

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 20, 2000

Mr. Sohail A. Khan
Touch of Class Dry Cleaners
1351-61 North Palm Avenue
Pembroke Pines, Florida 33024

Re: Facility No.: 0112517-001

Dear Mr. Khan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 16, 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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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.

Bureau of Air Monitoring
& Mobile Sources

NOV 1 6 2000

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>TAST CORPORATION</i>
2. Site Name (For example, plant name or number): <i>TOUCH OR CLASS DRY CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>APPLIED FOR</i>
4. Facility Location: <i>1351-61 NORTH PALM AVENUE</i> Street Address: City: <i>PEMBROKE PINES</i> County: <i>BRADWARD</i> Zip Code: <i>33024</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0110517-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>SOHAIL A KHAN</i> Title: <i>VICE PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1351-61 NORTH PALM AVENUE</i> City: <i>PEMBROKE PINES</i> County: <i>BRADWARD</i> Zip Code: <i>33024</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 442-9648</i> Fax: <i>() MA</i>

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) 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")
8/3-100			
8/3-100	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
UNION MODEL LT15 DRY T. DRY			

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

N/A

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) (TO RLU MACHINE & FILTERS)

(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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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: 2040

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) _____

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:

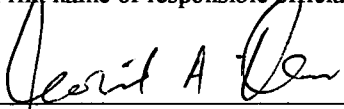
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

SOHAIL A KHAN
Print name of responsible official


Signature

SOHAIL A KHAN

11/9/00
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411943 DEC20 2001

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

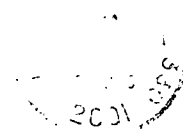
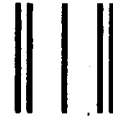
Do **NOT** Remove Label

AIRS ID # 0112517
TOUCH OF CLASS CLEANERS
SOHAIL A KHAN
1351-61 NORTH PALM AVENUE
PEMBROKE PINES FL
33024

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

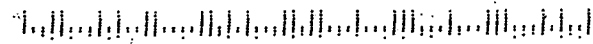
Touch of Class Dry Clean

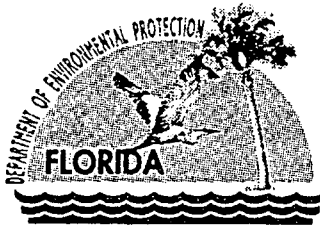
*Fast Corporation
1351 N. Palm Avenue
Pembroke Pines, FL 33026*



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99





Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

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.

TOTAL AMOUNT DUE: \$50.00

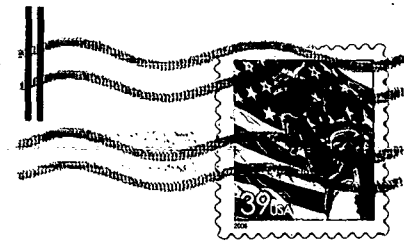
Do **NOT** Remove Label

AIRS ID#0112517
TOUCH OF CLASS CLEANERS
SOHAIL A KHAN
1351-61 NORTH PALM AVENUE
PEMBROKE PINES FL
33024

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

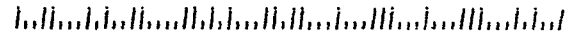
From: Touch of Class Dry Cleaners
1351-61 N. Palm Ave
Pembroke Pines FL 33026

SOUTH FLORIDA POST OFFICE
FL 330 4 L
03 JAN 2007 PM



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

3231533070 9099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

465781 JAN 5 2007

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# 112517
TAST CORPORATION ✓
1351-61 North Palm Avenue
PEMBROKE PINES, FLORIDA
33026

JAN 09 2007
Mail & Mobile Services

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

7003 0500 0004 0144 8471

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Restricted Delivery Fee (Endorsement Required)	

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Tr AIRS ID# 112517 1stC
TOUCH OF CLASS CLEANERS
1351-61 North Palm Avenue
PEMBROKE PINES, FL 33026

St
or
City

PS Form 3800, June 2002

See Reverse for Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446271 FEB 14 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

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AIRS ID# 112517 1stC
TOUCH OF CLASS CLEANERS
1351-61 North Palm Avenue
PEMBROKE PINES, FL 33026

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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FEB 16 2005
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458792 FEB 9 2006

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# 112517 1st
TOUCH OF CLASS CLEANERS
1351-61 North Palm Avenue
PEMBROKE PINES, FL 33026

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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

RECEIVED
FEB 13 2006
Bureau of Air Monitoring
& Mobile Sources

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# 112517 1stC
TOUCH OF CLASS CLEANERS
1351-61 North Palm Avenue
PEMBROKE PINES, FL 33026

2. Article
(Trade)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Frank A. [Signature]

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/7

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



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Postage & Fees Paid
USPS
Permit No. G-10

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

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& Mobile
Solutions

FEB 2000

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DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5540
2650 BLACKSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

01



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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
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ID# 112517

Total Po SOHAIL KHAN

Sent To TOUCH OF CLASS CLEANERS
 1351-61 NORTH PALM AVENUE
 Street, Ap or PO Box PEMBROKE PINES, FL 33024
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

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:

ID# 112517
 SOHAIL KHAN
 TOUCH OF CLASS CLEANERS
 1351-61 NORTH PALM AVENUE
 PEMBROKE PINES, FL 33024

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 John C. Khan Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ 2/6

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

7003 2260 0003 5650 7789

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 •

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

DEPT. of AIR M
by Mobile S-11

FEB 10 2001

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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 can be found below on your mailing label.

435906 FEB 5 2004

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112517
SOHAIL KHAN
TOUCH OF CLASS CLEANERS
1351-61 NORTH PALM AVENUE
PEMBROKE PINES FL 33024

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

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FEB 7 2004
Bureau of Air & Mobile Source Control

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

423259 FEB 20 2003

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112517
TOUCH OF CLASS CLEANERS
SOHAIL A KHAN
1351-61 NORTH PALM AVENUE
PEMBROKE PINES FL
33024

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

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FEB 25 2003
Bureau of Air & Mobile Sources

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

7001 0320 0001 7976 5235

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

[Handwritten Signature]
 POSTMARK
 HERE

AIRS ID#0112517

TOUCH OF CLASS CLEANERS
 SOHAIL A KHAN
 1351-61 NORTH PALM AVENUE
 PEMBROKE PINES FL
 33024

See Reverse for Instructions

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#0112517

TOUCH OF CLASS CLEANERS
 SOHAIL A KHAN
 1351-61 NORTH PALM AVENUE
 PEMBROKE PINES FL
 33024

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

[Handwritten Signature] 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

2. Article Number (Copy from service label)

7001 0320 0001 7976 5235

PORT)

in inq

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 •

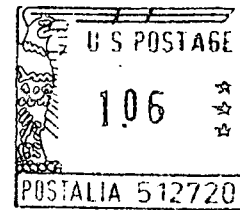
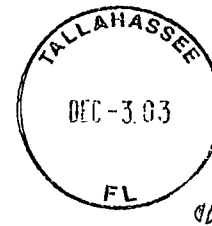
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
FEDERAL STREET BUILDING
2600 BLANCHARD BLVD
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

CEIVED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



RECEIVED
DEC 18 2003
Bureau of Air Monitoring
& Mobile Sources

112517
SOHAIL KHAN
TOUCH OF CLASS CLEANERS
1351-61 NORTH PALM AVENUE
PEMBROKE PINES FL 33064

NO SUCH ADDRESS
IN THIS ZIP CODE