

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 22, 2001

Mr. Pervez Plasticwala  
All Star Cleaners  
6301 West Commercial Boulevard  
Tamarac, Florida 33319

Re: Facility No.: 0112539-001

Dear Mr. Plasticwala:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 7, 2001.

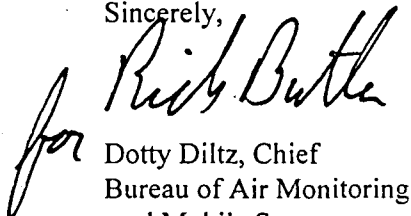
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0112539-001

3/8/2001

Spoke to Percy Plasticwala and he stated that the machine was new in 1995 and control device was a built in refrigerated condenser. No other air permits exist.

P15

- 1(a) - Add date machine was initially purchased from manufacture
- "New" should be circled under Status
  - RC should be circled under Control Device Required

P16 5. All steam and hot water units should be marked.

6(b) Required. Should be marked.

P17

7. Choose one.

Responsible official sign and date for changes.



**adam's mark.**  
hotels & resorts

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**For reservations at any Adam's Mark call 800-444-ADAM (2326)**

Charlotte, NC • Clearwater Beach, FL • Columbia, SC • Columbus, OH • Dallas, TX • Daytona Beach, FL  
Denver, CO • Houston, TX • Indianapolis, IN • Kansas City, MO • Memphis, TN • Mobile, AL  
Orlando, FL • Philadelphia, PA • St. Louis, MO • San Antonio, TX • Tulsa, OK • Winston-Salem, NC

99

PERCHLOROETHYLENE DRY CLEANER/TAIL ROOM  
AIR GENERAL PERMIT NOTIFICATION FORM  
FEB-7 01

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.

Title V  
use obj.  
2275

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PERVEZ PLASTICWALA
2. Site Name (For example, plant name or number):	ALL STAR CLEANERS
3. Hazardous Waste Generator Identification Number:	HM - 02866 - 99
4. Facility Location: Street Address: 6301 W. Commercial Blvd City: TAMARAC County: Broward Zip Code: 33319	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0118539-001

Rec.  
2-14-01

Responsible Official

6. Name and Title of Responsible Official: Name: PERVEZ PLASTICWALA Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 6301 West Commercial Blvd City: TAMARAC County: BROWARD Zip Code: 33319
8. Responsible Official Telephone Number: Telephone: (954) 721 - 4898 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SICK DEI (MANAGER)
10. Facility Contact Address: Street Address: 6301 W Commercial Blvd City: TAMARAC County: FL Zip Code: 33319
11. Facility Contact Telephone Number: Telephone: (954) 721-4898 Fax: ( ) -

37550101000 AI 002275

C202035001

Per  
Patty Adams 2/9/01  
8-1344

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? 1

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")
_____	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

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site? 0

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?

85 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 [ ]

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 checked="" type="checkbox"/>        | Refrigerated condenser <input type="checkbox"/>            |
| Refrigerated condenser <input checked="" 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?  1

For each boiler, indicate its horsepower (HP) rating:  10  0  #/P

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.*

Law (PRS)  
Print name of responsible official

PRVIB2 Plastikwala  
Signature

01-04-01  
Date

PLEASE CALL US IF YOU HAVE  
ANY QUESTIONS. PHONE # (954) 721-4898  
CONTACT ~~ME~~ RICK

Thank you

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**

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*I will promptly notify the Department of any changes to the information contained in this notification.*

Pervez (PRS)  
Print name of responsible official

Pervez Rastiwala  
Signature

01-04-01  
Date

PLEASE CALL US If you HAVE  
Any QUESTIONS. Phone # (954) 721-4898

CONTACT ~~is~~ Rick

Thank you

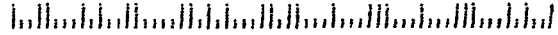


All Star Cleaners  
6301 W Commercial Blvd  
Tamarac  
FL 33319



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

3231533070 8099



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.

468955 FEB122007

TOTAL AMOUNT DUE: \$50.00

PERMIT EXPIRED: 3/17/06  
LAST SUBMITTED: 2/14/01

Do NOT Remove Label

*Did Not Contact*

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

AIRS ID#112539  
ALL STAR CLEANERS  
6301 W Commercial Blvd  
TAMARAC, FLORIDA 33319

POSSIBLE OWNERSHIP CHANGE  
ADIL ENTERPRISES INC

All Monitoring  
Mobile Sources

FEB 17 2007

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

ED

REHEMATULLAH R ALI (954) 721-4898

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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.

468813 APR132006

TOTAL AMOUNT DUE: \$75.00

RECEIVED  
APR 17 2006

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

AIRS ID# 112539  
ALL STAR CLEANERS  
6301 W Commercial Blvd  
TAMARAC, FL 33319

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

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: AIRS ID#0112539.....2<sup>nd</sup> Cert 05  
 ALL STAR CLEANERS  
 Street, Apt. No., or PO Box No. 6301 W Commercial Blvd  
 City, State, ZIP+4 TAMARAC, FL 33319

PS Form 3800, Ju

7004 2510 0002 3939 7668

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">       AIRS ID#0112539.....2<sup>nd</sup> Cert 05        ALL STAR CLEANERS        6301 W Commercial Blvd        TAMARAC, FL 33319     </div> <p>2. Article Number        (Transfer from service label) <span style="border: 1px solid black; padding: 2px;">7004 2510 0002 3939 7668</span></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p style="font-size: large; font-family: cursive; margin-left: 20px;">X</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></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</p> <p><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>
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UNITED STATES POSTAL SERVICE



First-Class Mail  
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USPS  
Permit No. G-10

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

DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION  
AIR AND TOXICS DIVISION  
MOBILE SOURCE CONTROL PROGRAM

MAR 7 2005

RECEIVED



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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

448520 MAR 7 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#0112539.....2<sup>nd</sup> Cert 05  
ALL STAR CLEANERS  
6301 W Commercial Blvd  
TAMARAC, FL 33319

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

Bureau of Air Monitor  
& Mobile Sources  
MAR 9 2005  
RECEIVED

*Printed on recycled paper.*

Dated 1995

RC Built-in  
4th generation

3/8/01 spoke to Perry  
Plaster and he stated date  
of manufacture of RC.

7003 0500 0004 0144 8464

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

Postmark  
Here

To AIRS ID# 112539 1stC  
ALL STAR CLEANERS  
6301 W Commercial Blvd  
TAMARAC, FL 33319

Send  
Street  
or P  
City

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:

AIRS ID# 112539 1stC  
ALL STAR CLEANERS  
6301 W Commercial Blvd  
TAMARAC, FL 33319

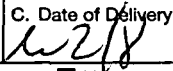
2. Article Number

(Transfer from service label)

7003 0500 0004 0144 8464

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery 

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

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Postage & Fees Paid  
USPS  
Permit No. G-10

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

U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Mobile Source

FEB 16 2005

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436203 FEB11 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

ID# 112539  
REHEMATULLAH ALI  
ALL STAR CLEANERS  
6301 W COMMERCIAL BLVD  
TAMARAC, FL 33319

Bureau of Air Monitoring  
& Mobile Sources

FEB 18 2004

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423472 FEB24 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#0112539  
ALL STAR CLEANERS  
~~PERVEZ PLASTICWALA~~ REHEMATULLAH R. ALI  
6301 W COMMERCIAL BLVD  
TAMARAC FL  
33319

Bureau of Air Monitoring  
& Mobile Sources

FEB 28 2003

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413843 FEB 6 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 # 0112539  
ALL STAR CLEANERS  
PERVEZ PLASTICWALA  
6301 W COMMERCIAL BLVD  
TAMARAC FL  
33319

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



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0220 0250 0000

<b>Postage</b>	\$	<b>Postmark Here</b>
<b>Certified Fee</b>		
<b>Return Receipt Fee</b> <i>(Endorsement Required)</i>		
<b>Restricted Delivery Fee</b> <i>(Endorsement Required)</i>		
<b>Total Postage &amp; Fees</b>	\$	
<b>AIR S ID # 0112539</b>		
R. ALL STAR CLEANERS PERVEZ PLASTICWALA Si 6301 W COMMERCIAL BLVD TAMARAC FL Ci 33319		
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:

AIR S ID # 0112539  
 ALL STAR CLEANERS  
 PERVEZ PLASTICWALA  
 6301 W COMMERCIAL BLVD  
 TAMARAC FL  
 33319

Bureau of Air Monitoring  
 & Mobile Sources

FEB 18 2002

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 YES, enter delivery address below:

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)*  
 70000520 0020 9373 0053

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

(cut here)

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OFFICIAL USE

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

Postmark  
here

ID# 112539  
 REHEMATULLAH ALI  
 ALL STAR CLEANERS  
 6301 W COMMERCIAL BLVD  
 TAMARAC, FL 33319

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7772

**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# 112539  
 REHEMATULLAH ALI  
 ALL STAR CLEANERS  
 6301 W COMMERCIAL BLVD  
 TAMARAC, FL 33319

2. Article Number  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery  
 Rick Ali 2-6-04

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 7772

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Postage & Fees Paid  
USPS  
Permit No. G-10

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 13 2004

RECEIVED

