



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 12, 2000

Mr. Ashok Thankey
Conder Quality Dry Cleaner
7224 West McNab Road
North Lauderdale, Florida 33068

Re: Facility No.: 0112434-002

Dear Mr. Thankey:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 5, 2000.

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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

0112434

p15 RC should be circled.
RC is required on dry to dry
machine

p16 5. No such units on-site should
be marked.

6(e) Required. Should be marked.

p17 Responsible official sign and
date for changes.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN - 5 2000

RECEIVED

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):	KATRADE INC.	
2. Site Name (For example, plant name or number):	CONDER QUALITY DRY CLEANER	
3. Hazardous Waste Generator Identification Number:	FLR 0000 14027	
4. Facility Location: Street Address:	7224 W. MCNAB ROAD	
City:	N. LAUDERDALE County: BROWARD	Zip Code: FL 33068
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112434-002	

Responsible Official

6. Name and Title of Responsible Official: Name:	ASHOK THANKET	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	CONDER QUALITY DRY CLEANER	Street Address:	7224 W. MCNAB ROAD, N. LAUDERDALE
City:	N. LAUDERDALE County: BROWARD	Zip Code:	FL 33068
8. Responsible Official Telephone Number: Telephone:	(954) 724-0770	Fax:	(954) 724-0778

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ASHOK THANKET		
10. Facility Contact Address: Street Address:	7224 W. MCNAB ROAD	City:	N. LAUDERDALE County: BROWARD
Zip Code:	FL 33068		
11. Facility Contact Telephone Number: Telephone:	(954) 340-7500	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")
<u>APRIL 1986</u> ¹⁹⁹⁶	Existing <u>New</u>	RC/CA/ <u>None required</u>	<u>APRIL 1996</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

N/A NONE

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) *PREVIOUS OWNER*
NEW OWNER 5/15/00

(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".)

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

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 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.

ACHOK ZAHN THANKE
Print name of responsible official


Signature

6/1/00
Date

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 7369

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

[Handwritten Signature]
Postmark
Here

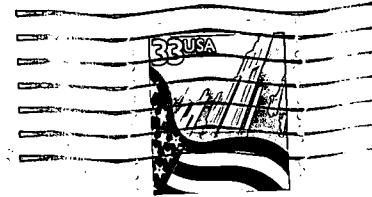
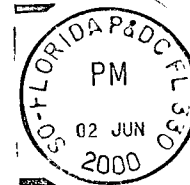
AIRS ID#0112434

Sent To **CONDER QUALITY DRY CLEANER**
Street, **ASHOK THANKEY**
or PO **7224 W MCNAB ROAD**
City, St. **NORTH LAUDERDALE FL**
33068

PS Form

Instructions

CONDER QUALITY DRY CLEANER
7224 W. MCNAB ROAD
N. ~~FLORIDA~~ LAUDERDALE
FL 33068



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCE, MS5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE
FL 32399-2400

32399+6342



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.

445789 FEB 9 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112434 10
CONDER QUALITY DRY CLEANER
7224 McNab Road
NORTH LAUDERDALE, FL 33068

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

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FEB 10 2005
J. Edgar Hoover
& Mobile Sources
Monitoring

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)		

Postmark
Here

AIRS ID# 112434 1stC
 CONDER QUALITY DRY CLEANER
 7224 McNab Road
 NORTH LAUDERDALE, FL 33068

PS Form 3800, June 2002 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. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">AIRS ID# 112434 1stC CONDER QUALITY DRY CLEANER 7224 McNab Road NORTH LAUDERDALE, FL 33068</p> <p>2. Article Number <i>(Transfer from service label)</i> 7003 0500 0004 0144 8297</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery 2/105</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>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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <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 •

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

RECEIVED
FEB 16 2005
Bureau of Mobile Source Control



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435023 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

112434
ASHOK THANKEY
CONDER QUALITY DRY CLEANER
7224 W MCNAB ROAD
NORTH LAUDERDALE FL 33068

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 3.1
Fund: 20-2-035001
Obj.: 002273

X
Bureau of Air Mobility
& Mobile Support
JAN 9 2004
RECEIVED

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	\$	<i>Receipt 09/03 01/04</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post: TO 0112434001AG		
Sent To: CONDER QUALITY DRY CLEANER		
SUN K KIM		
7224 MCNAB ROAD		
NORTH LAUDERDALE, FL 33068		

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 3438

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN 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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">TO 0112434001AG</p> <p style="text-align: center;">CONDER QUALITY DRY CLEANER SUN K KIM 7224 MCNAB ROAD NORTH LAUDERDALE, FL 33068</p> </div>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Shankar</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>A. Shankar</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>9/10/03</i></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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
---	--

7003 0500 0004 0144 3438

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 Monitoring
& Mobile Sources

SEP 15 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423064 FEB17 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



Bureau of Air Maintenance
& Mobile Support

FEB 19 2003

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Do NOT Remove Label

AIRS ID#0112434
CONDER QUALITY DRY CLEANER
ASHOK THANKEY
7224 W MCNAB ROAD
NORTH LAUDERDALE FL
33068

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



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.

423035 FEB17 2003

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0112441

HERITAGE CLEANERS
ERIC LACOV
6594 TAFT STREET
HOLLYWOOD FL
33024

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 19 2003

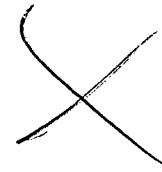


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413623 JAN28 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 # 0112434
CONDER QUALITY DRY CLEANER
ASHOK THANKEY
7224 W MCNAB ROAD
NORTH LAUDERDALE FL
33068

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