

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

May 15, 2000

Mr. Mahmood Aziz
Capital 1 Price Dry Cleaning
3177 North State Road 7 Bay 9
Margate, Florida 33063

Re: Facility No.: 0112489-001

Dear Mr. Aziz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 8, 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,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Duval County

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

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$\frac{HP}{15}$ Natural Gas

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RCRA

MAR 31 2000

Perchloroethylene Dry Cleaning Facility Notification

Hazardous Waste Regulation

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MAHMOOD AZIZ
2. Site Name (For example, plant name or number):	CAPITAL 1 PRICE DRY CLEANING
3. Hazardous Waste Generator Identification Number:	FLR000059428
4. Facility Location: Street Address: City: Margate 3177 N State Rd 7 Bay 9 County: Broward Broward Zip Code: 33063	
5. Facility Identification Number (DEP Use):	0112489-001

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Bureau of Air
& Mobile Sources
Monitoring

Responsible Official

6. Name and Title of Responsible Official:	MAHMOOD AZIZ President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: MARGATE 3177 N State Rd 7 Bay 9 County: Broward Broward Zip Code: 33063	
8. Responsible Official Telephone Number: Telephone: 954 971-1975 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
RENAZZI S30									
<i>Example</i> #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit									
DAY TO DRY									
(1) w/ ref. condenser	1	08/AUG/96	08/AUG/96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: 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.)

- | | |
|--|--|
| Existing small area source <input checked="" type="checkbox"/> | New small area source <input type="checkbox"/> |
| Existing large area source <input type="checkbox"/> | New large area source <input type="checkbox"/> |

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No 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.

Signature

MAHMOOD AZIZ

Date

MAR. 27. 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444096 JAN 5 2005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112489 10
CAPITAL 1 PRICE DRY CLEANING
3177 N State Road 7 Bay 9
MARGATE, FL 33063

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

Printed on recycled paper.

RECEIVED
JAN 6 2005
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423756 FEB 26 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

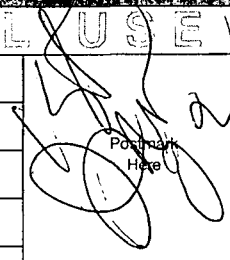
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0112489
CAPITAL 1 PRICE DRY CLEANING
MAHMOOD AZIZ
3177 N STATE ROAD 7 BAY 9
MARGATE FL
33063

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

RECEIVED
FEB 28 2003
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
AIRS ID#0112489	
Sent To	CAPITAL 1 PRICE DRY CLEANING
Street, Apt. or PO Box #	MAHMOOD AZIZ 3177 N STATE ROAD 7 BAY 9
City, State, ZIP	MARGATE FL 33063
PS Form 3811	

E522 7976 7253 0001 0320 0001 7976 7253

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#0112489

CAPITAL 1-PRICE DRY CLEANING
 MAHMOOD AZIZ
 3177 N STATE ROAD 7 BAY 9
 MARGATE FL
 33063

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 7253

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

M. AZIZ 2-18-03

C. Signature

x/Maw  Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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• Sender: Please print your name, address, and ZIP+4 in this box •

FEB 24 2003

Bureau of Air Monitoring
& Mobile Sources

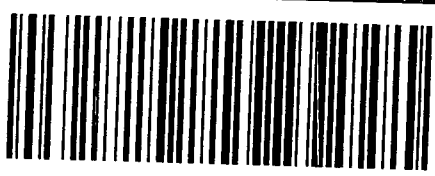
U.S. DEPARTMENT OF AIR MONITORING & MOBILE SOURCES
U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

01



CERTIFIED MAIL

MAHMOOD AZIZ
Capital 1 Price Dry Cleaning
3177 N State Rd 7 Bay 9
Margate FL 33063



7000 0520 0014 5053 9421



2.98
U.S. POSTAGE

354

Dept of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road

TALLAHASSEE, Florida 32399-2400
32399+6342

RETURN RECEIPT

POST ALL

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 402293

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 # 0112489
CAPITAL 1 PRICE DRY CLEANING
MAHMOOD AZIZ
3177 N STATE ROAD 7 BAY 9
MARGATE FL 33063

RECEIVED
MAIL ROOM
JAN 1 1 2002
Bureau of Air Monitoring
Mobile Sources
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.

413409 JAN 22 2002

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112489
CAPITAL 1 PRICE DRY CLEANING
MAHMOOD AZIZ
3177 N STATE ROAD 7 BAY 9
MARGATE FL
33063

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273