Fees Paid 96-00 50C IN Compliance IN



Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

November 2, 2001

Mr. Abdul Majid Moosa Radiant Cleaners 16200 Indian Trace Weston, Florida 33326

Re: Facility No.: 0112289-002

Dear Mr. Moosa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 1, 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. Jarrett Mack, Broward County

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

10/23/01, 01/2289-002 Stated the dry to dry machine at this facility was originally pendiased in 1994. He also stated the flag to dry machine has a bight in Refrigerated Condonser. Page 15 1(a) Add date originally purchased from manufactures (1994) New should be circled under Status. Ac should be circled under Control Device Required Same should be listed for Oct Control Devices notabled on built in control davices. Page 16 4. Nermagnines et small area source should be marked. Responsible Official sign and date for changes made.

| DEP ROUTING AND TRANSMITTAL SLIP | |
|----------------------------------|-------------|
| TO: (NAME, OFFICE, LOCATION) | 3 |
| 1 | 4 |
| 2 | 5 |
| PLEASE PREPARE REPLY FOR: | COMMENTS: |
| SECRETARY'S SIGNATURE | |
| DIV/DIST DIR SIGNATURE | |
| MY SIGNATURE | |
| YOUR SIGNATURE | |
| DUE DATE | |
| ACTION/DISPOSITION | |
| DISCUSS WITH ME | |
| COMMENTS/ADVISE | |
| REVIEW AND RETURN | • • • • |
| SET UP MEETING | |
| FOR YOUR INFORMATION | |
| HANDLE APPROPRIATELY | |
| INITIAL AND FORWARD | |
| SHARE WITH STAFF | |
| FOR YOUR FILES | |
| FROM: | DATE:PHONE: |

RECEIVED

Rureau of Air Monitorium

Bureau Monito Sources

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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 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): | | |
| ROSHNOOR, INC. DIBIA RADIANT CLEARERS | | |
| 2. Site Name (For example, plant name or number): | | |
| RADIAN+ cleaners | | |
| 3. Hazardous Waste Generator Identification Number: | | |
| FLD 00003491 | | |
| 4. Facility Location: 16200 INDIAN TRACE Street Address: | | |
| City: Weston County: BOUWARD Zip Code: 33326 | | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in). | | |
| 111 - 12 - 12 - 12 - 12 - 12 - 12 - 12 | | |
| Responsible Official | | |
| 6. Name and Title of Responsible Official: | | |
| Name: Abdul-M-MOOSA Title: PRESIDENT | | |
| 7. Responsible Official Mailing Address: | | |
| Organization/Firm: 16200 /YDIAN TRACT | | |
| Street Address: City: Weston County: Broward Zip Code: 33326 | | |
| ons. West-071 comms. PS00W4Res 21p code. 35526 | | |
| 8. Responsible Official Telephone Number: | | |
| Telephone: (954)349-9595 Fax: (954) 252-8630 | | |
| Facility Contact (If different from Responsible Official) | | |
| 9. Name and Title of Facility Contact (For example, plant manager): | | |
| Same as alsour | | |
| 10. Facility Contact Address: | | |
| Street Address: Same as above | | |
| City: County: Zip Code: | | |
| | | |
| 11. Facility Contact Telephone Number: | | |
| Telephone: (954) 349-9595 Fax: (954)-252-8630 | | |
| | | |

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: Date Initially Purchased Control Device Required* Date Control Device Installed 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 RC = refrigerated condenser *CONTROL DEVICE KEY: 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (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? [130] gallons (You must fill this in)

DEP Form No. 62-213.900(2)

(b) If less than 12 months, how many? [] months

Effective: 2/24/99

New store: [-] New machine [-]

Unopened store [___] (date of expected opening _

Check why it is less than 12 months: New owner: [-] Did not keep records: [-]

| 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 Transfer only on-site Both machine types on-site Large Area Source (used less than 140 gallons of perc per year) (used less than 140 gallons of perc per year) | | |
| 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".) | | |
| New machines at small area source New machines at small area source | | |
| 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? [1] | | |
| For each boiler, indicate its horsepower (HP) rating: [15] [] | | |
| What type of fuel do you use? [] propane [] No. 2 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 | | |
| (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Startup, shutdown, malfunction plan | | |
| (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 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 Responsible Official Certification Responsible Official Certification 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. How I will promptly notify the Department of any changes to the information contained in this notification.

Effective: 2/24/99

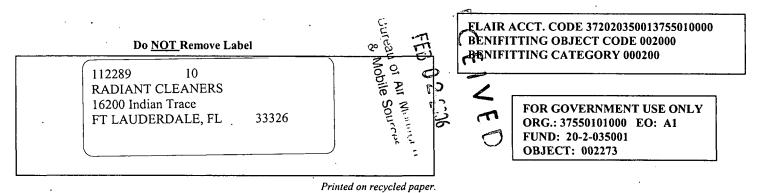
1593 FEB 12006 SUPERIOR PLATING INC. **BEST AVAILABLE COPY** 2204 **VENDOR:** VOUCHER NO. INVOICE INVOICE DATE INVOICE AMOUNT AMOUNT PAID DISCOUNT TAKEN **NET CHECK AMOUNT** ****50.00 2005 Title Air General Permit CHECK NO. CHECK DATE VENDOR NO. 2204 SUPERIOR PLATING INC. CHECK NO. 12/15/05 5440 70TH AVENUE N. PH. (727) 522-4653 PINELLAS PARK, FL 33781 WACHOVIA WACHOVIA BANK, N.A. ACH RT 063107513 63-751/631 **CHECK AMOUNT** ****50.00 The Sum of Fifty dollars and 00 Cents Dept. of Environmental Protection PAY Title V Air General Permits Receipts TO THE P 0 Box 3070 ORDER OF Tallahassee FL 32315-3070

FEB 02:2306
FEB 02:2306
Survey Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

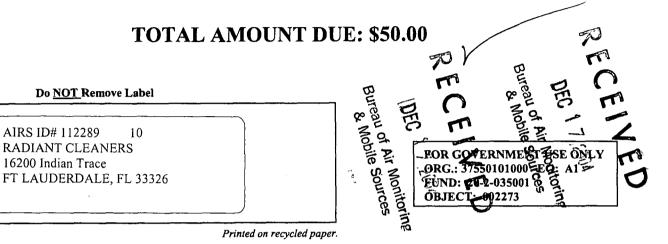
458586 FEB 1206 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 443401 DEC16 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

15

Printed on recycled paper.

434364 DEC172003

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

112289 ABDUL MOOSA RADIANT CLEANERS 16200 INDIAN TRACE FT LAUDERDALE FL 33326

FOR GOVERNMENT USE ONL Org.: 37550101000 EQ.241

Fund: 20-2-035001 Obj.: 002273 %

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420813 DEC18 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#0112289

RADIANT CLEANERS ABDUL M MOOSA 16200 INDIAN TRACE FT LAUDERDALE FL 33326 ()



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 411982 DEC20 2001

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 # 0112289

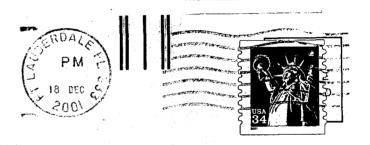
RADIANT CLEANERS ABDUL M MOOSA 16200 INDIAN TRACE FT LAUDERDALE FL 33326

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

Radiant Cleaners 16200 INDIAN TRACE Weston, Pl. 33326.



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070