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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

FEB 18 2011

Part III. Notification of Intent to Use General Permig 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 ,
Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Shamin KhAN (J4S KHAN)	N.
2. Site Name (For example, plant name or number):	
SUNSET CLEAMENS	2)
3. Hazardous Waste Generator Identification Number: FL DO 47396403 (Safety - Kleen	7) 7
4. Facility Location: Street Address: \$288 SUNSET STRIP	
City: SUNCISE County: Browald Zip Code	33322
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
Responsible Official Oll 2	424-c
6. Name and Title of Responsible Official:	
Name: SUAMIN KHAW Title: OWER	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 8288 SUWSet Strip	• •
City: SUNRISE County: Brownd 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 KhAW	
10. Facility Contact Address: Street Address: & & SUNSET STRIP Circumstant Country C	
City: SUNRISE County: Brown Zip Code	33322
11. Facility Contact Telephone Number:	
Telephone: (954) 856-9575 Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	State of the second	And the second s	radio dell'altre di la Martin dell'altre del
Facility Information			
1.(a) DRY-TO-DRY MA	ACHINES ONLY		
How many dry-to-dry mad	chines do you have	on-site?	
For each dry-to-dry mach	ine on-site, please p	rovide 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 RC/CA/None required	tagge trainstance
* e		RC/CA/None required	
*CONTROL DEVICE KI	EY: $RC = refr$	igerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	. (性質).	and Albert 12 The Committee of the Commi
How many washers do yo		. []	
How many dryers/reclaim	ers do you have on-	site? []	
unital If the transfer machin	newas Auromasector	ne manufacturer prior to or on Decom the manufacturer between Decom September 22, 1993 are allow lease provide the following information.	exember 9, 1991, it is an EXISTING exember 9, 1991 and September 22, wed to operate under this general remation:
Date Initially Purchased From Manufacturer		Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	No. 20 2 2 Company of the Company of
	Existing/New	RC/CA/None required	V58) 1 (41 (21.11) (
	Existing/New	RC/CA/None required	
*CONTROL DEVICE KI 2.(a) How much perchlor	•	rigerated condenser CA =	carbon adsorber

DEP Form No. 62-213.900(2)

[30] gallons (You must fill this in)

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

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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 (used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (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 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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [15] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] 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

Surrender of Existing DEP Air Permit(s) ease indicate with an "X" the appropriate selection:	\ \		
[] I.hereby surrender all existing DEP air permits notification form; the permit number(s) are	s authorizing operatio	n of the facility	v indicated in th
No DEP air permits currently exist for the ope	· •		
Sponsible Official Certification	ers Maximum in the con-		S. Baker en No. 1 (1877)
a. Antes	garage and the second	r - 176 Keape	, p. 7.
I, the undersigned, am the responsible official, as defined this notification. I hereby certify, based on information of statements made in this notification are true, accurate an	and belief formed after ad complete. Further,	r reasonable ir I agree to ope	quiry, that the rate and
this notification. I hereby certify, based on information a statements made in this notification are true, accurate an maintain the air pollutant emissions units and air pollutic comply with all terms and conditions of this general perm	and belief formed aften ad complete. Further, on control equipment mit as set forth in Part	r reasonable in I agree to ope described abo II of this notif	nquiry, that the rate and ve so as to ication form.
this notification. I hereby certify, based on information of statements made in this notification are true, accurate an maintain the air pollutant emissions units and air pollution	and belief formed aften ad complete. Further, on control equipment mit as set forth in Part	r reasonable in I agree to ope described abo II of this notif ined in this not	nquiry, that the rate and ve so as to ication form.
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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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Part III. Notification of Intent to Use General Permis 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 3/24/11 BJA	()
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Need
Shamin KhAN (J&S KhAN)	Signatur
2. Site Name (For example, plant name or number):	a) Nate
Sunset cleaners	2) Date reschire
3. Hazardous Waste Generator Identification Number: FL DO 47396403 (Safety - Kleen)	purchas
4. Facility Location: Street Address: \$288 SUNSET STRIP	
City: SUNPISE County: BYOWARD Zip Code: 33322	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
Responsible Official O112424	MA2
Responsible Official	
6. Name and Title of Responsible Official:	
Name: SUAMIN KHAW Title: OWER	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 8288 SUNSet Staip	
City: SUNRISE County: Broward Zip Code: 33322	
8. Responsible Official Telephone Number:	
Telephone: 954 741- 1411 Shaminkhanble yahoo	20m
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
TPleel KhAW	
10. Facility Contact Address:	
10. Facility Contact Address: Street Address: 8288 SUNSET STRIP	
city: Sunaise county: Browned Zip code: 353 LV	
11. Facility Contact Telephone Number:	
Telephone: (954) 856-9575 Fax: ()	·

DEP Form No. 62-213.900(2)

Effective: 2/24/99

*CONTROL DEVICE KEY:	s do you have on n-site, please pro Status (circle one) Existing/New Existing/New		Date Control Device Installed (if already included at time of purchase, write "SAME")
How many dry-to-dry machine For each dry-to-dry machine or Date Initially Purchased From Manufacturer *CONTROL DEVICE KEY:	s do you have on n-site, please pro Status (circle one) Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
For each dry-to-dry machine or Date Initially Purchased From Manufacturer *CONTROL DEVICE KEY:	Status (circle one) Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
Purchased From Manufacturer *CONTROL DEVICE KEY:	Status (circle one) Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE KEY:	(circle one) Existing/New Existing/New	RC/CA/None required RC/CA/None required	(if already included at time of purchase, write "SAME")
*CONTROL DEVICE KEY:	Existing/New Existing/New	RC/CA'/None required	
*CONTROL DEVICE KEY:	Existing/New Existing/New	RC/CA'/None required	
		RC/CA/None required.	. <u> </u>
1 (1) (00) 4 1 (00) 00 14 4 (00)	RC = refrig	gerated condenser CA =	carbon adsorber
1.(b) TRANSFER MACHINI How many washers do you hav How many dryers/reclaimers do If the transfer machine was pur unit if the transfer machine was 1995 it is a NEW unit (no unit permit). For each transfer machine	e on-site? o you have on-si chased from the s auronased from s purchased after	manufacturer prior to or on Den the manufacturer between Den September 22, 1993 are allow	ecember 9, 1991, it is an EXISTINecember 9, 1991 and September 22 wed to operate under this general formation:
Date Initially Purchased Stat From Manufacturer (circ		ontrol Device Required* ircle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Exis	sting/New Re	C/CA/None required	Weight And State Commence
Exis	sting/New R	C/CA/None required	V3-14 (V (2) (1) *
Exis	sting/New Ro	C/CA/None required	
*CONTROL DEVICE KEY:	RC = refrig	gerated condenser CA =	carbon adsorber
2.(a) How much perchloroethy	lene (perc) have ou must fill this	in)	onths?
(b) If less than 12 months, h	ow many? [_] months	

New store: New machine New machine

Unopened store [____] (date of expected opening ___

What is the facility's source cla Indicate with an "X". Select			ıd in section (3) of	Part II?	
Small Area Source	LXJ			, .	
Dry-to-dry mack Transfer only of Both machine t	n-site (used less than 200	gallons of perc per gallons of perc per gallons of perc perc	er year)	
Large Area Source					
Dry-to-dry mach Transfer only or Both machine ty	n-site (used 200 - 1,800 s	gallons of perc per gallons of perc per gallons of perc per	year)	
4. What control technology is required (Indicate with an "X".)	uired on machines pu	rsuant to section (5) of Part II of this	notification form?	
Existing machines at sma (NONE REQUIRED)	all area source		nines at small area ed condenser [source	
Existing machines at large Carbon adsorber Refrigerated condenser	e area source	New mach	nines at large area : ed condenser [source	
5. A facility which contains non-e Rule 62-213,300, F.A.C. Verify to criteria or that no such units exist. All steam and hot water generating. No such units on-site	hat all steam and hot on-site (see attached i	water generating u	nits on-site meet t		
How many boilers do you have on	-site?		· · · · · ·	-, <i>1</i> 1,	•
For each boiler, indicate its horsep	ower (HP) rating: []	\sum_{i}] .		
What type of fuel do you use?	propane No. 2 fuel o	il [] No	ural gas . 4 fuel oil ner (please list)		_
6. Equipment Monitoring and Rec	ordkeeping Information	on			
Check all logs which are required	to be kept on-site in a	ccordance with th	e requirements of	this general permit:	
(a) Purchase receipts and solvent p				-	
(b) Leak detection inspection and					
(c) Refrigerated condenser temperated					
(d) Carbon adsorber exhaust perc		ring	 []		
(e) Startup, shutdown, malfunction					

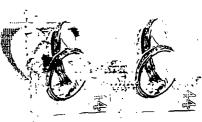
. Surrender of Existing DEP Air Permit(s)					
Please indicate with an "X" the appropriate	selection:	\ \		•	
[] I hereby surrender all existing notification form; the permi	•	-	operation o	f the facility indi	cated in this
No DEP air permits current	ly exist for the	operation of the	facility indi	cated in this noti	fiçation forn
Responsible Official Certification	. 30	. Shirt	4		indication of the
this notification. I hereby certify, base statements made in this notification are maintain the air pollutant emissions ur comply with all terms and conditions of I will promptly notify the Department of	e true, accurate nits and air poli of this general p	e and complete. lution control ed permit as set for	Further, I a quipment des th in Part II	gree to operate of scribed above so of this notification	and as to on form.
T will prompily notify the Department of	n uny changes	io ine injormati	on contained		w.
Print name of responsible official	. (en ver en rigge

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Several Permits Settion
Bureau of Air Monitoring & Mobile Source MS

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

FEB 18 2011

Bureau of Air Menitoring Part III. Notification of Intent to Use General Permig 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 3/24	In BJA
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Need
Shamin KhAN (J45 KhAN)	Signetu
2. Site Name (For example, plant name or number):	
I sunset cleaners	2) Date nechine
3. Hazardous Waste Generator Identification Number: FL D047396403 (Safety - Kleen)	Purchas
4. Facility Location: Street Address: \$288 SUNS et STRIP	ic,c, B
City: SUNRISE County: BYOWARD Zip Code: 333	322 1991
5. Facility Identification Number (DEP Use ONLY - do not fill in):	Sept
Responsible Official	24-002
6. Name and Title of Responsible Official:	
Name: SUAMIN KHAN Title: OWER	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 8288 SUNSET STRIP	
City: Survailed County: Kroniac J Zip Code: 333	22
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number: Telephone: 954 741 1411 Fax: (21), 954 -6	15-5913
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example plant manager):	
TPleel KhAN	
10. Facility Contact Address: Street Address: 8288 SUNSET STRIP	
Street Address: 8 2 8 3 07 37 7 7	
City: SUNRISE County: Browned Zip Code: 333	22
1). Facility Contact Telephone Number:	
Telephone: (954) 856-9575 Fax: ()	
DEP Form No. 62-213.900(2) Effective: 2/24/99 13 address	. ,
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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:	
l hereby surrender all existing DEP air permits a notification form; the permit number(s) are	authorizing operation of the facility indicated in this
No DEP air permits currently exist for the opera	• •
Responsible Official Certification	nita — ninga ang ang ang ang ang ang ang ang ang
I, the undersigned, am the responsible official, as defined in this notification. I hereby certify, based on information and statements made in this notification are true, accurate and maintain the air pollutant emissions units and air pollution comply with all terms and conditions of this general permit	l belief formed after reasonable inquiry, that the complete. Further, I agree to operate and control equipment described above so as to
I will promptly notify the Department of any changes to the	information contained in this notification.
Shamin Khan Print name of responsible official	الهوية المصدري وموجود ويبدأ والمراجع
Print name of responsible official	
&Cia-	zlistii
Signature	Date · .
The second secon	