

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 19, 1996

Mr. Badrudin Kanji International Professional Cleaners 10420 Northwest 7th Avenue North Miami, Florida 33150

Re: Facility I.D. No. 0250739

Dear Mr. Kanji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in November 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. Ewart Anderson, Dade County

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

AIRS 1D#: 0250739

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: VINTERNATIONAL PROFESSIONAL CLEANERS	5 DATE: 2/25/97
FACILITY LOCATION: 10420 NW 71VE	
No. Klami 33150	
Annual Reporting Period: 8/29 1996 TO Z/25	
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	- 2
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the rep	orting period stated above:
MINOR RECORD KEEping Violation	
Exact period of non-compliance: from 8/29/94 to 2/ Action(s) taken to achieve compliance: 5/MJ Kalsping RECORDS 1/2	125/97
Action(s) taken to achieve compliance: 5 maj kalsping RECORDS v	mo 6095
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	corting period-stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable in made in this notification are true, accurate and complete. Further, my annual consumption of perchloupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities.	oroethylene solvent, based
RESPONSIBLE OFFICIAL: / BADRUDIN KANTI/ MM	m 1 2-25-97
Name (Please Print) Signature	Date

DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

40250739 10-1-96 Spoketo Mis. Kanji, Mr. Kanji is the Owner 0.13 6. add title - Owner P.15 4. Should not be marked (f) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
WHITE ROSE INVESTMENT INC.
2. Site Name (For example, plant name or number):
INTERNATIONAL PROFESSIONAL CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 9810 30 745
4. Facility Location: Street Address: 10420 MW. TAVE.
City: MORTH MIAMI County: DADE Zip Code: 33150
5. Pacility Identification Number (DEP Use):
0250739
Responsible Official
C N LTTL CD 111 OCT 11
6. Name and Title of Responsible Official:
BADRUDIN KANJI
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 10420 HW 7 TH AVE
City: NORTH MIAMI County: DADE Zip Code: 33150
8. Responsible Official Telephone Number:
Telephone: (305) 754 - 7611 Fax: (305) 754 - 8110
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. I acinty Contact Address.
Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - NA Fax: () -

SEP 3 1996

DEP Form No. 62-213.900(2)

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Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

	Т	Date	Date	,	Date	Date		Date	Date
GRANDIMPIANTI		Machine	Control		Machine	Control		Machine	Control
	-	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	<u> </u>								<i>:</i>
(1) w/ ref. condenser	#1	1988	AlA	NA	MIN	NIA	N/A	N/A	NIN
(2) w/ carbon adsorber	NA	MIR	HV	MA	AlH	NIA	NA	MA	MA
(3) w/ no controls	M	AИ	NA						
Washer Unit	4/4	\							· · · · · · · · · · · · · · · · · · ·
(4) w/ ref. condenser	NA	NIN	NA	NA	AIH	NIA	NA	NA	NY
(5) w/ carbon adsorber	NV	N/A	NA	MA	NA	MIA	NIN	Alm	MIN
(6) w/ no controls		AM	NA	Nh	NA	MA	NA	MIN	NIA
Dryer Unit	٠,					• •	•		
(7) w/ ref. condenser	こか	MA	NIA	7	A	MIA	NA	NA	NIA
(8) w/ carbon adsorber	NA	NA	N/A	7	AIN	NIA	NA	NIA	NA
(9) w/ no controls	AF	MA	AH	7	NA	NA	NIE	1/4	MIN
Reclaimer Unit	: :	5 A A A A A A A A A A A A A A A A A A A		•	•			to the second	
(10) w/ ref. condenser	NA	ALM	NA	NA	N/A	NA	NA	NA	NA
(11) w/carbon adsorber	A/N	MIA	NA	MA	AIN	AM	NA	NIA	NIA
(12) w/ no controls	NK	NN	NIA	NV	A	AIN	NI		NII
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are requanti	equired to be ty of perchlons ow many? [installed [_ oroethylene (X perc)] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selectes ea sou	t one classifi	cation only.)	ew sm	all area sour	rce [3) of I	Part II?	
Existing large are	ea sou	rce []	Ne	w lar	ge area sour	ce []		

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Existing large area source				_		
Carbon adsorber		Refrigerated	condenser			
New small area source						
Refrigerated condenser						
New large area source Refrigerated condenser	г і .			•		
in the second of						
	:					
exemption criteria or that no such un All steam and hot water generating u boiler HP or less), and (2) are fired o	units on-site (1) exclusively by i) have a total he	pt for period	ls.of natura		
during which propage or fuel oil con	ntainina na mai	re than one nero	ont culfur ic	fired		
during which propane or fuel oil con		re than one perc	ent sulfur is	fired.		
during which propane or fuel oil con All steam and hot water generating u No such units on-site		re than one perc	ent sulfur is	fired.		
All steam and hot water generating u		re than one perc	ent sulfur is	fired.		
All steam and hot water generating u		re than one perc	ent sulfur is	fired.		
All steam and hot water generating u		re than one perc	ent sulfur is	fired.		
All steam and hot water generating u No such units on-site	inits exempt	<u>X</u>				
All steam and hot water generating u No such units on-site	inits exempt	re than one perc				
All steam and hot water generating u No such units on-site Equipmen	inits exempt	and Recordkee	ping Inforn	nation	this genera	ıl permit:
All steam and hot water generating u No such units on-site	nt Monitoring be kept on-site	and Recordkee	ping Inforn	nation	this genera	ıl permit
All steam and hot water generating u No such units on-site Equipment Check all logs which are required to	nt Monitoring be kept on-site	and Recordkee	ping Inforn	n ation irements of	this genera	ıl permit
All steam and hot water generating u No such units on-site Equipment Check all logs which are required to (a) Purchase receipts and solvent pur	nt Monitoring be kept on-site	and Recordkee	ping Inforn	nation irements of	this genera	ıl permit
All steam and hot water generating un No such units on-site Equipment Check all logs which are required to (a) Purchase receipts and solvent purching to the company of	nt Monitoring be kept on-site chases pair	and Recordkee	ping Inforn	ination irements of	this genera	ıl permit
All steam and hot water generating un No such units on-site Equipment Check all logs which are required to (a) Purchase receipts and solvent purch (b) Leak detection inspection and reputation.	nt Monitoring be kept on-site chases pair	and Recordkee	ping Inforn	irements of	this genera	ıl permit

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Surrender of Existing Air Permit(s)

ease indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
نگ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
I, the una	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
this notifi statement maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	0.00.91
Signature	747 Mm / 8 . 49 - 76 Date

BEST AVAILABLE COPY

THE EX YOR QUALITY CENERAL PURINCE INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [2]	COMI	PLAINT/DISCOVERY [] RE-INSPECTION []
TIME IN: 1/2/D TIME OU	r:11:40	AIRS 10#: 0250739
TYPE OF FACILITY: 12572.C.	DRif C	CEMVER-CHANGERS
FACILITY NAME: LY/CZA/I/ONA	1 PROFE	ESSIONAL DE CLURINGERS 2/25/97
ACILITY LOCATION: 10900 1/10	m/ 1200	1. 33/50
RESPONSIBLE OFFICIAL: BADRUDA		
Based on the results of the compliance required compliance with DEP Rule 62-213.300, Florida.		and during this inspection, the facility is found to be in tive Code (F.A.C.).
Based on the results of the compliance requires were noted:	rirements evalua	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PI	ROBLEM	FOLLOW-UP ACTION REQUIRED
No bolling numbly Aveg	l p	Consumption Recond"
No look Defection I	ो <i>ऽऽऽउट्</i> री <i>ऽ</i> ञ	SUTECTION LOG
	-	
· .		
•		
COMMENTS: POINTOMPONT IS	Satte	77~
reaping to lation.	14/15/	retory runor recons
The Annual Compliance Certification form has bee	n properly certifi	ied and submitted to the inspector. YES V NO
DATE OF NEXT INSPECTION: 2/	19 83	
		proximate)
INSPECTION CONDUCTED BY: 171		2 Africa
INSPECTOR'S SIGNATURE	(17)	PHONE NUMBER. 377.6922

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	ECTIO	NC:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: <u>075</u>	0739 DATE: 2/25/97 TIME IN: 11:10 TIME OUT: 11:40
FACILITY NAME:	INTERNATIONAL PROFESSIONAL CLEANERS
FACILITY LOCATI	ON: 10420 NW 7 AVE
	No. HIAMI, PL. 33150
	

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	Q
2. New facility notified DARM 30 days prior to startup	٥
3. Facility failed to notify DARM to use general permit	۵

PART II: CLASSIFICATION

Facility indicated on notification form (check appropriate box)	that it is:		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	4	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,></td></x<2,>		4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,>	

This is a correct facility classification

both types, 140<x<1,800 gal/yr

(constructed before 12/9/91)

dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91)

 \Box N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

Revised 10/28/96

52/11/17

FART III: GENERAL CONTROL REQUIREMENTS	<u></u>
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON NA
2. Examining the containers for leakage?	OY ON NA
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מם צם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AVAZ NO YO
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrigered (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	מם עם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B.		
11	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	NO Y
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	אם צם
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מם עם
5.	Equipped transfer maclines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: neck appropriate boxes)	/
(c		DAY DN
(c	neck appropriate boxes)	מאס אס
(c 1. 2.	meck appropriate boxes) Maintained receipts for perc purchased?	
(c 1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
(c 1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY DW
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON NA
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON NA
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON NA OY ON OY ON ON/A
(c 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON NA OY ON ONA OY ON NA
(c 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON NA OY ON ON/A OY ON NA
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON NA OY ON ONA OY ON NA OY ON NA
(c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON NA OY ON ON A OY ON NA OY ON NA OY ON NA
(c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON NA OY ON ON A OY ON NA OY ON NA OY ON NA

2.							
2. Which method of detection is used by the responsible official?							
	Visual examination (condensed se	Œ/					
	Physical detection (airflow felt th	ď					
	Odor (noticeable perc odor)	Ø					
	Use of direct-reading instrumenta						
	If using direct-reading instrume	ient:					
	a. Capable of detecting	ns in a range of 0-500 ppm?		N			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks ar	nd obvious	s signs of wear	r on a weekly basis?		IN	
	d. Kept in a clean and s	ecure area	a when not in	use?	OY O	IN	
	e. Verified for accuracy	by use of	duplicate sam	ples (calorimetric only)?		Ņ	
3.	Has the facility maintained a leak log?				OY E	IN	
4.	Does the responsible official check the	following	g areas for leak	ks?			
	Hose connections, fittings, couplings, and valves	A Y	□N	Muck cookers	ΩY	МN	
	Door gaskets and seating	CAX	ПN	Stills	QA	ΩN	
	Filter gaskets and seating	ΩÝ	ΠN	Exhaust dampers	DAY .	ΠN	
	Pumps	αY	ПИ	Diverter valves	DX.	ПИ	
	Solvent tanks and containers	GAX	ПN	Cartridge filter housings	ØΥ	Ωи	
	Water separators	ĽΥ	□и				

BADRUDIN RAWTI	
Name of Responsible Official	
JAIME NAZARW	2/15/97
Inspector's Name (Please Print)	Date of Inspection
aline Do	2/98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	·	·	
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	BEST AVAILABLE COPY	
	#0250739	Yale
	10-1-96 Spoke + 6 Mis. Kanji) Mr. Kanji is + he),000
1. Facility Ow	Mr. Kanji is the	
2. Site Name (Owner.	
THE 3. Hazardous	6. add title - Owner	EAMERS
4. Facility Loc Street Addr City: No	P.15 4. Should not be marked	33150
5. Facility Iden	(f) Should be marked	7
6. Name and T		
7. Responsible Organizatio Street Addre City: No	n/Firm: ess: 10420 MM 7 th AVE	o Code: 33150
8. Responsible Telephone:	Official Telephone Number: (305) 754 - 7611 Fax: (305) 754 - 8	110
	Facility Contact (If different from Responsible Official)	

9.	Name and Title of Facility Contact (For example, plant manager):					
	MIK					
10.	0. Facility Contact Address:					
	Street Address: HK	County:	Zi _l	p Code:		
11.	Facility Contact Telephone Num Telephone: () -	ber:	Fax: ()			

RECEIVED

SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
WHITE ROSE INVESTMENT INC					
2. Site Name (For example, plant name or number):					
INTERNATIONAL PROFESSIONAL CLEAMERS					
3. Hazardous Waste Generator Identification Number:					
FLD 9810 30 745					
4. Facility Location: Street Address: 10420 M.W. That WE.					
City: NORTH MIAMI County: DADE Zip Code: 33150					
5. Facility Identification Number (DEP Use):					
1911 - CRS 0759					
Responsible Official					
6. Name and Title of Responsible Official:					
BADRUDIN KANJI, OWNIER					
7. Responsible Official Mailing Address: Organization/Firm:					
Street Address: 10420 M.M. AVE					
City: NORTH MIAMI County: DADE Zip Code: 33150					
8. Responsible Official Telephone Number:					
Telephone: (305) 754- 7611 Fax: (305) 754-8110					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
MA					
10. Facility Contact Address:					
Street Address: H					
City: County: Zip Code:					
11. Facility Contact Telephone Number:					
Telephone: () - N A Fax: () -					
em Th					
- CEIVED					

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

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Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

GRANDIMPIANTI		Machine	Control		Machine	Control		Machine	Control
_	4	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit					•				
(1) w/ ref. condenser	# (1988	HIA	NA	HIL	NIA	NA	H/K	MIN
(2) w/ carbon adsorber	NA	MA	NY	MA	AlH	NIA	NA	MA	NA
(3) w/ no controls	N	N/A	NIA						
Washer Unit	4/4	`			_				•
(4) w/ ref. condenser	NVA	NIN	NA	NA	MIA	NIA	NA	NA	NA
(5) w/ carbon adsorber	HK	NIN	NA	MK	MIN	NIA	NIN	MIM	NIN
(6) w/ no controls		MA	MA	NA		MA	N/A	NIN	NA
Dryer Unit									
(7) w/ ref. condenser	NA	MA	NIA	NIA	AIN	MIA	NA	NIA	NIA
(8) w/ carbon adsorber	NA	NA	N/A	NA	M/M	NIA	NA	NIA	NA
(9) w/ no controls	NA	MA	NA	MV	AIN	NIA	NI		MIN
Reclaimer Unit								A1 1222.1.	
(10) w/ ref. condenser	NA	AIN	NA	NA	N/A	NA	NA	NA	NIA
(11) w/carbon adsorber	NA	AIM	NA	MA		ALM	NA		N/1
(12) w/ no controls	MIN	NI	NA	NV	NA	AM	NI		NI
(b) Control devices are (c) No control devices 2.(a) What was the total (and the language) (b) If less than 12 montrol Check why it is les	are requanting gallo	equired to be ty of perchlons ow many? [installed [_ oroethylene (X (perc)] purchased in				ſl
3. What is the facility's so (Indicate with an "X". Existing small an	ource o Selec rea sou	classification t one classifi urce [X_]	based on the cation only.)	e defin	nitions found	d in section (•	
Existing large ar	ea sou	irce	No	ew lar	ge area sour	ce	J		

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 What control technology is required on machine (Indicate with an "X".) 	es pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	LX
New small area source Refrigerated condenser		/
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emission to Rule 62-213.300, F.A.C. Verify that all steam a exemption criteria or that no such units exist on-site (All steam and hot water generating units on-site (and hot water generating unite:	ts on-site meet the following
boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no mo	natural gas except for perio	ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u> </u>	
·		
Equipment Monitoring	g and Recordkeeping Infor	mation
Check all logs which are required to be kept on-sit	te in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases		[X]
(b) Leak detection inspection and repair		[X]
(c) Refrigerated condenser temperature monitoring	g	[NH]
(d) Carbon adsorber exhaust perc concentration m	onitoring	[N/N]
(e) Instrument calibration		MA
(f) Start-up, shutdown, malfunction plan		[HIN]

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
his notif statemen naintain	
his notif statemen maintain comply w	the air pollutant emissions units and air pollution control equipment described above so as to

X mum

X 2-25-97

DEP Form No. 62-213.900(2) Effective: 6-25-96

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Department of Environmental Protection



Lawton Chiles Governor Twin Towers Office Building 2600 Blair Scone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

November 19,

NOV 2 7 1996

Mr. Badrudin Kanji International Professional Cleaners 10420 Northwest 7th Avenue North Miami, Florida 33150

Air Quality
Management Division

Re: Facility I.D. No. 0250739

Dear Mr. Kanji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in November 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. Ewart Anderson, Dade County

BEST AVAILABLE COPY

RECEIVED

MAR 03 1998

Burdu of Air Monitoring
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250739

WHITE ROSE INVESTMENT INC BADRUDIN KANJI 10420 NW 7TH AVE NORTH MIAMI FL 33150

Do NOT Remove Label

Annual Reporting Period:	Feb	19 4 78	то	JAN	19 <u>9</u> 3-
Based on each term or condition of 62-213.300, Florida Administrative				- /	DEP Rule
If NO, complete the following:				•	
#1. Term or condition of the genera	d permit that has not been	in continuous co	ompliance during	g the reporting per	iod stated above:
Exact period of non-compliance: from	om		to		
Action(s) taken to achieve complian	ce:				
Method used to demonstrate complia	ance:			·	
#2. Term or condition of the general	l permit that has not been	in continuous co	ompliance during	g the reporting per	iod stated above:
Exact period of non-compliance: fro	om		to		
Action(s) taken to achieve compliance	ce:				
Method used to demonstrate complia	ance:				
				•	
As the responsible official, I hereby cen notification are true, accurate and com does not exceed 2,100 gallons per year	plete. Further, my annual o	consumption of p	erchloroethylene	solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL:	MALEIC B. K. Name (Please Print)	A W - 1 1	<u>Affen</u> Signat	b	2. 1998 Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

YPE OF INSPECTION: ANNUAL	СОМРЬ	AINT/DISCOVERY	RE-INSPECTION
IME IN:TIME	EOUT:	AIRS ID#:	150729
YPE OF FACILITY:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		30171
ACILITY NAME:	12/2/201	and the first of the same of t	DATE:
ACILITY LOCATION 12 - 11	411 11 2/8	Erange Haray Tanah	7 73
1-4-20	1/1/2 1.91	" Course	
ESPONSIBLE OFFICIAL:		PHONE NUMBER:	
Based on the results of the compliance compliance with DEP Rule 62-213.30	•		ity is found to be in
Based on the results of the compliance discrepancies were noted:	e requirements evaluate	d during this inspection, the follo	wing compliance
COMPLIANCE REQUIREMEN	TPROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		· · · · · · · · · · · · · · · · · · ·	
	Ì		
			•
		· · · · · · · · · · · · · · · · · · ·	
•		•	
•		• .	
	,		
		•	
CACHTY IN	Compline	ice.	
/	•	**	
			```
he Annual Compliance Certification form h	1	•	. YES NO
ATE OF NEXT INSPECTION:	11 /7777	proximate)	
NSPECTION CONDUCTED BY: 🗸 🌇	11/1/2 1/11/2	ase Print)	
77	(Ple		
NSPECTOR'S SIGNATURE:	<del>col</del>	PHONE NUMBER	= 726916
	Page	de	Pavisad 10

AIRS 10#: 0250739



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: INTERNITIONAL PR	Rofessional Clemians DATE: 4-9-98
FACILITY LOCATION: 10420 NW	71/B
NORTH SUAM	
Annual Reporting Period: 2-25	19 97 TO 4-9 19 98
Based on each term or condition of the Title V general air pe	rmit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	e period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not bee	n in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not bee	n in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	totoRECEIVED
Action(s) taken to achieve compliance:	MAY 1 9 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring
·	& Mobile Sources
made in this notification are true, accurate and complete. F	ation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL BADRU /A Name (Please Print)	$\frac{(ANJ)'}{(ANJ)'}$ $\frac{ANJ'}{(ANJ)'}$ $\frac{A-9-98}{(ANJ)'}$ Date
Name (Please Print	Signature Date

This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D		
AIRS 10#0250739 DATE: 4-9-	98 time in: 930 time out: 1000		
FACILITY NAME: INTERNATION	A Professional Cleaners		
FACILITY LOCATION: 10420 N			
NORTH O	Misser		
RESPONSIBLE OFFICIAL: BADRUZ	M118891 DIN PHONE: 254 7611		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to sta	urtup 🗆		
2. Facility failed to notify DARM to use general permit			
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
A.			
1. Existing small area source	2. New small area source		
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		
transfer only, x < 200 gal/yr	<i>3.</i>		
both types, x < 140 gal/yr	both types, x < 140 gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr		
transfer only, $200 \le x \le 1,800$ gallyr	transfer only, $200 \le x \le 1,800$ gal/yr		
both types, $140 \le x \le 1,800$ gallyr	both types, $140 \le x \le 1,800$ gallyr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
(	(John Botton on or mitor 12/7/71)		
5. This is a correct facility classification	TY ON Can not determine		
If no, please check the appropriate classifi	cation:		
☐ facility qualified for a ge	eneral permit as number above		
☐ facility exceeds above lin	mits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) p	ourchased within the preceding 12 months by this dry cleaning		

OB PR

J whi

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DANA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ИП	□N/A
ļ.	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	מם	□n/a
_				
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?					
2. Maintained rolling monthly averages of perc consumption?	May Dn				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN OWNA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DANA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	MY ON				
7. Maintained deviation reports?	DY. DN DN/A				
Problem corrected?	DY DN DNA				
8. Maintained compliance plan, if applicable?	אותם אם צם				

PA	ART VI: LEAK DETECTION AND R	EPAIRS			
1.	Does the responsible official conduct a v	weekly (for small sources,	bi-weekly) leak detection an	d repair	
	inspection?			GAY ON	
2.	Has the facility maintained a leak log?			NO Y	
3.	Does the responsible official check the f	following areas for leaks?		·	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON PANA	
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DAY ON ON/A	Exhaust dampers	DAY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	Y ON ONA	Cartridge filter housings	DAY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	olvent on exterior surfaces	s)	Ø	
	Physical detection (airflow felt thr	ough gaskets)		$\mathbf{Z}_{\prime}$	
	Odor (noticeable perc odor)		•	<b>□</b> 2′.	
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)	. 🗖	
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equip	ment:	□N/A	
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON	
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	after each use	מט עם		
	c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	OY ON	
	d. Kept in a clean and so	ecure area when not in us	e?	OY ON	
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON	
			•		

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFO	RMATION:		
·			
			·
1			
	\$		
· ·   . · · · · · · · · · · · · · · · · · ·			

## RECEIVED

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

TYPE OF INSPECTION:

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

ANNUAL

Bureau of Air Monitoring

COMPLAINT/DISCOVERMobile Sources

**RE-INSPECTION** 

FACILITY NAME: International Professional Clanes
FACILITY NAME: International Professional Clanes
FACILITY LOCATION: 10470 NW 7th Ave
Mach Minni
RESPONSIBLE OFFICIAL: BAGELDIN KARYS PHONE: (305) 754-7611
CONTACT NAME:PHONE:
PART I: NOTIFICATION

ART II: CLASSIFICATION	
acility indicated on notification form that it is:	☐ No notification form
check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr	transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr	both types, $x < 140$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	☐Y □N □Can not determine
If no, please check the appropriate classifi	cation:
the state of the s	eneral permit as number above
	mits and is not eligible for a general permit

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	· ,					
Storing perchloroethylene in tightly sealed and impervious containers?	באוש מם צם					
2. Examining the containers for leakage?	OY ON MIA					
3. Closing and securing machine doors except during loading/unloading?	MY ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A					
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ZY ON ON/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V	' <del>.</del>					
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).						
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993						
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser					
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	מם צם					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חם צם					

1				
B	. Has the responsible official of an existing large or new large area source also:			
ľ				
١,	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
1.	·			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ЦY	ΠИ	
]	·			
2	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box v$	ΠN	□N/A
	and dutiet weekly:	<b>—</b> 1	<b>_</b> 11	CIV/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПΝ	□N/A
ľ	to the competition of the conference of greater than 20 1.			J. 177.
	Managed and analysis of the control			
اد 🛮	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
I	if machines are equipped with a carbon adsorber?	$\Box$ Y	$\square$ N	□N/A
1	·			
H	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	$\Box N$	$\square$ N/A
4	Assured that the sampling port on the carbon adsorber exhaust for measuring			
∥	,			
ı	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
ľ	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
ļ	or expansion; and downstream from no other inlet?	$\Box$ Y	$\square N$	□N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
١,	• • • • • • • • • • • • • • • • • • • •	Ον.	<b></b>	
	condenser coils?	, UY	ПN	□N/A
ľ		• :		
6.	Routed airflow to the carbon adsorber (if used) at all times?	$\Box$ Y	$\square N$	□N/A
∥ .				
=				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	EN ON
2. Maintained rolling monthly total of perc consumption?	DY DW
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אס אם עם A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אומש מם עם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN EN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY ON DANA
Problem corrected?	OY ON PAN/A
8. Maintained compliance plan, if applicable?	DY DN ØN/A

			1			
PART	VI: LEAK DETECTION AND I	REPAIRS				
1. Do	es the responsible official conduct a	weekly (for	small sources, l	oi-weekly) leak detection a	nd repair	
ins	pection?				PA	ПN
2. Ha	the facility maintained a leak log?				ΩY	
3. Do	es the responsible official check the	following an	eas for leaks?		. '	
	Hose connections, fittings, couplings, and valves	MO AR	□N/A	Muck cookers	OY O	N PN/A
	Door gaskets and seating	DA DN	□N/A	Stills	PA 0	N DN/A
	Filter gaskets and seating	DAY ON	□N/A	Exhaust dampers	PY 0	N □N/A
	Pumps	DY ON	□N/A	Diverter valves	DY 0	N DN/A
	Solvent tanks and containers	MO AP	CIN/A	Cartridge filter housings	<b>2</b> Y 0	N □N/A
	Water separators	DY ON	□N/A	·		
4. Wh	ich method of detection is used by the	he responsib	le official?		_	
	Visual examination (condensed so	olvent on ext	erior surfaces)			
	Physical detection (airflow felt the	rough gasket	ts)		6	,
	Odor (noticeable perc odor)				6	
	Use of direct-reading instrumenta	tion (FID/PI	D/calorimetric t	ubes)		
	Halogen leak detector				<u> </u>	-
	If using direct-reading instru	ımentation,	is the equipme	nt:	ØN/A	
	a. Capable of detecting p	erc vapor co	oncentrations in	a range of 0-500 ppm?		N
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas p	orior to and after	r each use		N

Inspector's Name (Please Print)

Date of Inspection

spector's Signature

Approximate Date of Next Inspection

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

DY DN

DY DN

□Y □N

ADDITIONAL SIT	E INFORMATION:			
		-		
			<b>,</b>	
	-			
			· ·.	

	MOTECULON SUM	MARY REPORT BEST	AVAILABLE COPY
TYPE OF INSPECTION:	имилт сомі	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:00 APT TYPE OF FACILITY: FACILITY NAME: 7 FACILITY LOCATION: 7	Verc Dry	Am AIRS IDH: 02 Cleaner Professional DC.	DATE: 3/25/99
RESPONSIBLE OFFICIAL:	Sadondin Kanji	PHONE NUMBER;	784 76U
compliance with DEP  Based on the results of discrepancies were not	the compliance requirements evaluate Rule 62-213.300, Florida Administra the compliance requirements evaluated:  UIREMENT/PROBLEM	tive Code (F.A.C.).	ving compliance
Facility has			insain leak log
Failing historian	iteined monthly in consumption	Tocility need monthly rate	s maintain I of Per comment
)MMENTS:	·		
: Annual Compliance Certif	ication form has been properly certif	ied and submitted to the inspector.	YES NO
TE OF NEXT INSPECTI	DBY: DEO CAP	proximate)  Hae T  ease Print)	
PECTOR'S SIGNATURE	Stat a As 1	PHONE NUMBER:	C305) 377-6927
	Pagc_	_of	Revised 10/96

AIRS ID#: 0250739

Ace

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME Total	not Profession	and Dry Cleaner	DATE: 3/25/99
FACILITY LOCATION: 10420	VW 7th A.	( )/	•
		Forest	
Annual Reporting Period: March	1943	TO March	1999
Based on each term or condition of the Title V generated 62-213.300, Florida Administrative Code (F.A.C.), d			
If NO, complete the following:	aiming the period covered	oy mis statement. — 120	
#1. Term or condition of the general permit that has  Exact period of non-compliance: from			
Exact period of non-compliance: from	1990 1990	to Marc	1999 J
Action(s) taken to achieve compliance:	7DER	ub-1-3 040	ion
Method used to demonstrate compliance:	7947	aledon	
#2. Term or condition of the general permit that has  Company  Exact period of non-compliance: from Marc  Action(s) taken to achieve compliance:			<u> </u>
Exact period of non-compliance: from Marc	1998	to March	(666
Action(s) taken to achieve compliance:	'tDER	Cole non	- cf.[] of;
Method used to demonstrate compliance:	702P		
As the responsible official, I hereby certify, based on made in this notification are true, accurate and compupon rolling averages of purchase receipts, does not year for transfer or combination facilities.	plete. Further, my annua	l consumption of perchloroe	thylene solvent, based
RESPONSIBLE OFFICIAL: BADRU Name (Please	KANJ	Bran	3-25-99
Name (Pleas	se Print)	Signature	Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	.b.	COMPLAINT	/DISCOVERY	
AIRS ID#: 0 250739	, .	_			1:55
FACILITY NAME:	nternational	Vrojessi	onal Clas	en or s	
FACILITY LOCATION:	10420	NW	7 Ave		70
	Miami	FL		ure =	m
RESPONSIBLE OFFICIAL :	3. Kanji		PHONE: (30	T) P 7 4 -	7011
CONTACT NAME:	Kashleen H	lamilton	PHONE:	<u> 7 1 (2)</u>	
				orin	y
PART I: NOTIFICATION			_	çā	
(check appropriate box)	·				
1. New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DARN	M to use general permit				
				*****	
PART II: CLASSIFICATION					
	_		<u> </u>		
Facility indicated on notification		· - ·	☐ No notificat		
(check appropriate box)				ion form out of business/p	etroleum
n -	on form that it is:  ce 2.  /r dr  tra  bo	ansfer only, $x$ oth types, $x < x$	□ Drop store/o  rea source x < 140 gal/yr < 200 gal/yr		etroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:  ce 2./r dr tra bo (co	y-to-dry only, ansfer only, x oth types, x < onstructed on  New large a y-to-dry only, ansfer only, 20 oth types, 140	□ Drop store/o  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	out of business/p	e ^t roleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 gr	on form that it is:  ce 2.  /r dr  tra  bo  (co	y-to-dry only, ansfer only, x oth types, x < onstructed on  New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	☐ Drop store/o rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/y}$	eut of business/p	e ^t roleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gard (constructed before 12/9/91)  5. This is a correct facility class of the second of the sec	on form that it is:  te 2.  or dr  tra  bo  (co	y-to-dry only, ansfer only, x oth types, x < onstructed on  New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on  \[ \Pi  \Pi \] \[ \Pi  \Pi \] \[ \Pi  \Pi \] \[ \Pi  \Pi \] \[ \Pi  \Pi	□ Drop store/o  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/y}$ or after $12/9/91$ )  □ Can not determine	gal/yr I/yr rmine	e ^t roleum

1/21/00 127/00 1/21/00 1/21/00

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
Storing perchloroethylene in tightly sealed and impervious containers?	ΩY	ПΝ	ØN/A	
2. Examining the containers for leakage?	ΩY	ΩN	ØN/A	
3. Closing and securing machine doors except during loading/unloading?				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?			□N/A	
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	ΩΝ	ďN/A	
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V.	:			
If classification 2 has been checked, the machine should be equipped with a refrigo (complete A below).	erated	conde	enser .	
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated	conde	enser	
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
Equipped all machines with the appropriate vent controls?	( )   iY	□Ν		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПΝ	□N/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПΝ	□N/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОΥ	ПN		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY	ПN	□n/a	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΟY	ΠN		

			· · · ·	· · · · · · · · · · · · · · · · · · ·
В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩΥ	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		0	
	or expansion; and downstream from no other inlet?	ЦY	ПN	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	⊓א□	□N/A

	<u> </u>
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	•
1. Maintained receipts for perc purchased?	מאַ טא
2. Maintained rolling monthly total of perc consumption?	DY MY
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ØN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	DY DN DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ONA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONIA
6. Maintained startup/shutdown/malfunction plan?	QY ON
7. Maintained deviation reports?	OY ON ONIA
Problem corrected?	OY ON ONIA
8. Maintained compliance plan, if applicable?	OY ON OMIA

PART VI: LEAK DETECTION AND REPAIRS									
1.	Does the responsible official conduct a	weekl	y (for	small source	es, b	i-weekly) leak detection a	nd rep	pair	Jul
	inspection?						Y		
2.	l-las the facility maintained a leak log?						ΩY		QN
3.	Does the responsible official check the	follow	ing a	eas for leak	s?				
	Hose connections, fittings, couplings, and valves	ďү	Пи	□N/A		Muck cookers	ΠY	ΠN	ØN/A
	Door gaskets and seating	ØΥ	ПN	□N/A		Stills	<b>₫</b> Y	, חם	I □N/A
	Filter gaskets and seating	ØΥ	ΠN	□N/A		Exhaust dampers	бY	ΠN	I □N/A
	Pumps	ŒΎ	ПN	□N/A		Diverter valves	Q Y	ΠN	I □N/A
	Solvent tanks and containers	ØΥ	ПΝ	□N/A		Cartridge filter housings	ØY		□N/A
i	Water separators	ØΎ	ПΝ	□N/A					
4.	Which method of detection is used by t	he resp	onsib	le official?			_		
	Visual examination (condensed se	olvent (	on ex	terior surfac	es)		4		
	Physical detection (airflow felt th	rough g	gaske	ts)			ď		
	Odor (noticeable perc odor)						Ø		
	Use of direct-reading instrumenta	tion (F	ID/PI	D/calorime	tric tu	bes)			
	Halogen leak detector			•			ر		
	If using direct-reading instr	ument	ation,	is the equi	pmer	nt:	ØN/	Α.	
	a. Capable of detecting	perc va	por c	oncentration	is in a	range of 0-500 ppm?	ΩY		f
	b. Calibrated against a s	tandaro	l gas	prior to and	after	each use			
	(PID/FID only)?						ΩY	ΠN	!
	c. Inspected for leaks an	d obvi	ous si	gns of wear	on a	weekly basis?	ΠY	ПN	!
	d. Kept in a clean and se	ecure a	rea w	hen not in u	se?		ΠY	ΠN	!
	e. Verified for accuracy	by use	of du	plicate sam	ples (	calorimetric only)?	ПΥ	ΠN	i

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Good Housekeeping

No rolling log, beak log

Machine operating at time of imprection.

Explained soon calcular to Contact

Kathleen Hamilton.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:25 TIME OUT: 155	8 AIRS ID#: 0250739
TYPE OF FACILITY: Porce Dry Clas	med
FACILITY NAME: International	Professional Cleaners DATE: 1/20/00
FACILITY LOCATION: 10410 NU	U I
Miam, FC	PHONE NUMBER: 305 - 754 - 7611
RESPONSIBLE OFFICIAL: 3. Kanji	PHONE NUMBER: 388 - 43 9 - 1611
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not maintaining rolling monthly log of pere purchases	Maintain log in FOEP calender
	M. A. I. I. I.
Not maintaining rolling	Maritain leak log in PDEP celender
leak log	FDEP alender
	·
•	
c	
	•••
00.00	
COMMENTS:	
Good Houselleaping	
1 ()	
	<u> </u>
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: //O	pproximate)
·	ease Print)
	·
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305- 372-6921
Page	of . Revised 10/96

AIRS ID#: 0250 739

Acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: International Professional Cleaners DATE: 1/20/00
FACILITY LOCATION: 16420 NW 7 AVE. DECEMBED
Migmi, FC
JAN 2 4 2006
Annual Reporting Period:
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Not maintaining rolling monthly lag of pore purchases
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance: FDEP calendar
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Not maintaining lack log
Exact period of non-compliance: from
Action(s) taken to achieve compliance: Maintain Log
Method used to demonstrate compliance: FDEP calender
As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: BADRUDIN KANJI MMM / 1/20/00   Name (Please Print) Signature Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

0354367

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

RECEIVED
TOTAL AMOUNT DUE: \$50.00

DEC 2 1 1998

Do NOT Remove Label

AIRS ID # 0250739

INTERNATIONAL PROFESSIONAL

**CLEANERS** 

BADRUDIN KANJI

10420 NW 7TH AVE

NORTH MIAMI FL 33150

Bureau of Air Monitoring & Mobile Sources

	1.1.1	Do one
FOR GOVERNMENT	r use oni	<b>.</b> Υ=}
Org.: 37550101000 E	O: BŁ	272
Fund: 20-2-035001		OF.
Obj.: 002273	99	211

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

259075

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250739

WHITE ROSE INVESTMENT INC BADRUDIN KANJI 10420 NW 7TH AVE NORTH MIAMI FL 33150 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Fund: 20-2-0350 Obj.: 002273

CE STICKER AT TOP OF ENVELOPE  FOLD AT DOTTED LINE  TOP OF ENVELOPE  VARIABLE STATEMENTS  TOP OF ENVELOPE  VARIABLE STATEMENTS  VARIABL	O.I. /Id /IS SECTION ON DELIVERY
■ 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:  10	A. Received by (Please Print Clearly)  KRTIHLEEM Hamilton 08-17-01  C. Signature  X Kaulle Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
INTERNATIONAL PROFESSIONAL CLEANERS 10420 NW 7TH AVE NORTH MIAMI FL 33150	Service Type     Certified Mail
2. Article Number (Copy from service label) 7000 0.5200020 93.72 9/1	K .
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
9118					
ቪ	Postage	\$			
9372	Certified Fee	3			
	Return Receipt Fee (Endorsement Required)	Postmark Here			
0020	Restricted Delivery Fee (Endorsement Required)				
	Total Postage & Fees	. \			
0550	Rec 10 BADRUDIN	AIRS ID # 0250739001AG  KANJI			
	Stree INTERNATIO	NAL PROFESSIONAL			
7000	CLEANERS 10420 NW 7T	H AVE			
Į	PSE NORTH MIA	MI FL 33150			



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

460789

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 # 0250739

INTERNATIONAL PROFESSIONAL

CLEANERS

BADRUDIN KANJI

10420 NW 7TH AVE

NORTH MIAMI FL 33150

FOR GOVERNMENT USR_ONLY Org.: 37550101000 EO: AP

Fund: 20-2-035001

Obj.: 002273

10420 AW 712 A Mami Fl 3311



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

3231543070 Idhahlalladhdhallalladhdhalladhdhalladh



389262

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**

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0250739

INTERNATIONAL PROFESSIONAL CLEANERS BADRUDIN KANJI 10420 NW 7TH AVE NORTH MIAMI FL 33150

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### 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**

AIRS ID 0250739

WHITE ROSE INVESTMENT INC BADRUDIN KANJI 10420 NW 7TH AVE NORTH MIAMI FL 33150

Do NOT Remove Label

303920

MAIL ROOM FEB 27 98

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	Receipt Service.
N ADDRESS completed	AIRS ID 0250739 WHITE ROSE INVESTMENT INC BADRUDIN KANJI 10420 NW 7TH AVE NORTH MIAMI FL 33150	4a. Article No. 2 3 3 4b. Service 1 ☐ Registere ☐ Express I☐ Return Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD	for using Return
Is your RETURI	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Managin Macha to the PS Form 3811, December 1994	8. Addressee and fee is	P's Address (Only if requested paid).	Thank you

# Z 333 660 266

US Postal Service
Receipt for Certified Mail
AIRS ID 02

AIRS ID 0250739

WHITE ROSE INVESTMENT INC BADRUDIN KANJI 10420 NW 7TH AVE NORTH MIAMI FL 33150

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date & Addressee's Address	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees Postmark or Date	\$
Postmark or Date	
5	
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