

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 4, 2003

Mr. Kashif Malik
One Price Dry Cleaning
12001 South Cleveland Avenue #5
Fort Myers, Florida 33907

Re: Facility No.: 0710182-002

Dear Mr. Malik:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 1, 2003.

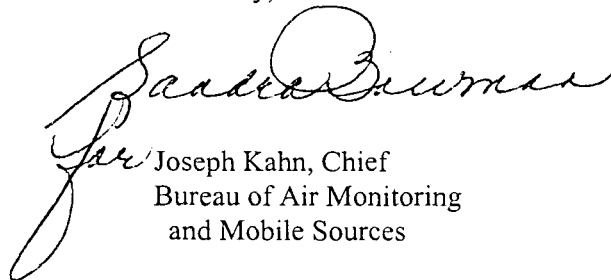
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Emission Fee - '99-2002
SoC Report - 2
Compliance Status - IN
(8/19/2002)

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

OCT 01 2003

DEP - South District

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):	MALIK TRADERS INC D.B.A ONE PRICE DRY CLEANING
2. Site Name (For example, plant name or number):	ONE PRICE DRY CLEANING
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: Fort Myers County: LEE Zip Code: 33907	12001 S. CLEVELAND AVE #5
5. Facility Identification Number (DEP Use ONLY - do not fill in)	OT10182-002

Responsible Official

6. Name and Title of Responsible Official: Name: KASHIF MALIK Title: president
7. Responsible Official Mailing Address: Organization/Firm: 12001 S. CLEVELAND AVE #5 Street Address: City: Fort Myers County: LEE Zip Code: 33907
8. Responsible Official Telephone Number: Telephone: (239) 939-0606 Fax: (239) 939-0620

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAFDAR MALIK (FATHER) NEXT DOOR
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (239) 939-1903 Fax: cell (239) 849-0202	

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Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

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

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>5-1-1997</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	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? 0

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?

240 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)

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D.E.P. - South District

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

For each boiler, indicate its horsepower (HP) rating: 30

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 **yes**
- (b) Leak detection inspection and repair **yes**
- (c) Refrigerated condenser temperature monitoring **yes**
- (d) Carbon adsorber exhaust perc concentration monitoring **no**
- (e) Startup, shutdown, malfunction plan **yes**

Page 15

- 1.(a) New should be circled under Status for 1997 dry-to-dry machine.

Page 16

4. New machines at large area source Refrigerated condenser should be marked for 1997 dry-to-dry machine using 140 gallons or more of perchloroethylene.

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS
DOCUMENT TO:

SANDY BOWMAN

Name of Individual/Office

MS 5510

Mail Station Number

KASHIF MALIK

ONE PRICE
12001 S. CLEVELAND AVE
FT MYERS, FL 33907



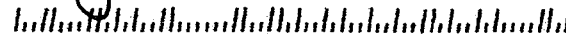
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OCT 01 2003

D.E.P. - South District

WAYNE Lewis
DEP ste # 364
2295 Victoria Ave
Fort Myers FL 33902

33902+33902



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. ✓

465997 DEC13 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 710182 ✓
MALIK TRADERS INC
12001 S Cleveland Ave #5
FT MYERS, FLORIDA 33907

Bureau of Air Monitoring
& Mobile Sources

DEC 13 2006

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

457290 DEC27 2005

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

710182 10
ONE PRICE DRY CLEANING
12001 S Cleveland Ave #5
FT MYERS, FL 33907

Bureau of Air Monitoring
Mobile Sources

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.

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443495 DEC20 2004

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# 710182 10
ONE PRICE DRY CLEANING
12001 S Cleveland Ave #5
FT MYERS, FL 33907

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

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

7003 0500 0004 0140 8055

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Well
Postmark Here
03

0710182001AG 10
MALIK TRADERS INC
12001 S Cleveland Ave #5
FT MYERS, FL 33907

10 June 2002

See Reverse for Instructions

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery is desired. name and address on the reverse we can return the card to you. this card to the back of the mailpiece, the front if space permits.

Addressed to:

0710182001AG 10
MALIK TRADERS INC
12001 S Cleveland Ave #5
FT MYERS, FL 33907

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Henry Roman

B. Received by (Printed Name)

Henry Roman

C. Date

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: *2917*

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

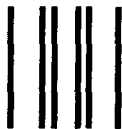
Yes

2. Article Number
(Transfer from service label)

7003 0500 0004 0140 8055

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POSTAL SERVICE



First-Class
Postage
USPS
Permit No.

Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
and Environmental Sources

FEB 23 2004

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