

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

FEB 18 2011

Bureau of Air Monitoring
& Mobile Sources

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

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

2/24/11 BJA

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SHAMIN KHAN (JAS KHAN)		
2. Site Name (For example, plant name or number):	SUNSET CLEANERS		
3. Hazardous Waste Generator Identification Number:	FL D047396403 (Safety - Kleen)		
4. Facility Location: Street Address:	8288 SUNSET STRIP	City:	SUNRISE
	County:	BROWARD	Zip Code: 33322
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

1) Need Signature
2) Date Machine Purchase

0112424-003

Responsible Official

6. Name and Title of Responsible Official: Name:	SHAMIN KHAN	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	8288 SUNSET STRIP	City:	SUNRISE
	County:	BROWARD	Zip Code: 33322
8. Responsible Official Telephone Number: Telephone:	(954) 741-1411	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JALEEL KHAN		
10. Facility Contact Address: Street Address:	8288 SUNSET STRIP	City:	SUNRISE
	County:	BROWARD	Zip Code: 33322
11. Facility Contact Telephone Number: Telephone:	(954) 856-9575	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")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased 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? 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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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) _____

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.

Print name of responsible official

Signature

Date

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

FEB 18 2011

Bureau of Air Monitoring
& Mobile Sources

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

2/24/11 BJA

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Shamin Khan (J&S Khan)
2. Site Name (For example, plant name or number): Sunset Cleaners
3. Hazardous Waste Generator Identification Number: FL D047396403 (Safety - Kleen)
4. Facility Location: Street Address: 8288 Sunset Strip City: Sunrise County: Broward Zip Code: 33322
5. Facility Identification Number (DEP Use ONLY - do not fill in):

1) Need Signature
2) Date machine purchase

0112424-003

Responsible Official

6. Name and Title of Responsible Official: Name: Shamin Khan Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 8288 Sunset Strip City: Sunrise County: Broward Zip Code: 33322
8. Responsible Official Telephone Number: Telephone: (954) 741-1411 Fax: () shamin.khan@b6@yahoo.com

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Jaleel Khan
10. Facility Contact Address: Street Address: 8288 Sunset Strip City: Sunrise County: Broward Zip Code: 33322
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Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

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	Existing/New	RC/CA/None required	
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	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:

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

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input checked="" type="checkbox"/>
Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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).

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Print name of responsible official

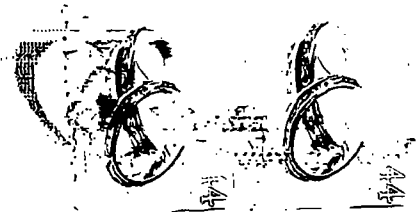
Signature

Date

J+S Khan
8288 Sunset Strip
Sunrise Fl. 33322

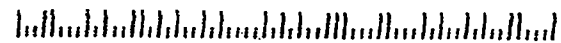
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General Permits Section
Bureau of Air Monitoring & Mobile Saver MS
SSID
Department of Env. Prot.
2600 Blair Stone Rd.
Tallahassee, Fl. 32399-2400

32399+2400



Att Becky Asher

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4. Facility Location: Street Address:	8288 Sunset Strip	City: Sunrise	County: Broward Zip Code: 33322
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1) Need Signature
2) Date Machine Purchased
10/1/98
Sept

0112424-003

Responsible Official

6. Name and Title of Responsible Official: Name:	SHAMIN KHAN	Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	8288 Sunset Strip	City: Sunrise County: Broward Zip Code: 33322
8. Responsible Official Telephone Number: Telephone:	954 741 1411	Fax: 954 954-675-5913

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Jaleel Khan		
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e-mail address
shaminkhanle6@
yahoo.com

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I will promptly notify the Department of any changes to the information contained in this notification.

Shamir Khan

Print name of responsible official

Shamir

Signature

3/15/11

Date