



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 10, 2008

Mr. Mounir Shakarji
American Cleaners of Winter Park
849 South of Orlando Avenue
Winter Park, Florida 32789

Re: Facility No.: 0951163-004

Dear Mr. Shakarji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 9, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

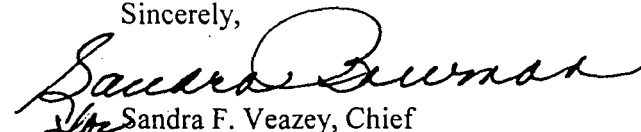
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Hamp Pridgen, Orange County

"More Protection. Less Process"

www.dep.state.fl.us

NO ACTIVITY FOR FACILITY.....
EMISSION FEE DATES 197-2006.....
SOC REPORTS 5.....
COMP. STATUS - SNC MNC (IN)

C Shine - Insp

TRPT - SOCR - statement of Compliance
Report - 5/27/2008 - ID

Insp - Orange Co - CD - C Shine

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 06 2008
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):	MOONIR SHAKARJI / American Cleaners of Winter Park (YAGIT CORP)
2. Site Name (For example, plant name or number):	American Cleaners of Winter Park.
3. Hazardous Waste Generator Identification Number:	FL 0000141226
4. Facility Location: Street Address: City: Winter Park 3 County: Orange Zip Code: 32789	849. South Orlando Av.
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951163-004

Responsible Official

6. Name and Title of Responsible Official: Name: MOONIR SHAKARJI Title: owner.	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 849. South Orlando Av. City: Winter Park FL County: Orange Zip Code: 32789	
8. Responsible Official Telephone Number: Telephone: (321) 356-3757 Fax: (321) 645-2578	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	John Shakarji (officer).
10. Facility Contact Address: Street Address: same as above. City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (407) 645-8537 Fax: (407) 645-2578	

ADDENDUM
SEE
ATTACHED
REGISTRATION
FORM
DEP

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")
<u>Dec 03</u>	Existing/ <u>New</u>	<u>RC</u> /CA/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?

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")
<u>0</u>	Existing/New	RC/CA/None required	<u>0</u>
<u>0</u>	Existing/New	RC/CA/None required	<u>0</u>
<u>0</u>	Existing/New	RC/CA/None required	<u>0</u>

*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 _____)

N/A

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>
(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 checked="" 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 *I have a hot water heater that*
No such units on-site *work on steam return.*

How many boilers do you have on-site? *1*

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
- (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 _____

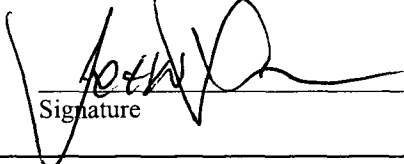
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

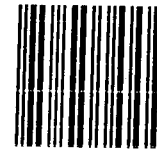
JOHN SHAYARUS
Print name of responsible official


Signature

June 4/08
Date

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AMERICAN CLEANERS OF WINTER PARK
849 S. ORLANDO AVENUE
WINTER PARK, FLORIDA 32789
(407) 645-5537



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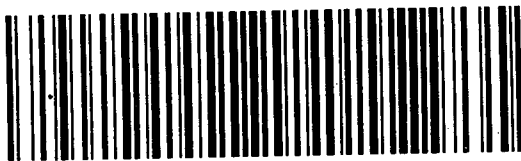
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Bureau of Air Monitoring
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APPENDUM TO ORIGINAL
JUN 09, 2008 FORM - N.E.D.

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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Facility Name and Location

J.S.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MOONIR SHAKARJI / American Cleaner of winter park (YAGIT Corp)
JOHN SHAKARJI (officer)

2. Site Name (For example, plant name or number):
American cleaners of winter park.

3. Hazardous Waste Generator Identification Number:
FL 0000141226

4. Facility Location: 849. South orlando Av.
Street Address:
City: winter park 3 County: Orange Zip Code: 32785

5. Facility Identification Number (If different from 3):

Responsible Official

J.S.

6. Name and Title of Responsible Official:
Name: ~~MOONIR SHAKARJI~~ JOHN SHAKARJI Title: ~~owner~~ officer.

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 849. South orlando Av.
City: winter park FL County: Orange Zip Code: 32789

8. Responsible Official Telephone Number:
Telephone: (321) 356-3757 Fax: (321) 645-2578

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
John Shakarji (officer).

10. Facility Contact Address:
Street Address: same as above.
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: (407) 645-8537 Fax: (407) 645-2578

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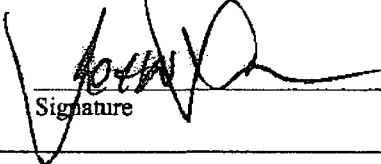
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I will promptly notify the Department of any changes to the information contained in this notification.

JOHN SHARASZ
Print name of responsible official


Signature

June 4/08
Date

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

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0	Existing/New	RC/CA/None required	0
0	Existing/New	RC/CA/None required	0

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|--|---|
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Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input checked="" type="checkbox"/>
Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 No. 2 fuel oil No. 4 fuel oil
 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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Dept. of Environmental Protection
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Tallahassee FL 32399-2400

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Dibble, Dickson

From: Dibble, Dickson
Sent: Thursday, June 12, 2008 11:18 AM
To: 'hoplolo@gmail.com'
Cc: Bowman, Sandy
Subject: AIRS ID# 0951163-004, YAGH Corp d.b.a. American Cleaners of Winter Park, 849 S Orlando Ave, Winter Park, FL 32789
Attachments: 0951163-004-AG;AmericanCleaners(YAGH)_A03.pdf

Tracking:

Recipient	Delivery
'hoplolo@gmail.com'	
Bowman, Sandy	Delivered: 6/12/2008 11:17 AM

Dear Mr. John Shakarji,

Thank you for returning my call.

Attached you will find a pdf file containing a copy of your recently submitted Perchloroethylene Dry Cleaner Air General Permit Notification Form.

As we discussed the **Responsible Official** listed on Page 13 of the form should also be the person who signs the form on Page 16. (See the instructions just above the signature line on Page 16). If **you** are listed, then **you** should sign the form. If your **father** is listed, then **he** should sign the form.

Here is what I need from you: (#1 **or** #2 below)

- 1) If you prefer to leave your name on the signature page, then I would only need a corrected Page 13 showing you as the Responsible Official, **or**
- 2) If your Father remains the Responsible Official on Page 13, then I would need from you a new original signature Page 16 containing his signature.

You **do not** need to complete or send me a totally new form, but you should send me the corrected information as soon as possible so that I can avoid having to deny your entitlement.

Should you have any questions, call or e-mail me.

Thank you, and have a great day!

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 (850) 921-9586
 SunCom 291-9586
 ICG-#345
Dickson.Dibble@dep.state.fl.us

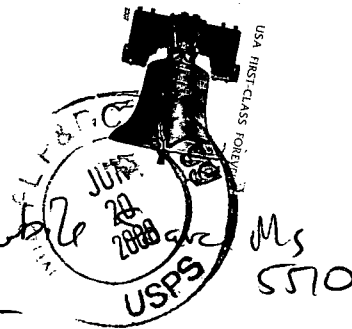
6/12/2008



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

AMERICAN CLEANERS OF WINTER PARK
849 S. ORLANDO AVENUE
WINTER PARK, FLORIDA 32789
(407) 645-5537

General Permits Section
Bureau of Air Monitoring & Mobile
Dept. of Environmental Protection
2600 Blair Stone Rd.
Tallahassee FL 32399-2400



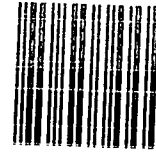
Attention Mr: Dibble, Dickson

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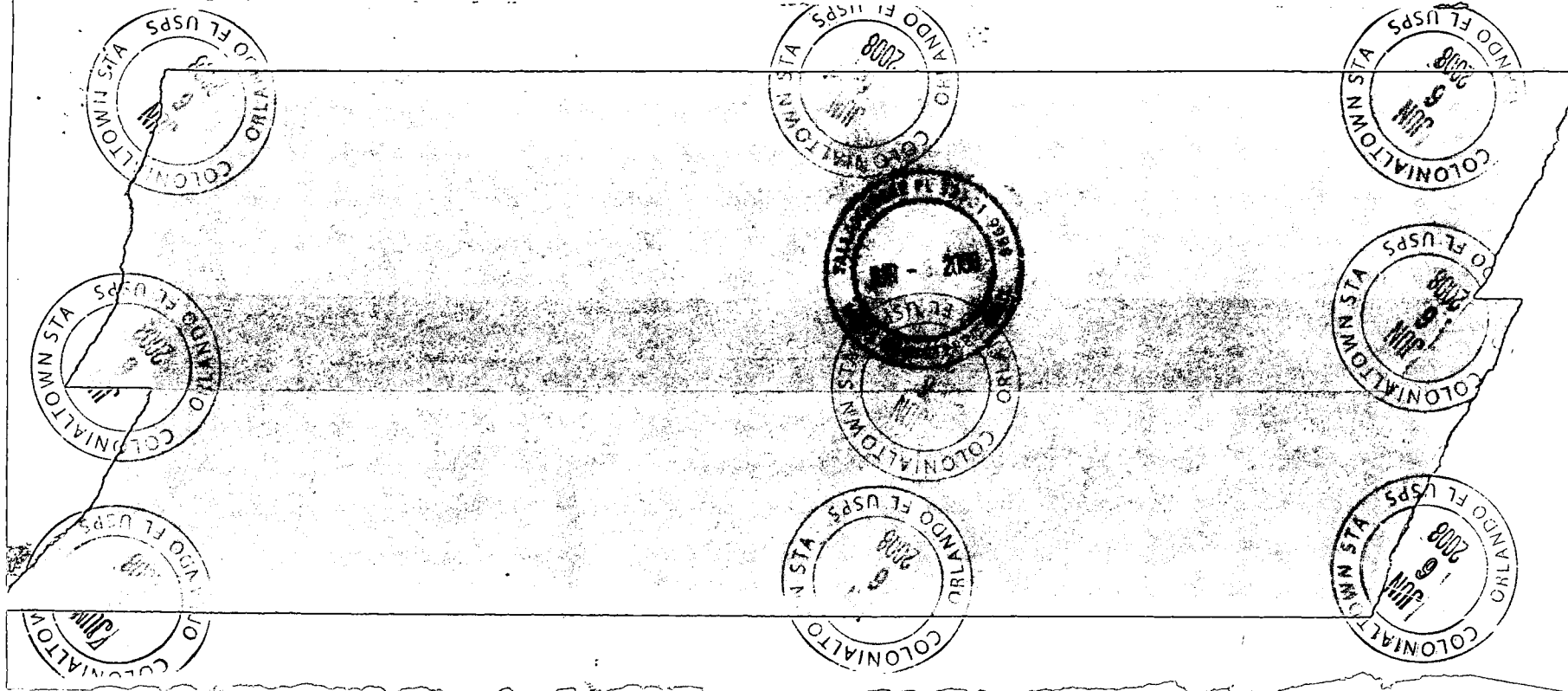
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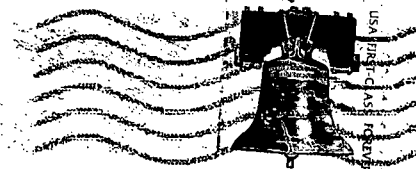
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TITLE V AIR GENERAL PERMIT
BUREAU OF AIR MONITORING AND MOBILE SOURCES,
MS 5510
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD.

TALLAHASSEE, FL 32309-1542