

Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

August 29, 2001

Mr. Abdul Mohammad Lakhani Americlean 2760 Northwest 183 Street Miami, Florida 33056

Re: Facility No.: 0250719-002

Dear Mr. Lakhani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 26, 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

ce: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96-00 50C 5 Compliance IN

1250719-002 P15 (a) None Required should be marked under Control Device Required. Date Control Device Installed should be blank. 6(c) Not Required for Existing small sources. 6(C) Required for all sources. Responsible Official sign and date for changes made.

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 completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): ABBUL MOHAMMAD LAKHANI. NAVROZ TNC. 2. Site Name (For example, plant name or number): AMERICLBAN. 3. Hazardous Waste Generator Identification Number: FLD042520668 4. Facility Location: Street Address: 2760 N. W. 1835TRGET City: MI/AM) County: DADE Responsible Official 6. Name and Title of Responsible Official: Name: ABBUL MOHAMMAD LAKHANI 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2760 N. W. 1835TRGET City: MI/AM) County: DADE Responsible Official Telephone Number: Telephone: (305) 620-2000. Fax: (305) 620-2000. Fax: (305) 620-2000. Fax: (305) 620-3000. Fax: (305) 620-3000. Fax: (305) 620-3000. Fax: (305) 620-3000.	Facility Name and Location
2. Site Name (For example, plant name or number): AMERICLEAN. 3. Hazardous Waste Generator Identification Number: FLD042520668 4. Facility Location: Street Address: 2760 N·W 1835TRESET City: MIAMI County: DADE Zip Code: 33056. 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: ABDUL MOHAMMADLAKH Title: PRESIDENT 7. Responsible Official Mailing Address: Organization/Firm: AMERICLEAN. Street Address: 2760 N·W 1835TRESET City: MIAMI County: DADE Zip Code: 33056 8. Responsible Official Telephone Number: Telephone: (305) 620-2000. Fax: (305) 620-2000. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): ABDUL MOHAMMAD LAKHANI 10. Facility Contact Address: Street Address: 2760 N W 1835TRESET City: MIAMI County: DADE Zip Code: 33056.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
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3. Hazardous Waste Generator Identification Number: FLD042530668 4. Facility Location: Street Address: 2760 N·W 1835TRSBT City: MIAM) County: DADE Zip Code: 33056, 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: ABDUL MOHAMMAD LAKH Title: PRBSID BNT. 7. Responsible Official Mailing Address: Organization/Firm: AMBRICLEAN, Street Address: 2760 N·W 1835TRBBT. City: MIAM County: DADB Zip Code: 33056 8. Responsible Official Telephone Number: Telephone: (305)620-2000. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): ABDUL MOHAMMAD LAKHAM! 10. Facility Contact Address: Street Address: 2760 N W183 STRBBT. City: MIAM! County: DADB Zip Code: 33056.	2. Site Name (For example, plant name or number):
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Responsible Official 6. Name and Title of Responsible Official: Name: ABDUL MOHAMMAD LAKH Title: 7. Responsible Official Mailing Address: Organization/Firm: AMBQ/CLBAN. Street Address: 2760 N. W 1835TRBBT. City: MIAMI County: DADB Zip Code: 33056 8. Responsible Official Telephone Number: Telephone: (305)620-2000. Fax: (305)620-2000. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): ABDUL MOHAMMAD LAKHAN/ 10. Facility Contact Address: Street Address: 2760 N W183 STRBBT. City: MIAMI County: DADB Zip Code: 33056.	
Responsible Official 6. Name and Title of Responsible Official: Name: ABDUL MOHAMMAD LAKH Title: PRESIDENT 7. Responsible Official Mailing Address: Organization/Firm: A MERICLEAN. Street Address: 2760 N. W 18357RBB7. City: MIAMI County: DADB Zip Code: 33056 8. Responsible Official Telephone Number: Telephone: (305)620-2000. Fax: (305)620-2000. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): ABDUL MOHAMMAD LAKHAMI 10. Facility Contact Address: Street Address: 2760 N W 183 STRBBT. City: MIAMI County: DADB Zip Code: 33056.	
6. Name and Title of Responsible Official: Name: ABDUL MOHAMMAD LAKH Title: PRESIDENT 7. Responsible Official Mailing Address: Organization/Firm: A MEDICLEAN Street Address: 2760 N. W 183 STREBT City: MIAMI County: DADE Zip Code: 33056 8. Responsible Official Telephone Number: Telephone: (305)620-2000 Fax: (305)620-2000 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): ABDUL MOHAMMAD LAKHAMI 10. Facility Contact Address: Street Address: 2760 NW183 STRBBT City: MIAMI County: DADE Zip Code: 33056 11. Facility Contact Telephone Number: 25 Code: 33056 11. Facility Contact Telephone Number: 25 Code: 33056	100 100 100 100 100 100 100 100 100 100
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City: M/AM/ County: DADE Zip Code: 33056,	
City: M/AM/ County: DADE Zip Code: 33056,	Street Address: 2760 NW183STRBBT
	City: MIAMI County: DADE Zip Code: 33056,

Facility Information

1.(a) DK1-10-DK1 M	ACIIII LO OND	· ·	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	n:
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")
1989.	Existing No.	ew RC/CA/None required	SAME.
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	.
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	. []	
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased to units purchased	-	
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased to units purchased	d from the manufacturer between E d after September 22, 1993 are allo	December 9, 1991 and September 22, wed to operate under this general
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transfer Date Initially Purchased	ine was purchased to units purchased er machine on-sit Status	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required*	December 9, 1991 and September 22, wed to operate under this general primation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transfer Date Initially Purchased	ine was purchased to units purchased er machine on-sit Status (circle one)	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one)	December 9, 1991 and September 22, wed to operate under this general primation: Date Control Device Installed (if already included at time of
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unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transfer Date Initially Purchased	ine was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New Existing/New	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, wed to operate under this general primation: Date Control Device Installed (if already included at time of
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wnit. If the transfer mach 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlor gallor (b) If less than 12 more	Existing/New	d from the manufacturer between D d after September 22, 1993 are allowe, please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Cefrigerated condenser CA = have you used within the last 12 m l this in)	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber one of the carbon adsorber onths?
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wnit. If the transfer mach 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlor gallor (b) If less than 12 more	Existing/New	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Control Device Required* RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required Did not keep	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification Indicate with an "X". Select one classification		ons found in section (3) of Part II?
Small Area Source	(X)	
Dry-to-dry machines only Transfer only on-site Both machine types on-si	(used less t	han 140 gallons of perc per year) han 200 gallons of perc per year) han 140 gallons of perc per year)
Large Area Source		
Dry-to-dry machines only Transfer only on-site Both machine types on-si	(used 200 -	2,100 gallons of perc per year) 1,800 gallons of perc per year) 1,800 gallons of perc per year)
4. What control technology is required on r (Indicate with an "X".)	achines pursuant to	section (5) of Part II of this notification form?
Existing machines at small area so (NONE REQUIRED)		ew machines at small area source efrigerated condenser []
Existing machines at large area so Carbon adsorber Refrigerated condenser]		ew machines at large area source efrigerated condenser []
5. A facility which contains non-exempt en Rule 62-213.300, F.A.C. Verify that all ste exemption criteria or that no such units exists.	am and hot water ger	
All steam and hot water generating units ex No such units on-site	empt O	R
How many boilers do you have on-site?		
For each boiler, indicate its horsepower (H	') rating: [] [2	
	oropane [2] No. 2 fuel oil [natural gas No. 4 fuel oil Other (please list)
6. Equipment Monitoring and Recordkeepi	ng Information	
Check all logs which are required to be kep	t on-site in accordance	ce 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 0250719001 A \odot . 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. ABAUL MOHAMMAD LAKHANI Print_nam€ of responsible official Signature

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AUG - 6 2001 AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Manitorial. Notification of Intent to Use General Permit

Mobile Sources

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

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Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ABOUL MOHAMMAD LAKHANI. NAUROZ INC.
2. Site Name (For example, plant name or number):
AMERICLOAN.
3. Hazardous Waste Generator Identification Number:
FLD042520668
4. Facility Location: Street Address: 2760 N W 1835TRSST
City: MIAMI County: DADE Zip Code: 33056,
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0250719-002
Responsible Official
6. Name and Title of Responsible Official:
Name: ABDUL MOHAMMAD LAKH Title: PRBSID BNT.
7. Responsible Official Mailing Address: Organization/Firm: A MERICLE AV
Street Address: 2760 N W 1835TRBBT
City: MIAMI County: DADE Zip Code: 33056
8. Responsible Official Telephone Number:
Telephone: (305)620-2000. Fax: (305)620-2000.
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ABOUL MOHAMMAD LAKHANI
10. Facility Contact Address:
Street Address: 2760 NW1835TRBBT
City: MIAMI County: DADE Zip Code: 330.56.
11. Facility Contact Telephone Number:
Telephone: (305) 630 - 2000 Fax: (305) 620- 2000

Facility Information:	milan de care	anda diffua ben era bando, come estiva	ana ing pagalang akang kanggaran
1.(a) DRY-TO-DRY M	ACHINES ONL	Y (Africa respondit, or to epo	anelta PYC audiovi emerical
How many dry-to-dry ma	chines do you hav	ve on-site?	राज्यस्य है के उने विकास है
For each dry-to-dry mach	iné on-site, pleas	e provide the following information	on:सः प्राप्त-प्रत्युव्य
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")
1989.	Existing Ne	ew RC/CA/None required	SAME.
	Existing/Ne	ew RC/CA/None required	
a per por entre origina a visibilità a la calenda per	Existing/Ne		
			·
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo			
How many dryers/reclain	ners do you have o	on-site?	con with the drawn from the Atlanta
1993, it is a NEW unit (n	o units purchased	i mom the manatacturer between i	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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 K	EY: $RC = rc$	efrigerated condenser CA =	carbon adsorber
CAN	roethylene (perc)	have you used within the last 12 n	nonths?
		Entraction and American	n in de la companya d
(b) If less than 12 mor	•	434	tadden ja minote je igranit (s)
Check why it is les	ss than 12 months		•
		New store: New machine	

What is the facility's source classification be Indicate with an "X". Select one classific	ased on the definitions found in section (3) of Part II? A ABOTE Meation only.)
Small Area Source	La transfer i manda transfer de la companya de la c
Dry-to-dry machines only or Transfer only on-site Both machine types on-site	n-site (used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only or Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on mac (Indicate with an "X".)	hines pursuant to section (5) of Part II of this notification form?
Existing machines at small area sourd (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 []
	n ne negativatil i se de la salata com en francis visitado 1900 da la
For each boiler, indicate its horsepower (HP)	rating: [2] [0]
No No	pane [X] natural gas 2 fuel oil [No. 4 fuel oil 6 fuel oil [Other (please list)]
6. Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept o	n-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/so	lvent addition log
(b) Leak detection inspection and repair	$i \times i$
(c) Refrigerated condenser temperature monitor	oring [X]
(d) Carbon adsorber exhaust perc concentration	n monitoring
(e) Startup, shutdown, malfunction plan	The month of the control of the cont
i juritan gui j	and the second

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

Cymb K

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.

ABOUL MOHAMMAD LAKHAW)

Print name of responsible official

Signature

1601

Date 8 2 11.

(CUT HEK....

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 457003 DEC19 2005

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FUND: 20-2-035001

OBJECT: 002273

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OBJECT: 002273

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MIAMI FL

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