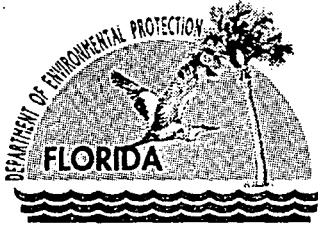


Fees Paid -
SOC 5
Compliance IN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 12, 2001

Mr. Bijal Shah
E-Z Dry Cleaner
7958 West Sample Road
Margate, Florida 33065

Re: Facility No.: 0112304-002

Dear Mr. Shah:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 2001.

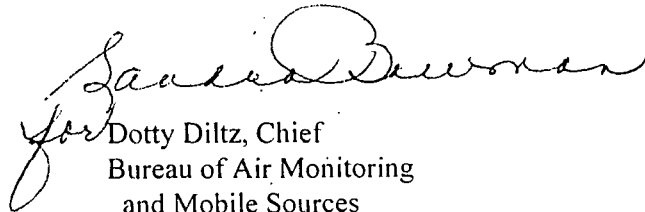
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

0112304-002

page 15

1.(a) Existing should be circled under Status for 1989 machine

(None Required) should be circled for Existing Small sources.

page 16

4. Existing machines at small area source should be marked. Mark out New machines at small area source.

6.(e) Required for all sources.

Page 17

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:

____ 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

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

Received
Sep 10 2001

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): <i>Narkar of America, Inc.</i>
2. Site Name (For example, plant name or number): <i>E-2-Dry cleaner</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 984184390</i>
4. Facility Location: Street Address: <i>7958 W. Sample Road,</i> City: <i>Margate</i> County: <i>Broward</i> Zip Code: <i>33065</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>0112304-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Bijal Shah</i> Title: <i>Executive President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Narkar of America, Inc.</i> Street Address: <i>7958, W. Sample Road.</i> City: <i>Margate</i> County: <i>Broward</i> Zip Code: <i>33065</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 345-5164</i> 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: () -

*621997
10/21/92*

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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1989</u>	Existing New	RC /CA/None required	<u>NONE</u>
_____	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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in) LAST YEAR

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? one

For each boiler, indicate its horsepower (HP) rating: 3 HP

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) Electricity

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

RECEIVED
SEP 10 2001
Bureau of Air Monitoring
& Mobile Sources

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

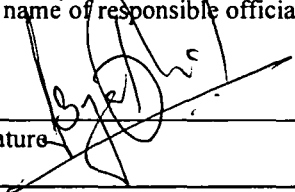
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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.

Bijal Shah
Print name of responsible official


Signature

9/6/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448514 MAR 7 2005

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 112304 1stC
E-Z DRY CLEANERS
7958 West Sample Road
MARGATE, FL 33065

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

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Bureau
& Mobile Sources
Monitoring

MAR 9 2005

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID# 112304 1stC
Sent To		E-Z DRY CLEANERS
Street, Apt. N or PO Box N		7958 West Sample Road
City, State, Z		MARGATE, FL 33065

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3707

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X 2-7</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 2-7</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID# 112304 1stC E-Z DRY CLEANERS 7958 West Sample Road MARGATE, FL 33065</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p style="text-align: center;">7004 2510 0002 3939 3707</p> <p style="text-align: center;">(Transfer from service label)</p>	<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED



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457170 DEC22 2005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

112304 10
E-Z DRY CLEANERS
7958 West Sample Road
MARGATE, FL 33065

Bureau of Air Monitoring
& Mobile Sources

DEC 22 2005

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P AIRS ID#0112304.....2 nd Cert 05	
Sent To	E-Z DRY CLEANERS
Street, Apt. or PO Box	7958 West Sample Road
City, State	MARGATE, FL 33065

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3938 7539

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>B. J. S. H.</i> 3/4/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID#0112304.....2nd Cert 05 E-Z DRY CLEANERS 7958 West Sample Road MARGATE, FL 33065 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 7004 2510 0002 3938 7539 </div>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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

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

DAPM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 28310
2900 BLAKESTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAR 7 2005
U.S. AIR MAIL
& MAIL SERVICE





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435020 JAN 7 2004

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

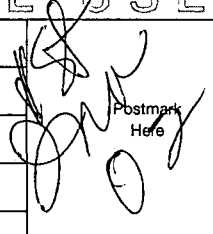
TOTAL AMOUNT DUE: \$50.00

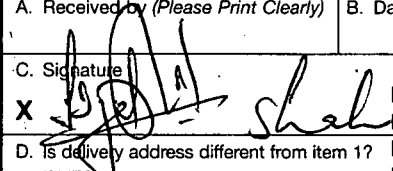
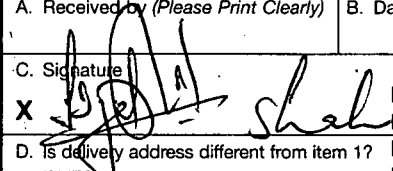
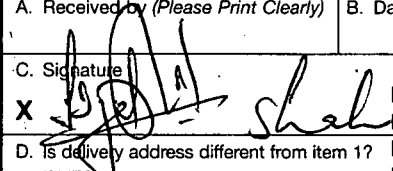
Do NOT Remove Label

112304
BHAL SHAH
E-Z DRY CLEANERS
7953 W SAMPLE ROAD
MARGATE FL 33065

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

*Bureau of Air Mail
& Mobile Services*
JAN 9 2004
E D

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0112304	
E-Z DRY CLEANERS BIJAL SHAH 7958 W SAMPLE ROAD MARGATE FL 33065	
<small>for instructions</small>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> ■ 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. 	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td colspan="2"> C. Signature X  </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? If YES, enter delivery address below: </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	C. Signature X 		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery										
C. Signature X 											
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee											
D. Is delivery address different from item 1? If YES, enter delivery address below:											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
1. Article Addressed to: <div style="text-align: right; margin-right: 50px;">AIRS ID#0112304</div> E-Z DRY CLEANERS BIJAL SHAH 7958 W SAMPLE ROAD MARGATE FL 33065	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.										
2. Article Number <i>(Transfer from service label)</i>	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes										
7001 0320 0001 7975 6820											
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424											



THIS PORTION MUST BE

LED TO REMITTANCE FOR PROPER HANDLING

412650 JAN 7 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 # 0112304

E-Z DRY CLEANERS
BIJAL SHAH
7958 W SAMPLE ROAD
MARGATE FL
33065

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

422569 FEB 6 2003

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112304

E-Z DRY CLEANERS
BIJAL SHAH
7958 W SAMPLE ROAD
MARGATE FL
33065

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

