

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 10, 2001

Ms. Farah N. Akhtar
One Hour Cleaners
9075 Taft Street
Pembroke Pines, Florida 33024

Re: Facility No.: 0112341-002

Dear Ms. Akhtar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 2001.

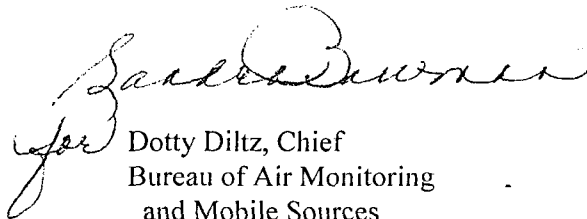
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0112341-002

p15

1(a) A 1987 machine is an existing machine. Existing should be circled under Status.

"Some" should be marked out under Date Control Device Required.

p16

6.(e) Required for all sources. Should be marked.

p17

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 - 6 1999

Bureau of Air Monitoring
& Mobile Sources

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):	NEW LOOK ENTERPRISES, INC		
2. Site Name (For example, plant name or number):	ONE HOUR CLEANERS		
3. Hazardous Waste Generator Identification Number:	FL 982 159 105		
4. Facility Location:	Street Address: 9075 - TAFT STREET		
	City: PEMBROKE PINES	County: BROWARD	Zip Code: FL33024
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112341-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: FARAH No AKHTAR Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 9075 - TAFT STREET City: PEMBROKE PINES County: BROWARD Zip Code: FL33024		
8. Responsible Official Telephone Number:	Telephone: (954) 437 9101 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: () -					

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")
5/1987	Existing <u>New</u>	RC/CA/None <u>required</u>	SAME
_____	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)

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

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?

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

What type of fuel do you use?

propane

No. 2 fuel oil

No. 6 fuel oil

natural gas

No. 4 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

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Startup, shutdown, malfunction plan

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.

FARAH N. AKHTAR
Print name of responsible official

Farah Akhtar
Signature

2/31/01
Date

Cc: Bittle, Clifton

Subject: TVGP - Facilities

Hello Bruce, the following facilities need to be inactivated in ARMS:

- | | | | | |
|-------------------------------|----------|-----------|---------------------|----------------|
| o 112273 Warrickleen | Drop Off | Perc | 8745 Sw 57th Street | Cooper City |
| o 112561 Eagle Cleaners | Drop Off | Perc | 4520 Hollywood Blvd | Hollywood |
| o 112528 Kellstrom Industries | OOB | Degreaser | 3701 Flamingo Road | Miramar |
| o 112341 One Hour Cleaners | Drop Off | Perc | 9075 Taft Street | Pembroke Pines |
| o 112437 Spring Cleaners | Drop Off | Perc | 9920 Pines Blvd | PembrokePines |

Thanks, any questions please let me know.

Cynthia V. Fernandez

NRS II

954 519 1459

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447445 FEB 24 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

AIRS ID# 112341 10
ONE HOUR CLEANERS
9075 TAFT Street
PEMBROKE PINES, FL 33024

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

Printed on recycled paper.

RECEIVED
FEB 28 2005
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total Postage \$ **AIRS ID# 112341 1stC**
ONE HOUR CLEANERS
9075 TAFT Street
PEMBROKE PINES, FL 33024

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3820

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

<p>SENDER: COMPLETE THIS SECTION</p> <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>1. Article Addressed to:</p> <p style="margin-left: 20px;">AIRS ID# 112341 1stC ONE HOUR CLEANERS 9075 TAFT Street PEMBROKE PINES, FL 33024</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 2-7-5</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>2. Article Number _____ (Transfer from service label)</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

7004 2510 0002 3939 3820

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 SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED

0027/662





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.

436849 FEB25 2004

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112341
FARAH AKHTAR
ONE HOUR CLEANERS
9075 TAFT STREET
FEMBROKE PINES FL 33024

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-03500P
Obj.: 002273

RECEIVED
MAR 3 2004
Bureau of Air Mail
& Navigation

7003 2260 0003 5650 8519

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark Here

ID# 112341
 Sent To FARAH AKHTAR
 ONE HOUR CLEANERS
 Street, Apt. No., or PO Box No. 9075 TAFT STREET
 City, State, ZIP+4 PEMBROKE PINES, FL 33024

PS Form 3800, 01-01-01

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

ID# 112341
 FARAH AKHTAR
 ONE HOUR CLEANERS
 9075 TAFT STREET
 PEMBROKE PINES, FL 33024

2. Article Number

(Transfer from service label)

7003 2260 0003 5650 8519

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **AKHTAR** C. Date of Delivery **2-6-04**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
Mobile Sources

FEB 9 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423759 FEB26 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#0112341
ONE HOUR CLEANERS
FARAH N AKHTAR
9075 TAFT STREET
PEMBROKE PINES FL
33024

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: X1
Fund: 20-2-035001
Obj.: 002273

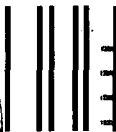
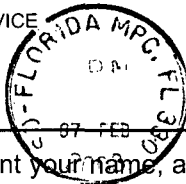
RECEIVED
FEB 28 2003
Bureau of Air Monitoring
& Mobile Source Control

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tr	AIRS ID#0112341
Se	ONE HOUR CLEANERS
Str	FARAH N AKHTAR
or	9075 TAFT STREET
Cit	PEMBROKE PINES FL
	33024
PS	for instructions

7001 0320 0001 7975 6608

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"> <tr> <td>A. Received by (Please Print Clearly) <i>Khan</i></td> <td>B. Date of Delivery <i>2/7/3</i></td> </tr> <tr> <td>C. Signature <i>[Signature]</i></td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) <i>Khan</i>	B. Date of Delivery <i>2/7/3</i>	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly) <i>Khan</i>	B. Date of Delivery <i>2/7/3</i>						
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0112341</p> <p>ONE HOUR CLEANERS FARAH N AKHTAR 9075 TAFT STREET PEMBROKE PINES FL 33024</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>						
<p>2. Article Number</p> <p>(Transfer from service label)</p> <p style="text-align: center;">7001 0320 0001 7975 6608</p>	<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 •


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 10 2003

RECEIVED



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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: AIRS ID # 0112341 ONE HOUR CLEANERS FARAH N AKHTAR 9075 TAFT STREET PEMBROKE PINES FL 33024	C. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0001 7976 2531 1111 11		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postmark Here
Total Postage:	AIRS ID # 0112341	
Sent To Street, Apt. No. or PO Box No. City, State, ZIP:	ONE HOUR CLEANERS FARAH N AKHTAR 9075 TAFT STREET PEMBROKE PINES FL 33024	
PS Form 3800, January 2001	See Reverse for Instructions	

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 2-11-02				
1. Article Addressed to: AIRS ID # 0112341 ONE HOUR CLEANERS FARAH N AKHTAR 9075 TAFT STREET PEMBROKE PINES FL 33024	C. Signature <i>[Signature]</i>					
2. Article Number (Copy from service label) 70002870000010274770	D. Is delivery address different from item 1? If YES, enter delivery address below: <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Addressee</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> Agent	<input type="checkbox"/> No	<input type="checkbox"/> Addressee
<input type="checkbox"/> Yes	<input type="checkbox"/> Agent					
<input type="checkbox"/> No	<input type="checkbox"/> Addressee					
	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.					
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes					
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952						

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 0112341
Sent To ONE HOUR CLEANERS FARAH N AKHTAR 9075 TAFT STREET Street, Apt. PEMBROKE PINES FL 33024 City, State,	
PS Form 3800, May 2000 See Reverse for Instructions	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415025 MAR 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 # 0112341

ONE HOUR CLEANERS
FARAH N AKHTAR
9075 TAFT STREET
PEMBROKE PINES FL
33024

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