

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

April 4, 2005

Mr. Akim Mohammed
The Dry Cleaner
8458 West Oakland Park Boulevard
Sunrise, Florida 33351

Re: Facility No.: 0112433-002

Dear Mr. Mohammed:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 28, 2005.

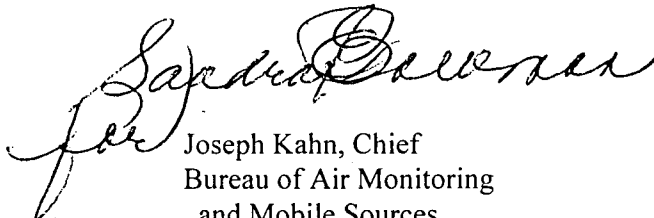
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

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EMISSION FEE DATES 1999-2003.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS 2.....
COMP. STATUS - SNC MNC (IN)

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 28 2005
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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TAE DRY CLEANER
2. Site Name (For example, plant name or number):	TAE DRY CLEANER
3. Hazardous Waste Generator Identification Number:	FLCLESQG
4. Facility Location: Street Address: 8458 W. OAKLAND PK. BLVD City: SUNRISE County: BROWARD Zip Code: FL33351	
5. Facility Identification Number (DEP Use ONLY; do not fill in):	0112433-002

Responsible Official

6. Name and Title of Responsible Official: Name: Akim Mohammed Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 8458 W. OAKLAND PK. BLVD City: SUNRISE County: BROWARD Zip Code: FL33351	
8. Responsible Official Telephone Number: Telephone: (954) 746 3172 Fax: (954) 746 3172	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Akim Mohammed Owner
10. Facility Contact Address: Street Address: AS ABOVE City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (954) 746 3172 Fax: (954) 746 3172	

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: 3

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) ELECTRIC

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

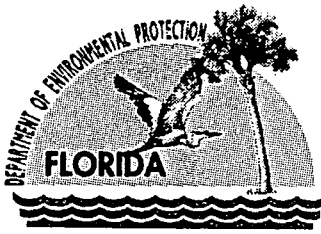
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

ARUN MOH D
Print name of responsible official

ARUN MOH D
Signature

11-29-04
Date



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
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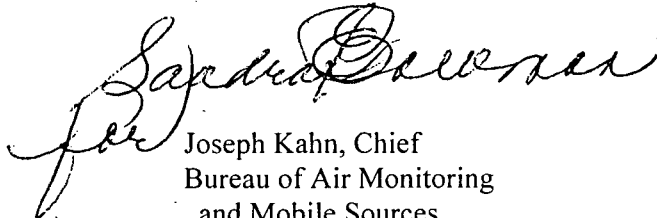
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Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 459961 MAR172006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112433 1st
THE DRY CLEANER
8458 West Oakland Park Blvd
SUNRISE, FL 33351

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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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. Signature: <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: AIRS ID#0990563.....2 nd Cert 05 NIKITA DRYCLEANING 9850 Alternate A1A #501 PALM BEACH GARDENS, FL 33410	B. Received by (Printed Name)	C. Date of Delivery 3/16
2. Article Number (Transfer from service label)	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	
7004 2510 0004 6986 5623		
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540