

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 30, 2002

Mr. Salim Rehman Syed  
Calusa Crossing Cleaners  
11242-44 Southwest 137 Avenue  
Miami, Florida 33186

Re: Facility No.: 0251006-003

Dear Mr. Syed:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 2, 2002.

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,

for Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

*Printed on recycled paper.*

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 30 2004

Air Quality  
Management Division

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):	Rendall Cleaners		
2. Site Name (For example, plant name or number):	same		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	11242 SW 137th Ave	City:	Miami
County:	Dade	Zip Code:	33186
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251006-003		

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Yossef Neuspiel	Title: Owner
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address:		
City:	same as above	County: Zip Code:
8. Responsible Official Telephone Number:		
Telephone: ( ) -	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: ( ) -		

RECEIVED  
FEB 9 2004  
Bureau of Air Monitoring  
& Mobile Sources

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

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

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

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

**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")
_____	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

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

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

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

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

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

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

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

[ \_\_\_\_\_ ] gallons (You must fill this in)

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

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

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

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

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  
025 1006
- 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.*

YOSSE NEUSPIEL  
Print name of responsible official

Neuspiel Yosse  
Signature

01/30/2004  
Date

RECEIVED

BEST AVAILABLE COPY

RECEIVED

DEC 02 2002

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

NOV 22 2002

Air Quality  
Management Division

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):	REHMAN INVESTMENT INC		
2. Site Name (For example, plant name or number):	CALUSA CROSSING CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	11242-44 SW 137 AVENUE		
Street Address:			
City:	MIAMI	County:	FL
		Zip Code:	33186
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251006-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	SALIM REHMAN SYED	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	11242-44 SW 137 AVENUE		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33186
8. Responsible Official Telephone Number:			
Telephone:	(305) 387-4586	Fax:	(305) 387-4586

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( )	Fax:	( )

**Facility Information**

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1999	Existing/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? [ ]

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	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

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

[ ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 3 ] 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

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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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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).

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How many boilers do you have on-site?

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 No. 6 fuel oil  Other (please list) \_\_\_\_\_

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(c) Refrigerated condenser temperature monitoring   
(d) Carbon adsorber exhaust perc concentration monitoring   
(e) Startup, shutdown, malfunction plan



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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.*

SALIM REHMAN SYED

Print name of responsible official

SR Syed

Signature

11/21/02

Date

5510

9321

**CERTIFIED MAIL**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



RETURN TO SENDER IF UNDELIVERABLE TO FORWARD

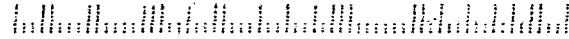
7003 2260 0003 5650 9356

MAILED  
SEP 20 1994  
TALLAHASSEE, FL  
9 20 AM  
BUSINESS/BOW  
REGISTERED  
5510

*Business closed (Out of Business)  
Return to Addressee  
New Business  
(Kendall cleaner)*

ID# 251006  
SALIM SYED  
CALUSA CROSSINGS CLEANERS  
11242-44 SW 137 AVE  
MIAMI, FL 33186

33186+4201 33



MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



RETURN

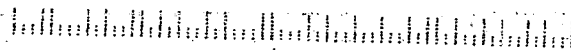
KM1011

7003 0500 0004 0145 0009

AIRS ID # 251006  
SALIM SYED  
CALUSA CROSSINGS CLEANERS  
11242-44 SW 137 AVE  
MIAMI, FL 33186

*Handwritten signature*

32399-2400 33A



**SENDER COMPLETE THIS SECTION**

- 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:

AIRS ID # 251006

SALIM SYED  
 CALUSA CROSSINGS CLEANERS  
 11242-44 SW 137 AVE  
 MIAMI, FL 33186

2. Article Number  
 (Transfer from service label)

7003 0500 0004 0145 0009

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		AIRS ID # 251006

Sent To: SALIM SYED  
 CALUSA CROSSINGS CLEANERS  
 11242-44 SW 137 AVE  
 MIAMI, FL 33186

Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

Postmark Here  
 Jul 11 2003

PS Form 3800, June 2002

6000 5410 4000 0050 0007

5510

5529

**CERTIFIED MAIL**

MS# \_\_\_\_\_ MC Acct # \_\_\_\_\_

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

RETURN



7003 0500 0004 0144 4732

*# 6251006*

*W/R*

AIRTEL ID # 231000  
CALUSA CROSSINGS CLEANERS  
SALIM SYED  
11242-44 SW 137 AVE  
MIAMI, FL 33186

RECEIVED  
APR 25 2011

32399-2400 0500 0004 0144 4732

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:  AIRS ID # 201000 CALUSA CROSSINGS CLEANERS SALIM SYED 11242-44 SW 137 AVE MIAMI, FL 33186  AIRS ID # 201000	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, August 2001	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7003 0500 0004 0144 4732		

PS Form 3811, August 2001

Domestic Return Receipt

102505-02-M-1540

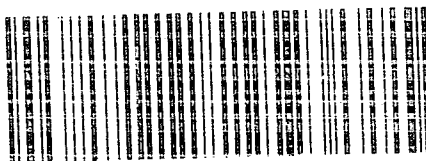
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	AIRS ID # 201000
Street, Apt. No., or PO Box No.	CALUSA CROSSINGS CLEANERS
City, State, ZIP+4	SALIM SYED 11242-44 SW 137 AVE MIAMI, FL 33186 40251006

7003 0500 0004 0144 4732

Postmark Here  
 07  
 11/14

PS Form 3800, June 2002 See reverse for instructions

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400



7003 0500 0004 0144 6363

A

RECEIVED  
POST OFFICE  
NOT KNOWN

WPK

RECEIVED  
JUL 7 2004  
Bureau of Air Monitoring  
& Mobile Sources

AIRS ID #0251006001AG 10  
CALUSA CROSSINGS CLEANERS  
11242-44 SW 137 Ave  
MIAMI, 33186

7003 0500 0004 0144 6363

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
AIRS ID # 0251006001AG 10	
\$ CALUSA CROSSINGS CLEANERS	
\$ 11242-44 SW 137 Ave	
\$ MIAMI, 33186	

Receipt  
Jul 7 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____
1. Article Addressed to:  AIRS ID # 0251006001AG 10 CALUSA CROSSINGS CLEANERS 11242-44 SW 137 Ave MIAMI, 33186	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number: 7003 0500 0004 0144 6163  
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102594-02-M-15-01

United States Postal Service Today's Date: 10-17 Sender's Name: \_\_\_\_\_

**Sorry We Missed You! We'll Deliver for You**

Item is at: \_\_\_\_\_ Available for Pick-up After \_\_\_\_\_  
 \_\_\_\_\_ Post Office (See back) Date: \_\_\_\_\_ Time: \_\_\_\_\_

**We will deliver for you if your agent can pick up. See reverse.**

Letter  For Delivery: (Enter total number of items delivered by service type)  
 Large envelope, magazine, catalog, etc.  For Notice Left: (Check applicable item)  
 Parcel  Express Mail (We will attempt to deliver on the next delivery day unless you instruct the post office to hold it.)  Registered  
 Restricted Delivery  Certified  Insured  
 Perishable Item  Return Receipt for Merchandise  
 Other: \_\_\_\_\_  Delivery Confirmation  
 Signature Confirmation

Article Requiring Payment: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Postage Due  COD  Customs \$ \_\_\_\_\_

Final Notice: Article will be returned to sender on \_\_\_\_\_

Article Number(s): 7003 0500 0004 0144 6163  
 Notice Left Section  
 Customer Name and Address: Calusa Cross Cleaners  
 11242 SW 137 Ave  
 Delivered By and Date: \_\_\_\_\_

PS Form 3849, November 1999 Delivery Notice/Reminder/Receipt