

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 21, 2001

Mr. Alihuseine Kerawaua
Grove Village Cleaners, Inc.
2779 Bird Avenue
Coconut Grove, Florida 33133

Re: Facility No.: 0250712-002

Dear Mr. Kerawaua:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 6, 2001.

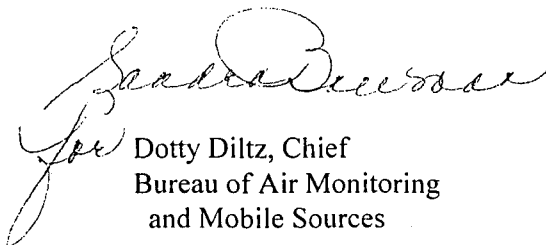
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

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Fees Paid 96-00
SOC 5
Compliance & N
(305) 444-7444

0250712-002

p16

4. New machines at large area source should be marked.

p17

7. Add permit # to surrender. If no permits exist to surrender then mark no such air permits exist.

Responsible official sign and date for changes made.

8/31/01

Spoke to Ali Nuseim Herayalla and he stated that he is the duly authorized person to operate Grove Village Cleaners.

RECEIVED
AUG - 6 2000

Bureau of Air Management
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GROVE VILLAGE CLEANERS INC.		
2. Site Name (For example, plant name or number):	GROVE VILLAGE CLEANERS INC		
3. Hazardous Waste Generator Identification Number:	FLD 982.094294		
4. Facility Location: Street Address:	2779 BIRD AVE	City: COCONUT GROVE	County: DADE
			Zip Code: 33133
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250712-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	ALI HUSEINE KERAWALA	Title:	MANAGER
7. Responsible Official Mailing Address: Organization/Firm:	GROVE VILLAGE CLEANERS INC	Street Address:	2779 BIRD AVE
	City: COCONUT GROVE	County: DADE	Zip Code: 33133
8. Responsible Official Telephone Number: Telephone:	(305) 725-0678	Fax:	(305) 466-7771

Facility Contact (If different from Responsible Official)

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

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")
6/20/01	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
_____	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	_____
_____	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

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".)

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

New machines at 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 (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? ONE

For each boiler, indicate its horsepower (HP) rating: 30.

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

BEST AVAILABLE COPY

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.

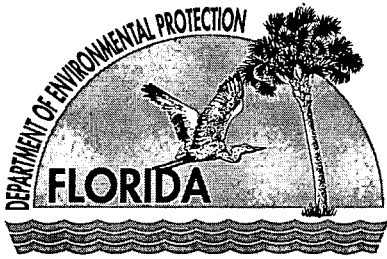
ALI HUSEIN KERAWALA

Print name of responsible official

x AKerawala

Signature

Date 07/25/2001



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 8/31/2001

TO: Ali Nussine Kerawala

PHONE: 305-775-0678

FAX: 305-446-7771

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: **850.922.6979**

RE: Air Permit

CC: _____

Total number of pages including cover sheet: 4

Message

If there are any problems with this fax transmittal, please call the above phone number.

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

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JUL 22 2003

Air Quality

Management Division

RECEIVED

JUL 28 2003

Bureau of Air, Mobile
& Marine Resources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Management Division

Air Quality

JUL 22 2003

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)	GROVE VILLAGE CLEANERS INC		
2. Site Name (For example, plant name or number):	N.A.		
3. Hazardous Waste Generator Identification Number:	FLD - 982 - 094 294.		
4. Facility Location: Street Address:	2779 BIRD AVE	County: DADE	Zip Code: 33133
City: MIAMI			
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250712-002		

file
Renewal
0250712

Responsible Official

6. Name and Title of Responsible Official:	Name: YAHYA KOITA Title: PRES.		
7. Responsible Official Mailing Address: Organization/Firm:	2779 BIRD AVE MIAMI FLA 33133		
Street Address:			
City: MIAMI	County: DADE	Zip Code: 33133	
8. Responsible Official Telephone Number:	Telephone: (305) 444-6646 Fax: (305) 446-7771		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ALI KERAWAUA		
10. Facility Contact Address: Street Address:	2779 BIRD AVE		
City: MIAMI	County: DADE	Zip Code: 33133	
11. Facility Contact Telephone Number:	Telephone: (305) 444-7444 Fax: (305) 446-7771		

Facility Information

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

How many dry-to-dry machines do you have on-site? [ONE]

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>JULY 2001</u>	Existing <u>(New)</u>	<u>(RC)</u> CA/None required	<u>SAME.</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

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:

N.A.

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?

[250] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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 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: 30

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:

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- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

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

YARIYA KOITA
Print name of responsible official

Yariya Koita
Signature

7/22/03
Date

file SB
8/10/2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456703 JAN 2 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# 250712
GROVE VILLAGE CLEANERS
INC
2779 Bird Ave
MIAMI, FLORIDA 33133

JAN 05 2007
All Monitoring
& Mobile Sources

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

IVED

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

Printed on recycled paper.

 Mr. Yahya Koita
2779 Bird Ave.
Miami, FL 33133-4602

MIAMI FL 331

28 DEC 2006 PM 2 L



0115107

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

32315+3070-70 B099



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

459063 FEB21 2006

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 250712 1st
GROVE VILLAGE CLEANERS
2779 Bird Ave
MIAMI, FL 33133

Bu. of
& Mobile Sources
Monitoring

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FEB 22 2006

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

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

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445055 JAN27 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# 250712 10
GROVE VILLAGE CLEANERS
2779 Bird Ave
MIAMI, FL 33133

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

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JAN 28 2005
Bureau of Air Monitoring
& Mobile Sources



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434714 DEC26 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

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250712
YAHYA KOIZA
GROVE VILLAGE CLEANERS
2779 BIRD AVENUE
MIAMI FL 33133

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

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& Micro-
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DEC 26 2003



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423000 FEB14 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

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AIRS ID#0250712

GROVE VILLAGE CLEANERS
ALI HUSEINE KERAWALLA
2779 BIRD AVENUE
COCONUT GROVE FL
33133

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

Bureau of Air Monitoring
& Mobile Sources

FEB 19 2003

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 (Endorsement Required) _____

Postmark
 Here

[Handwritten Signature]

To: _____ AIRS ID#0250712

Ser GROVE VILLAGE CLEANERS
 Str ALI HUSEINE KERAWALLA
 or 2779 BIRD AVENUE
 City COCONUT GROVE FL
 33133

7001 0320 0001 7975 7858

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#0250712
 GROVE VILLAGE CLEANERS
 ALI HUSEINE KERAWALLA
 2779 BIRD AVENUE
 COCONUT GROVE FL
 33133

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Handwritten Signature] 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
[Handwritten Signature] 2/3/03

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 (Transfer from service label) 7001 0320 0001 7975 7858

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412663 JAN 7 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 # 0250712
GROVE VILLAGE CLEANERS
ALI HUSEINE KERAWALLA
2779 BIRD AVENUE
COCONUT GROVE FL
33133

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