



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 8, 2001

Mr. Anwer Vayani  
Frank's Cleaners  
1240 Southwest 57 Avenue  
Miami, Florida 33144

Re: Facility No.: 0250740-002

Dear Mr. Vayani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 5, 2001.

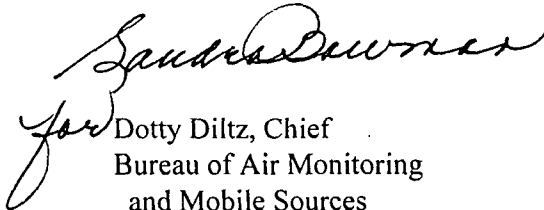
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

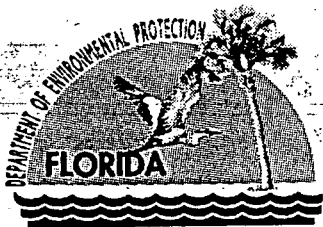
DD/jw

cc: Ms. Mallika Muthiah, Dade County

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

10/23 Called & Left message

Fees Paid 96-00  
SOC 4  
Compliance IN



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

January 25, 2002

Mr. Anwer Vayani  
Frank's Cleaners  
1240 Southwest 57 Avenue  
Miami, Florida 33144

Re: Facility No.: 0250740-002

Dear Mr. Vayani:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#5302) in the amount of \$50 in payment of your Title V General Permit fee.

We appreciate your submittal. However, your check is being returned to you at this time since it is a duplicate payment.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman  
Environmental Manager  
Mobile Source Control Section  
Bureau of Air Monitoring

ANWER, INC. 6-96  
DBA FRANK'S CLEANERS  
1240 S.W. 57TH AVENUE  
MIAMI, FL 33144

5302

63-1037/660  
8

PAY TO THE ORDER OF Dept of Environmental Protection \$ 50 <sup>00</sup>/<sub>100</sub>  
Fifty and 00/100 DOLLARS

DATE 1-22-02

COMMERCIAL BANK OF FLORIDA

Main Office  
1550 Southwest 57th Avenue, Miami, Florida 33144

FOR # 0250740-002

Anwer Vayani

## Bowman, Sandy

---

**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Monday, September 25, 2006 2:00 PM  
**To:** Bowman, Sandy  
**Cc:** Anderson, Terrence (DERM)  
**Subject:** RE: Wrong Address for Frank Cleaners (ARMS # 0250740)

Hi Sandy:

Please be informed that the ARMS database (facility screen), as well as the GPCI database show Frank Cleaners (ARMS # 0250740) address as located at S.W. 57 St. The correct address location is S.W. 57 Avenue.

Please correct the mentioned record in those databases.

Thanks.

Marcelo A. Barros  
Environmental Resources Project Supervisor AQMD/Air Facilities Section Miami-Dade County  
DERM  
(305)372-6925

-----Original Message-----

**From:** Anderson, Terrence (DERM)  
**Sent:** Monday, September 25, 2006 12:15 PM  
**To:** Barros, Marcelo (DERM)  
**Subject:** Wrong address for Frank Cleaners

The address on the system is incorrect for Frank Cleaners It should read 1240 SW 57 Ave

The system has 1240 SW 57 Street (Incorrect)

Please make the necessary corrections

thanks,

Terrence Anderson (DERM)  
Pollution control Inspector 1  
Air Quality Management Division  
Air Facilities Section  
305-350-6202

page 15

1. (a) RC should be circled under Control  
Device Required.

Page 16

4. New machines at small area source  
should be marked. Mark out "X" under  
Existing machines at small area source.

6. (b) } Required for New area sources.  
(c) }  
(e) } Should be marked.

Responsible official sign and date  
for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

COMMENTS:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR. SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ANWER VAYANI
2. Site Name (For example, plant name or number):	FRANK'S CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD030786105
4. Facility Location: Street Address: City: MIAMI FL County: DADE Zip Code: 33144	1240 S.W. 57TH AVE
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250740-002

Responsible Official

6. Name and Title of Responsible Official: Name: ANWER VAYANI Title: President	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	same as above
8. Responsible Official Telephone Number: Telephone: (305) 261-8472 Fax: ( ) same	

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:	same as above
11. Facility Contact Telephone Number: Telephone: (305) 409-9799 Fax: ( )	

RECEIVED  
OCT - 5 2001  
Bureau of Air Monitoring  
& Noise Sources

**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")
Aug 1993	Existing <input checked="" type="radio"/> New	RC/CA/None required	same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

109 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 checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input 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.*

MEROUNISSA VAYANI  
Print name of responsible official

Merounissa Vayani  
Signature

9-29-01  
Date

BEST AVAILABLE COPY

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X"

RECEIVED  
NOV - 1 2001  
Bureau of Air Monitoring  
& Mobile Sources

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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

Anwar Vayani  
Print name of responsible official

  
Signature

9-29-01  
Date

Attn  
R. de Butler

RECEIVED

AUG 03 2005

RECEIVED

JUL 22 2005

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM  
Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit Air Quality Management Division

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):	ANWER, INC.		
2. Site Name (For example, plant name or number):	FRANK'S CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD030768105		
4. Facility Location: Street Address: City:	1240 SW 57TH AVE MIAMI	County: FL	Zip Code: 33144
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250740 - 002		

For  
0250740  
FILE ONLY  
Update

Responsible Official

6. Name and Title of Responsible Official: Name:	ANWER VAYANI	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	same as above	County:	Zip Code:
8. Responsible Official Telephone Number: Telephone:	305 261-8472	Fax:	( ) -

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? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
08-DEC-91	Existing	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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

How many washers do you have on-site? [ \_\_\_\_\_ ]

How many dryers/reclaimers do you have on-site? [ \_\_\_\_\_ ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

[ 180 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ \_\_\_\_\_ ] months

Check why it is less than 12 months: New owner: [ \_\_\_\_\_ ] Did not keep records: [ \_\_\_\_\_ ]

New store: [ \_\_\_\_\_ ] New machine [ \_\_\_\_\_ ]

Unopened store [ \_\_\_\_\_ ] (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
  - Transfer only on-site (used less than 200 gallons of perc per year)
  - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
  - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
  - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- |   |   |
|---|---|
| <u>Existing machines at small area source</u>   | <u>New machines at small area source</u>        |
| (NONE REQUIRED) <input type="checkbox"/>        | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>   | <u>New machines at large area source</u>        |
| Carbon adsorber <input type="checkbox"/>        | Refrigerated condenser <input type="checkbox"/> |
| 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?  1

For each boiler, indicate its horsepower (HP) rating:   3  0

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

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

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No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

ANWER VAYANI  
Print name of responsible official

  
Signature

7-18-05  
Date



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

459044 FEB17 2006

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

250740 10  
FRANK'S CLEANERS  
1240 SW 57th St  
WEST MIAMI, FL 33144

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

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

*Printed on recycled paper.*

Bureau of A.  
& Mobile

FEB 2 2006

RECEIVED

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

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

458859 FEB132006

RECEIVED

**TOTAL AMOUNT DUE: \$50.00**

FEB 15 2006

Do NOT Remove Label

AIRS ID# 250740 1st  
FRANK'S CLEANERS  
1240 SW 57th St  
WEST MIAMI, FL 33144

Bureau of Alcohol, Tobacco & Firearms  
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

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

443405 DEC162004

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

**TOTAL AMOUNT DUE: \$50.00**

**RECEIVED**  
DEC 17 2004

Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID# 250740 10  
FRANK'S CLEANERS  
1240 SW 57th St  
WEST MIAMI, FL 33144

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

*Printed on recycled paper.*



(cut here)

**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.

435687 JAN26 2004

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

250740  
ANWER VAYANI  
FRANK'S CLEANERS  
1240 SW 57TH AVE  
WEST MIAMI FL 33144

**FOR GOVERNMENT USE ONLY**  
Org.: 3755010000 EO: AI  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air Monitoring  
& Mobile Sources

JAN 28 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420608 DEC13 2002

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0250740

FRANK'S CLEANERS  
ANWER VAYANI  
1240 SW 57TH AVE  
WEST MIAMI FL  
33144

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

Bureau of Air Monitoring  
& Mobile Sources

DEC 17 2002

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412022 DEC21 2001

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 # 0250740  
FRANK'S CLEANERS  
ANWER VAYANI  
1240 SW 57TH AVE  
WEST MIAMI FL  
33144

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

Frank's Cleaners  
1240 SW 57th Ave  
Miami FL 33144



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

32315+3070 99

