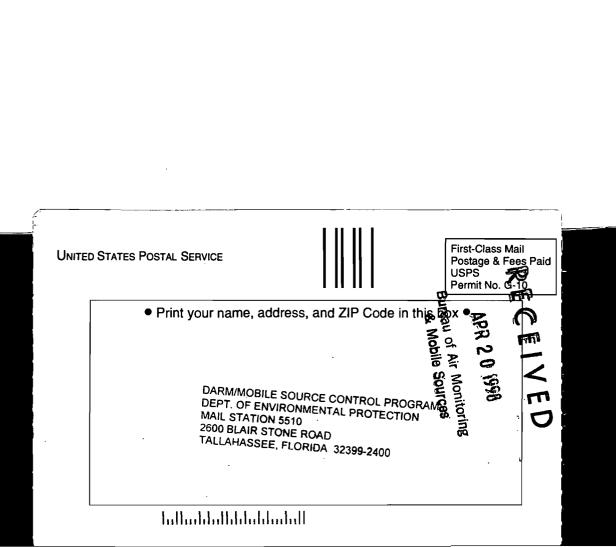
PS Form **3811**, December 1994



102595-97-B-0179 · Domestic Return Receipt

ļ	Z 333. b] IS Postal Service Receipt for Cert	
•		AIRS ID# 0112268
F.	ISHAH INC ARASAT RAZA KHAN 090 MIRAMAR PKWY IIRAMAR FL 33023	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
333	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1990	Return Receipt Showing to Whom, Date, & Addressee's Address	
Š	TOTAL Postage & Fees	\$
ĭ	Postmark or Date	

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eipt Service.	
ADDRESS completed or	AIRS ID# 0112268 AISHAH INC FARASAT RAZA KHAN 6090 MIRAMAR PKWY MIRAMAR FL 33023	4a. Article Number 2 333 6 /3 /35 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		
Is your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) 1. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested paid)	Thank



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all

0112268

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TIP TOP CLEANERS FACILITY LOCATION: 6909 MIRAMAR PKWY MIRAMAR FL Annual Reporting Period: NOV 18 1996 TO NOV 18 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from DEC 1 5 1997 Action(s) taken to achieve compliance: Bureau of Air Monitoring Method used to demonstrate compliance: & Mobile Sources As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: FARASAT RAZA KHAW
Name (Please Print)

Page ____ of ____.

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TYPE OF INSPECTION: ANNUAL X CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 q. w. TIME OUT: 12:	оо р. ш. AIRS ID#: 112268
TYPE OF FACILITY: Dry Cleaners -	er.
FACILITY NAME: Jap Jop Cleon	DATE: 05/71/48
FACILITY LOCATION: 6909 Kiromon	
Mirau an +1.	33023
RESPONSIBLE OFFICIAL: FARA SATRAZA KHA	N PHONE NUMBER (45 Y) 966-7500
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	tuated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Taulity is I compliance	
	ENDOSTIN LEA
	Solitice
	:
COMMENTS:	
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Cay 1919
INSPECTION CONDUCTED BY: OCTAU	Approximate) OPRIS Please Brief
INSPECTOR'S SIGNATURE:	Please Print) PHONE NUMBER $(954/5/9-142)$
0000	2 of 7 Sevised 10/

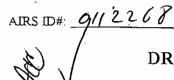
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0112268
AISHAH INC
FARASAT RAZA KHAN
6909 MIRAMAR PKWY
MIRAMAR FL 33023

Do NOT Remove Label

Annual Reporting Period:	19	_ то		19
				i.
Based on each term or condition of the Title V				_
62-213.300, Florida Administrative Code (F.A.	C.), during the period covere	ed by this statement.	YES	□NO
If NO, complete the following:				i
#1. Term or condition of the general permit tha	at has not been in continuous	compliance during	the reporting perio	d stated above:
			BUS	- >
Exact period of non-compliance: from		to	Jau o Mos	<u>~</u>
Action(s) taken to achieve compliance:			A A	<u> </u>
Action(s) taken to acineve compitance.		Ces	S 10 1	7
Method used to demonstrate compliance:		<i>.</i>	2 1998	1
		<i>ત</i> ે		•
#2. Term or condition of the general permit tha	it has not been in continuous	compliance during	the reporting period	d stated above:
				†
Exact period of non-compliance: from		to	_	;
Action(s) taken to achieve compliance:				
	·			
Method used to demonstrate compliance:	<u> </u>			
_	_			·
As the responsible official, I hereby certify, based o	on information and helief form	ed after reasonable in	naviev, that the states	ments made in this
notification are true, accurate and complete. Furth	her, my annual consumption o	f perchloroethylene so	olvent, based upon pi	urchase receipts,
does not exceed 2,100 gallons per year for dry-to dr	y facilities or 1,800 gallons pe	r year for transfer or	combination facilitie	25.
RESPONSIBLE OFFICIAL:	(D) D-(-4)	C:ot		D-45
name ((Please Print)	Signatu	re	Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tip Top Cleoners	DATE: 05/22/98
FACILITY LOCATION: 6909 Miraman Pkry	
Miroman, F1.33023	
Annual Reporting Period:	Mary 1998
Based on each term or condition of the Title V general air permit, my facility has remain	ed in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state	tement. ZIYES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	Tr
Action(s) taken to achieve compliance:	Su y K
Method used to demonstrate compliance:	Children To T
#2. Term or condition of the general permit that has not been in continuous compliance	during the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after made in this notification are true, accurate and complete. Further, my annual consumpt upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities combination facilities. RESPONSIBLE OFFICIAL: FARASAT RAZAKHAN Name (Please Print)	tion of perchloroethylene solvent, based

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V GENERAL PERMIT

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COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	и П	COMPLAINT/D	ISCOVERY	
FACILITY NAME: Tip	Top ()	198 TIME I	N: //: 00 K	EME OF 1	Kop L
FACILITY NAME: Tip	Geog M Miran	ar , f/	. 33023	Jie Ources of	**************************************
RESPONSIBLE OFFICIAL:			·	4) 966 - 75	500
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION			<u> </u>		
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM	. ,	•			
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notitication☐ Drop store/out		rroleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	- 1	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	ā	
3. Existing large area source dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1.800$ both types, $140 \le x \le 1.800$ ga (constructed before $12/9/91$)	gal/yr 00 gal/yr	transfer only, 20 both types, 140	rea source , 140 ≤ x ≤ 2,100 ga 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)		
5. This is a correct facility cla	ssification	A GN	□Can not determ	ine	
g .	qualified for a ger	neral permit as nu	mber ab		

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
. If classification I has been checked, no controls are required. Proceed to Part V.			
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	rated condenser		
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	-		
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1 1. Equipped all machines with the appropriate vent controls?	ロマ ロマ		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NC ND YD		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AME NE YE		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	AND ND YD		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם		

_		
B	. Has the responsible official of an existing large or new large area source also:	
1 .	Measured and recorded the exhaust temperature on the outlet side of the condenser located	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם צם
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	באתם אם צם
	Is the temperature differential equal to or greater than 20° F?	AND ND YD
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring	·
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON ONA
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	condenser coils?	AND ND YD
6.	Routed airflow to the carbon adsorber (if used) at all times?	ב/אם אם צם
_		
P	ART V: RECORDKEEPING REQUIREMENTS	
II	as the responsible official: theck appropriate boxes)	
1.	Maintained receipts for perc purchased?	DA DA
2.	Maintained rolling monthly total of perc consumption?	QY ON
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or:	DY ON ONA
	b. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed wiin 5 days of receipt?	אוים אם אמ
4.	Maintained calibration data? (for applicable direct reading instruments)	אואבל אם צם
5.	Maintained exhaust duct monitoring data on perc concentrations?	OY ON DNA
ll .	. Maintained exhaust duct monitoring data on perc concentrations.	
6.	Maintained startup/shutdown/malfunction plan?	AN ON
1	· · ·	. †
1	Maintained startup/shutdown/malfunction plan?	MA ON

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ٩Y $\square N$ 2. Has the facility maintained a leak log? **Q**Y ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A DY ON ONA couplings, and valves Muck cookers MY DN DNA Door gaskets and seating AIND ND YE Stills Filter gaskets and seating MY DN DN/A MY DN DN/A Exhaust dampers MY ON ON/A WY DN DNA Pumps Diverter valves QY ON ON/A Cartridge filter housings DY ON ON/A Solvent tanks and containers MY DN DN/A Water separators 4. Which method of detection is used by the responsible official? M Visual examination (condensed solvent on exterior surfaces) ĺΥ Physical detection (airflow felt through gaskets) **D** Odor (noticeable perc odor) 1 N/A Use of direct-reading instrumentation (FID/PID/calorimetric tubes) 1 MH Halogen leak detector ØN/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? JY DN d. Kept in a clean and secure area when not in use? ND YD

OCTAULAN OPRIS	05/22/98
Inspector's Name (Please Print)	Date of Inspection
Ast.	May 1999
Inspector's Signature	Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

DY DN



389203

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



Do NOT Remove Label

AIRS ID # 0112268

TIP TOP CLEANERS FARASAT RAZA KHAN 6909 MIRAMAR PKWY MIRAMAR FL 33023 Bureau of Air Monitoring

Bureau of Air Monitoring

Sources

Sources

Bureau of Air Monitoring

Bureau of Air Monitoring

Sources

BEST AVAILABLE COPY	TITLE V GENI COMPLIANCE INSPI			/
TYPE OF INSPECTION:	ANNUAL	P	COMPLAINT/DISCOVER	Y 🗆
	RE-INSPECTION	a		nerleave
AIRS ID#: 0/12268	DATE: 12/23/99	_ TIME	in: <u>// 45/A</u> wtime out	T: <u>12:20 PW</u>
FACILITY NAME: Tip	Top Cleaner	5		
FACILITY LOCATION:	6909 Muar	neur	Plwy	
Miromar, FL 33023				
RESPONSIBLE OFFICIAL	: Baza Khan		PHONE: (954) 96	6-7500
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to startup			<u> </u>
2. Facility failed to notify DA	RM to use general permit			

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classified facility qualified for a gen facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) purfacility was \int O gallons.	rchased within the preceding 12 months by this dry cleaning

EPHCESOE REVISED 5/15/97 ED

DEC 1 0-2600

nealeaner

(check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY ON ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

DY DN

verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N I	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N ∣	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ו אם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N (□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ו אם	⊃n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON (⊃N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ו אם	⊃N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	מאם אנם			
2. Maintained rolling monthly total of perc consumption?	NO YO			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DAY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	CAY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	MA ON			
7. Maintained deviation reports?	DAY ON ON/A			
Problem corrected?	OY ON ONIA			
8. Maintained compliance plan, if applicable?	DY ON ON/A			

P.	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY ON	
2.	Has the facility maintained a leak log?			NO YO	
3.	Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills ·	DAY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DAY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surfaces)	A	
	Physical detection (airflow felt th	rough gaskets)			
Odor (noticeable perc odor)			Q		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			□N/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			NO YO		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wear or	a weekly basis?	OY ON	
	d. Kept in a clean and se	ccure area when not in use	?	NO YO	
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON	
	Flizabeth F. SUSky Inspector's Name (Please Prin		/a/ a3/79		
	Inspector's Name (Please Prin	nt)	Date of Inspec	ction	
	Elzabeth F. Dusky		12/23/00		
	Inspector's Signature		Approximate Date of 1	Next Inspection	

ANNUAL COMPLIANCE CERTIFICATION	FORM ACV
FACILITY NAME: TipTop Cleaners	DATE: 12/33/99
	·
1M 1 20 20 20	
Annual Reporting Period: Docember 1998 TO	December 1999
Based on each term or condition of the Title V general air permit, my facility has remained 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statem	
If NO, complete the following:	
=1. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
=2. Term or condition of the general permit that has not been in continuous compliance dur	ring the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after remade in this notification are true, accurate and complete. Further, my annual consumption upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or learning interest. RESPONSIBLE OFFICIAL: FRASAT RAZA KHAN Name (Please Print)	of perchloroethylene solvent, based
*This form is made available to you as an aid in order to meet your annual compliance certification of the responsible official to use this form.	fication requirements. It is at the

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS BEST AVAILABLE COPY

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

/ TYPE OF INSPECTION: ANNUAL RE-INSPECTION		IPLAINT/DISCOVER	Υ □	· ·
AIRS ID#: 0112269 DATE: 10125 Clear	op time in: <u>qi</u> nr(S	51 pm time of	T: 10:20 Am	
	<u> </u>	<i>∧ ∧</i>		
FACILITY LOCATION: 6909 Miles	imar Pkwy	11, 10,	1	
Miramar, F	L 33023	* 15° c		
RESPONSIBLE OFFICIAL: Raza Kih	and Pho	ne: <i>(954) Ĝi</i>	6-4500	
CONTACT NAME:	рно		To The	FARASAT (RAZA) KHAN (954) 966-7500 6909 Miramar Pkwy. Miramar, FL 33023
PART I: NOTIFICATION		= 119 70		Miramar, PL 33023
(check appropriate box)		Cleaners -		n I A Deinon
New facility notified DARM 30 days prior to sta	เสเท	Best Quality Dr	y Cleaning With I	he Lowest Prices
2. Facility failed to notify DARM to use general pe	•	FADAN KHAN	IRFAN KHAN	SYEDA ASIMAH KHAN
		FARAN KHAN 305 945 6300 16540 N.E 6th Ave	954 894 0004 6265 County Line Rd	954 964 1230 6780 Pembroke Rd
PART II: CLASSIFICATION		 N. Miami Bch., Fl. 33162 	Miramar, Fl. 33023	Pembroke Pines, Fl. 33023
Facility indicated on notification form that it is: (check appropriate box)		o notification form op store/out of busines	s/petroleum	
A. 1. Existing small area source	. 2. New small area sou	rce 🖸	CA	
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140$			
transfer only, x < 200 gal/yr	transfer only, $x < 200 \text{ g}$			
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/ (constructed on or after			: .
		·		;
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	4. New large area sou dry-to-dry only, 140 < x			
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le$: .
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1$, (constructed on or after			: •
(constructed before 12/3/31)	` _	12/9/91)		·
5. This is a correct facility classification	CAY ON OCar	not determine	,	
,	cation: neral permit as number _ nits and is not eligible for			· .
B. The total quantity of perchloroethylene (perc) pu facility was DD D gallons.	irchased within the preced	ding 12 months by thi	s dry cleaning	×

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? I DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? NO YO 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? OY ON ON/A

PART III: GENERAL CONTROL REQUIREMENTS

NO YO

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?			□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?			□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?			
2. Maintained rolling monthly total of perc consumption?	BAY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON CHÁ/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/is 5 days of receipt?	OY ON ONTA		
4. Maintained calibration data? (ic .:pplicable direct reading instruments)	EY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	(DY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports:	OY ON DWA		
Problem corrected?	OY ON EM/A		
8. Maintained compliance plan, if applicable?	DY ON ON/A		

AIKS 10#: 011 2268

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TIPTIOR Cleaners	DATE: 10/25/60
FACILITY LOCATION: 6909 Miramey PKWY	
Miramar, FL 33023	
Annual Reporting Period: October 1999 TO October	2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquir in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities.	solvent, based upon
RESPONSIBLE OFFICIAL:	
Name (Please Print) Signature The lieu of Clother	10/25/V9

Page of 1.

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? ΠN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, Y DN DN/A Muck cookers DN DN/A couplings, and valves ON ON/A ON ON/A Stills Door gaskets and seating ZN ON/A Filter gaskets and seating A/ND N/A Exhaust dampers ŹN □N/A DN/A Diverter valves Pumps Cartridge filter housings Solvent tanks and containers ON ON/A ON ON/A ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN c. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN lease Print)

ate of Next Inspection

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only Notinsurance Coverage Provided)			
70000602	00264130	0009	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
10 AIRS ID # 0112268001AG FARASAT RAZA KHAN TIP TOP CLEANERS 6909 MIRAMAR PKWY MIRAMAR FL 33023			

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to:	D. Islatelivery a dress different from tem (?) 🗆 Yes If YES, enter delivery address below: 🗆 No
10 AIRS ID # 0112268001AG FARASAT RAZA KHAN TIP TOP CLEANERS	JUN 1 3 2001
6909 MIRAMAR PKWY MIRAMAR FL 33023	3. Service TreeMobile Sources Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	20000600 41300009
	eturn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399735

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 1D # 0112268

TIP TOP CLEANERS FARASAT RAZA KHAN 6909 MIRAMAR PKWY MIRAMAR FL 33023 12/13/

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

April 2, 1998

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1997 you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions.

As of this date, the Department has not received your annual emissions fee. Therefore, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 1997.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will revoke your facility's Title V Air General Permit and may also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your immediate attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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AIRS ID# 0112268

AISHAH INC FARASAT RAZA KHAN 6090 MIRAMAR PKWY MIRAMAR FL 33023 **CERTIFIED**

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Department of Environmental Protection

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

AISHAH INC FARASAT RAZA KHAN 6090 MIRAMAR PKWY MIRAMAR FL 33023 AIRS ID# 0112268

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

POSTAGE REQUIRED

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 THIS PORTION MUST BE ALL ACTUAL 3 2273
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM **TOTAL AMOUNT DUE: \$50.00** R Bureau of Air Monitoring & Mobile Sources П Do NOT Remove Label Π AIRS ID 0112268 AISHAH INC FOR GOVERNMENT USE ONLY **1998** Out: 37550101000 EO: B1 Fund: 20-2-035001 FARASAT RAZA KHAN 6550 MIRAMAR PKWY MIRAMAR FL 33023 ОБ. 3002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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



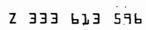
Do NOT Remove Label

AIRS ID # 0112268

TIP TOP CLEANERS FARASAT RAZA KHAN 6909 MIRAMAR PKWY MIRAMAR FL 33023

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to

AIRS ID 0112268

AISHAH INC FARASAT RAZA KHAN 6090 MIRAMAR PKWY MIRAMAR FL 33023

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	Special Delivery Fee	
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199	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112268

AISHAH INC
FARASAT RAZA KHAN 6909 MIYAMAY
870 NW 210 STREET #105 PKW.
—MIAMI FL 33169— MIYAMAY FC 2702

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Puna: 20-2-035 Obj.: 002273