

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 23, 2003

Mr. David Siddiq  
Keystone Cleaners & Laundry, Inc.  
12711 Biscayne Boulevard  
North Miami, Florida 33181

Re: Facility No.: 0250976-002

Dear Mr. Siddiq:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 22, 2003.

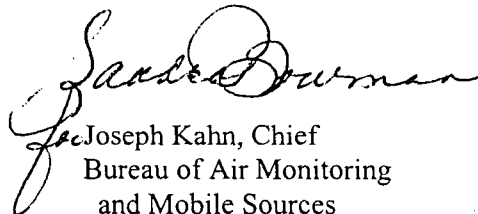
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Emission Fee - '98 - 2002  
SOC Report - 1  
Compliance Status - IN  
(3/26/2003)

9:25 10/18/03 Call Mr. Siddiqui and left message. (CRB)

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
SEP 22 2003  
Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KEYSTONE DRY CLEANERS & LAUNDRY, Inc
2. Site Name (For example, plant name or number):	KEYSTONE CLEANERS & LAUNDRY, Inc
3. Hazardous Waste Generator Identification Number:	IWS - 002623 - 2001/2002
4. Facility Location: Street Address: City:	12711 BISCAYNE BLVD County: DADE County Zip Code: 33181
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250976-002

Responsible Official

6. Name and Title of Responsible Official: Name:	DAVID SIDDIQ	Title:	SECRETARY/TREAS		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	12711 BISCAYNE BLVD NORTH MIAMI	County:	DADE	Zip Code:	33181
8. Responsible Official Telephone Number: Telephone:	(305) 217 4375	Fax:	(305) 891 9006		

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: ( ) -	

820419-008

**Facility Information**

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

How many dry-to-dry machines do you have on-site? 2

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

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

75 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 checked="" 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?

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.*

DAVID SIDDIQ  
Print name of responsible official

  
Signature

9-9-03  
Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a new RO (Responsible Official), and/or your existing business has moved to a new location, please check this box and return this form with your completed notification form.

- If you do not wish to continue your eligibility, please disregard this notice.

10/18/2003

CAB

Spoke with Mr. David Siddiq, Sec./Treasurer for Keystone Cleaners & Laundry, and he stated that one dry-to-dry machine is approximately 9 years old and was at the facility when he purchased the business. He also stated the second dry-to-dry machine is 8 years old. Mr. Siddiq indicated that both dry-to-dry machines have chillers for control devices and they are built-in devices.

Page 15

1. (a) Add Date Initially Purchased from Manufacturer for dry-to-dry machine.  
Choose appropriate Status for dry-to-dry perchloroethylene machine.  
Choose appropriate required control device for dry-to-dry perchloroethylene machine.  
Add Date Control Device Required for dry-to-dry perchloroethylene machine.

Page 16

6. (e) Startup, Shutdown, Malfunction plan is required for all sources. Should be marked.

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.

458845 FEB 3 2007

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 250976  
 KEYSTONE DRY CLEANERS  
 INC  
 12711 Biscayne Blvd  
 NORTH MIAMI, FLORIDA 33181

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

FEB 13 2007  
 KEYS  
 CLEANERS  
 MIAMI FL

Printed on recycled paper.

KEYSTONE CLEANERS  
 12711 BISCAYNE BLVD  
 NORTH MIAMI FL 33181

MIAMI FL 331

07 FEB 2007 PM 5 L



Title V Air General Permits  
 Receipt

P.O. Box 3070

Tallahassee, FL 32315-  
 3070

32315+3070

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.

458496 JAN 30 2006

RECEIVED  
FEB 01 2006  
Mobile Services

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

250976	10
KEYSTONE DRY CLEANERS	
12711 Biscayne Blvd	
NORTH MIAMI, FL	33181

Printed on recycled paper.

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

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.

459398 FEB 27 2006

Refund Del 1/30/06

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 250976	1st
KEYSTONE DRY CLEANERS	
12711 Biscayne Blvd	
NORTH MIAMI, FL	33181

Printed on recycled paper.

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



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**

Do NOT Remove Label

250976  
DAVID SIDDIQ  
KEYSTONE DRY CLEANERS  
12711 BISCAYNE BLVD  
NORTH MIAMI FL 33181

434142 DEC 11 2003  
RECEIVED  
DEC 16 2003  
Bureau of Air Monitoring  
& Mobile Sources  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
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 is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

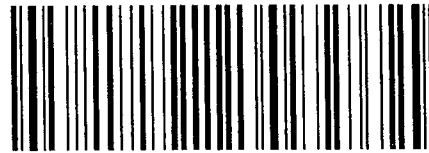
Do NOT Remove Label

AIRS ID# 250976 10  
KEYSTONE DRY CLEANERS  
12711 Biscayne Blvd  
NORTH MIAMI, FL 33181

444186 JAN 7 2005  
RECEIVED  
JAN 11 2005  
Bureau of Air Monitoring  
& Mobile Sources  
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

KEYSTONE CLEANERS  
12711 BISCAYNE BLVD  
NORTH MIAMI FL 33181

**CERTIFIED MAIL™**



7003 1010 0001 7825 6841



0000



32399

U.S. POSTAGE  
PAID  
FORT LAUDERDALE, FL  
33326  
SEP 18 '03  
AMOUNT

**\$4.42**

00050893-09

5516

STATE OF FLORIDA  
DEPT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD  
TALLAHASSEE, FL

RETURN RECEIPT  
REQUESTED

32399-2400