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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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dureau of Air Monitorine & 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 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | | | | |
| ABID ENTERPRISES LLC | | | | | | | | |
| 2. Site Name (For example, plant name or number): | | | | | | | | |
| DRY CIEM VSA | | | | | | | | |
| 3. Hazardous Waste Generator Identification Number: | | | | | | | | |
| FLD982132860 | | | | | | | | |
| 4. Facility Location: Street Address: 9967 HIRAMAR PKWY City: MIRAMAR COUNTY: BROWSED Zip Code: 33025 | | | | | | | | |
| 5 Facility Identification Number (DEP Use ONLY - do not fill in) 0/1/2443-0 | | | | | | | | |
| Responsible Official | | | | | | | | |
| 6. Name and Title of Responsible Official: Name: MOHALAAAAA TO ARABA TO Title: | | | | | | | | |
| Name: MOHAMMAD ABID Title: OWNER | | | | | | | | |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 19523 SW 55th STEET City: MIRAMAR County: BRUWAZD Zip Code: 23029 | | | | | | | | |
| 8. Responsible Official Telephone Number: Telephone: (305)505 - 2066 Fax: () - | | | | | | | | |
| Facility Contact (If different from Responsible Official) | | | | | | | | |
| 9. Name and Title of Facility Contact (For example, plant manager): | | | | | | | | |
| IRFAN ABID | | | | | | | | |
| 10. Facility Contact Address: | | | | | | | | |
| Street Address: 19523 SW 55-14 STREET City: MIRAMAR County: Brown 2D Zip Code: 33029 | | | | | | | | |
| 11. Facility Contact Telephone Number: Telephone: (マ360) リオシー 3301 Fax: () - | | | | | | | | |
| DEP Form No. 62-213.900(2) Effective: 2/24/99 DEP Form No. 62-213.900(2) bell south. Net | | | | | | | | |

3 Mobile Sources

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: Control Device Required* Date Initially Purchased Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 09-05-05 SAME Existing/Nev A 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 | | |
| <u> </u> | 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 [___]

- per clifan Abid, use approx. 150 approx. 150 gallons per year mia Unopened store [____] (date of expected opening

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| 3. What is the facility's source classification based on the definitions found in section (3) of Part II? Sureau or an execution Indicate with an "X". Select one classification only.) | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Small Area Source [X] | | | | | | | | |
| 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 - 2,100 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 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: [15 [H] [P] | | | | | | | | |
| What type of fuel do you use? [] propane [] No. 2 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 | | | | | | | | |
| (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Startup, shutdown, malfunction plan | | | | | | | | |
| (d) Carbon adsorber exhaust perc concentration monitoring | | | | | | | | |
| (e) Startup, shutdown, malfunction plan | | | | | | | | |

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| 7. Surrender o | Bureau of Air Wonitorin | | | | | | |
|--|---|---|--|--|--|--|--|
| Please indicat | A Mobile Sources | | | | | | |
| X | 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 | | | | | | |
| this notifi statement maintain comply w I will pro | dersigned, am the responsible official, as defined in Part II of this form, of it ication. I hereby certify, based on information and belief formed after reast ts made in this notification are true, accurate and complete. Further, I agrithe air pollutant emissions units and air pollution control equipment descripted all terms and conditions of this general permit as set forth in Part II of imputly notify the Department of any changes to the information contained in AMMA S. AGID The of responsible official | sonable inquiry, that the ree to operate and ribed above so as to this notification form. | | | | | |

Date

Effective: 2/24/99

Signature



IMPORTANT

A facility is eligible to operate under a Title V Air General Permit (TV AGP) for no more than five (5) years. Your facility is approaching the end of the current five (5) year period for which it was entitled to operate under the Title V Air General Permit.

| NEW | OWNER? | If you are a NEW | OWNER, | please check | this box and |
|------------|-------------|--------------------|-----------|----------------|------------------|
| return | this page w | ith your completed | Title V A | ir General Per | mit Notification |
| Form. | | | | | |
| | | | | | |
| | | | | • | |

- NEW <u>RESPONSIBLE OFFICIAL?</u> If you are a NEW RO, and/or your existing business has moved to a new location, please check this box and return this page with your completed Air General Permit Notification Form.
- If you wish to continue your entitlement, please complete the Air General Permit Notification Form, making certain that it is signed by the Responsible Official (RO), properly dated, and mailed to the following address:

Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

- If you do not wish to continue with your eligibility, please disregard this notice.
- A fee is **NOT** required with the notification form.

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Bureau of Air Monitorins

Amobile Sources



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 4, 2010

To: Users of the Air General Permit

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under an Air General Permit (AGP) pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.) and your entitlement to operate is about to expire.

As a source of air pollution, your facility is entitled to operate for no more than five (5) years with a permit under Section § 403.0872 Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

If you wish to maintain your entitlement to operate you may obtain a copy of the appropriate registration form in the following manner(s). You may download a copy of the registration form from the FDEP Air Resource Management webpage below.

FDEP forms Webpage: http://www.dep.state.fl.us/air/emission/tv_gp.htm

or call the Small Business Environmental Assistance Program (SBEAP) toll-free @: 1-800 722-7457

As the Owner/Operator or authorized representative for this facility, please complete the form, sign your name, date it, and submit it to the following address:

Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DryClean USA 9967 Miramar Pkwy Miramar, Fl 33025 ANEANT FLESSE SO RAN 2010 PM & L



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BUREAU OF AIR MONITORING AND HOBILE SWITTEN MSSSM

DEPARTMENT OF ENVIRONEMAL PROTECTION

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