



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary-Designee

February 7, 2007

Mr. Karim Pirani  
Quality 1 Hour Cleaners  
199 South Court  
Miami, Florida 33147

Re: Facility No.: 0250730-003

Dear Mr. Pirani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 4, 2007.


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,

  
Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

EMISSION FEE DATES 196-2006  
NO ACTIVITY FOR FACILITY  
SOC REPORTS 5  
COMP. STATUS - SNC MNC  
1/2/2007

INS2-  
Compliance  
Inspection Walkthrough  
Insp - Miami Dade Co  
M. Muthiah

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JAN 04 2007  
Bureau of Air Monitoring  
& Mobile Sources

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): <i>Northclean, Inc.</i>
2. Site Name (For example, plant name or number): <i>Quality 1 How Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLCESQG</i>
4. Facility Location: Street Address: City: <i>199 South Court</i> County: <i>Dade</i> Zip Code: <i>33147</i> <i>Miami 33147</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>0250730-003</i>

Responsible Official

6. Name and Title of Responsible Official: <i>(Karim Pirani)</i> Name: <i>Gulshan Pirani</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Northclean Inc.</i> Street Address: <i>199 South Court</i> City: <i>Miami, FL</i> County: <i>Dade</i> Zip Code: <i>33147</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 691-7122</i> Fax: <i>(305) 691-7122</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")
1993	Existing <input checked="" type="radio"/> New <input checked="" type="radio"/>	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> 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".)

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

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.*

KARIM P. AANI

Print name of responsible official



Signature

1.2.07  
Date

Northclean Inc.  
199 South Ct.  
Miami, FL 33147-4727

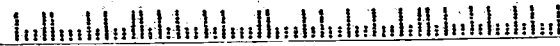
MIAMI FL 331

02 JAN 2007 PM 2 T



General Permits Section  
Bureau of Air Monitoring & Mobile Sources MS5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399+6342 C001



RECEIVED  
JAN 05 2007

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JAN 04 2007  
Bureau of Air Monitoring  
& Mobile Sources

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4. Facility Location:			
Street Address:			
City:	199 South Court	County:	Dade
	Miami		33147
		Zip Code:	33147

0250130-003

Responsible Official

KARIM

6. Name and Title of Responsible Official:			
Name:	<del>XXXXXXXXXX</del> Pirani	Title:	Secretary
7. Responsible Official Mailing Address:			
Organization/Firm:	Northclean Inc.		
Street Address:	199 South Court		
City:	Miami, FL	County:	Dade
		Zip Code:	33147
8. Responsible Official Telephone Number:			
Telephone:	(305) 691-7122	Fax:	(305) 691-7122

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Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( ) -	Fax:	( ) -



**Northclean, Inc.**

***Db a Quality Cleaners***

199 South Court . Northside Shopping Center, Miami, Florida 33147

Tel: (305) 691-7122

To: Dickson Dibble  
Fax No. 305 921 9586

From: Karim Pirani  
Tel: 305 691 7122

Re: Northclean Inc. (dba Quality 1 Hour Cleaners)

Message:

Dickson,

Thank you for faxing me the form. I have corrected item no. 6 as per your request, inserting my name (Karim Pirani) and title of Secretary.

Sincerely,

Karim Pirani



# Florida Department of Environmental Protection

Jeb Bush  
Governor

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

Colleen M. Castille  
Secretary

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

DATE: 01/05/07

TO: KARIM PEANE - QUALITY 1 HOUR CLEANERS

PHONE: \_\_\_\_\_ FAX: (305) 446-9792

FROM: DICKSON DIBBLE PHONE: (850) 921-9586

Division of Air Resources Management FAX: 850.922.6979

RE: CORRECT RESPONSIBLE OFFICIAL

CC: \_\_\_\_\_

Total number of pages including cover sheet: TWO

### Message

ATTN TO: KARIM - TO COMPLETE YOUR APPLICATION:

PLEASE <sup>PLACE THE</sup> CORRECT THE RESPONSIBLE OFFICIAL'S  
NAME IN #6 TO MATCH THE NAME ON THE  
SIGNATURE PAGE.

THANK YOU,  
Dick Dibble

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"

Printed on recycled paper



Florida  
Department of  
Environmental Protection

Jeb Bush  
Governor

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

Colleen M. Castille  
Secretary

FAX TRANSMITTAL SHEET

DATE: 01/05/07

TO: KARIM FIRANI - QUALITY 1 HOUR CLEANERS

PHONE: \_\_\_\_\_ FAX: (305) 446-9792

FROM: DICKSON DIBBLE PHONE: (850) 921-9586

Division of Air Resources Management FAX: 850.922.6979

RE: CORRECT RESPONSIBLE OFFICIAL

CC: \_\_\_\_\_

Total number of pages including cover sheet: TWO

Message

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PLEASE PLACE THE CORRECT THE RESPONSIBLE OFFICIAL'S NAME IN #6 TO MATCH THE NAME ON THE SIGNATURE PAGE.

THANK YOU,  
Dick Dibble

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

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TRANSMISSION VERIFICATION REPORT

TIME : 01/05/2007 07:50  
NAME : FDEP DIVISION OF AIR  
FAX : 8509226979  
TEL : 8504880114  
SER.# : BROG2J568046

DATE, TIME 01/05 07:49  
FAX NO./NAME 613054469792  
DURATION 00:00:50  
PAGE(S) 02  
RESULT OK  
MODE STANDARD  
ECM



Florida  
Department of  
Environmental Protection

Jeb Bush  
Governor

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

Colleen M. Castille  
Secretary

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

DATE: 01/05/07

TO: KARIM FICANI - Quality 1 Hour CLEANERS

PHONE: \_\_\_\_\_

FAX: (305) 446-9792

FROM: DICKSON DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: CORRECT RESPONSIBLE OFFICIAL

CC: \_\_\_\_\_

Total number of pages including cover sheet: TWO

Message