

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

April 23, 2001

Mr. Walid Abed  
Magic Touch Dry Cleaners  
3747 South Kirkman Road  
Orlando, Florida 32811

Re: Facility No.: 0951242-001

Dear Mr. Abed:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 19, 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. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

0951242-001

p16

5. All steam and hot water generating units exempt should be marked.

6.(e) Startup, shutdown, malfunction plan is required and should be marked.

p17

Responsible official sign and date for changes



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): <b>SHAM ENTERPRISE INC</b>
2. Site Name (For example, plant name or number): <b>MAGIC TOUCH DRYCLEANERS.</b>
3. Hazardous Waste Generator Identification Number: <b>Not known yet.</b>
4. Facility Location: <b>3747 S. KIRKMAN RD,</b> Street Address: City: <b>ORLANDO</b> County: <b>ORANGE</b> Zip Code: <b>32811</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0951242-001</b>

**Responsible Official**

6. Name and Title of Responsible Official: Name: <b>WALID ABED</b> Title: <b>(PRES)</b>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <b>3747 S. KIRKMAN RD</b> City: <b>ORLANDO</b> County: <b>ORANGE</b> Zip Code: <b>32811</b>
8. Responsible Official Telephone Number: Telephone: <b>(407) 294-6020</b> 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")
6/98	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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?**

[ 0 ] 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 5/01)

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 checked="" 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:

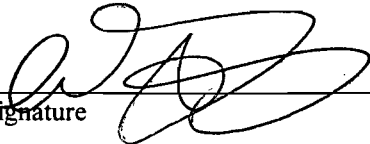
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Walid Abed  
Print name of responsible official

  
Signature

3/14/01  
Date

RECEIVED  
MAR 19 2001  
Bureau of Air Monitoring  
& Mobile Sources

## Grant, Patricia

---

**From:** Bowman, Sandy  
**Sent:** Thursday, May 13, 2004 2:20 PM  
**To:** Grant, Patricia  
**Subject:** FW: Annual Operation Fees

Pat,

The following facilities will need to be inactivated. Thank you

Sandy Bowman  
Environmental Administrator  
Division of Air Resource Management  
850/921-9583 or sandy.bowman@dep.state.fl.us

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

**From:** John.Parker@ocfl.net [mailto:John.Parker@ocfl.net]  
**Sent:** Thursday, May 13, 2004 1:01 PM  
**To:** Thomas, Bruce X.  
**Cc:** Bowman, Sandy; Butler, Rick; Ilka.Bundy@ocfl.net; Jane.Heppner@ocfl.net; Marie.Driscoll@ocfl.net  
**Subject:** Annual Operation Fees

Hi Bruce:

Here is an update regarding the four facilities in Orange County that have not paid their Annual Operating Fees:

0951256 Southside \$1.50 Cleaners is under new ownership. The new R.O is Ashley Freeman. I have sent him an application which he will be submitting soon. The facility name remains the same.

0951242 Magic Touch Dry Cleaners has a new owner, Amir Memon. This facility is currently a drop store. Please inactive this facility in ARMS.

0951153 Mr. Clean Dry Cleaners is under new ownership. The new R.O. is Vibhavari Pankhania. I have provided him with an application which he will be submitting soon. The facility name remains the same.

0950301 Peppermint Cleaners is no longer using perchloroethylene (landlord forbids it's use), this facility has switched to a petroleum based solvent. Please inactivate this facility in ARMS.

If you have any questions please let me know.

John X. Parker  
Environmental Specialist  
Orange County Air Quality  
Phone: (407) 836-1445  
Fax: (407) 836-1498  
<mailto:John.Parker@ocfl.net>



0951242-001

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P16 5. All steam and hot water generating exempt should be marked.

MAY 4 2001

Bureau of Air Monitoring & Mobile Sources

Pr  
con

n. Send  
our files.

6.(e) Startup, shutdown, malfunction plan is required and should be marked.

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OCT 15 2001

Bureau of Air Monitoring & Mobile Sources

Facilit

1. Fa

2. Site

3. Haz

4. Facil  
Stree  
City:

5. Facili

P17 Responsible official sign and date for changes

Responsib

6. Name:

Name: W

7. Respon  
Organiz  
Street A  
City: C

8. Respons.  
Telephoi

MAY -9 2001

Facility Cont

9. Name and

10. Facility Co

Street Address:  
City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: ( ) -

Fax: ( ) -

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): SHAM ENTERPRISE INC
2. Site Name (For example, plant name or number): MAGIC TOUCH DRYCLEANERS.
3. Hazardous Waste Generator Identification Number: Not known yet.
4. Facility Location: 3747. S. KIRKMAN RD, Street Address: City: ORLANDO County: ORANGE Zip Code: 32811.
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0951242-001

Responsible Official

6. Name and Title of Responsible Official: Name: WALID ABED Title: (PRES)
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3747. S. KIRKMAN RD City: ORLANDO County: ORANGE Zip Code: 32811
8. Responsible Official Telephone Number: Telephone: (407) 294 - 6020. Fax: ( ) -

Facility Contact (If different from Responsible Official)

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11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

MAY 9 2001

**Facility Information**

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6/98	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?

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:

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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?

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening 5/01)

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".)

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).

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:  10

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

Walid Abed  
Print name of responsible official

  
Signature

3/14/01  
Date

 6/13/01

RECEIVED  
MAR 19 2001  
Bureau of Air Monitoring  
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420918 DEC20 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#0951242  
MAGIC TOUCH DRYCLEANERS  
WALID ABED  
3747 S KIRKMAN ROAD  
ORLANDO FL  
32811

Bureau of Air Monitoring  
& Mobile Sources

DEC 27 2002

RECEIVED

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

0998 8860  
4440 0144  
4000 0000  
0500 0050  
E0007

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	\$	2nd Cert.  Postmark Here  2003
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID # 951242

Sent To: **WALID ABED**  
**MAGIC TOUCH DRYCLEANERS**  
 Street, Apt or PO Box: **3747 S KIRKMAN ROAD**  
 City, State: **ORLANDO, FL 32811**

PS Form 3811, August 2001 See Reverse for Instructions

**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 # 951242

WALID ABED  
 MAGIC TOUCH DRYCLEANERS  
 3747 S KIRKMAN ROAD  
 ORLANDO, FL 32811

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 8860

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name): **Coast Wiz**

C. Date of Delivery: **3/6/04**

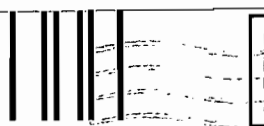
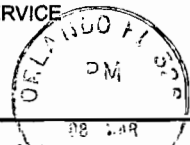
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE

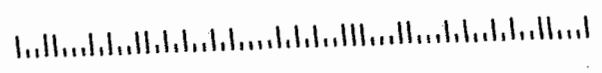


First-Class Mail \_\_\_\_\_  
Postage & Fees Paid \_\_\_\_\_  
USPS \_\_\_\_\_  
Permit No. G-10 \_\_\_\_\_

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

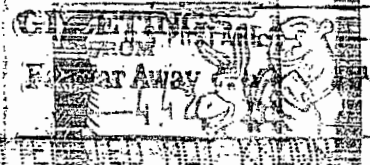
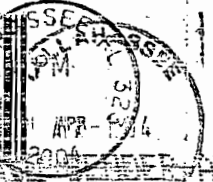
Bureau of Air Monitoring  
MAR 10 2004  
RECEIVED





6510 5521  
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED MAIL



7001 1140 0001 7556 4073

POSTALIA 313236

AC5521

BAMMS/BCD  
JOEY ROBERTS  
5510

*ONE*

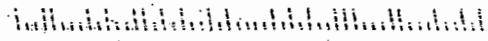
MAGIC TOUGH DRY CLEANERS  
WALID ABED  
3747 S. KIRKMAN ROAD  
ORLANDO, FL 32811

Bureau of Air, MC, Information  
& Mobile Sources

APR 16 2004

RECEIVED

32312+24



POSTNET

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 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	
1. Article Addressed to:  AIRKS ID # 901242 MAGIC TOUCH DRYCLEANERS WALID ABED 3747 S KIRKMAN ROAD ORLANDO, FL 32811 <i>0951242</i>		B. Received by (Printed Name) _____ C. Date of Delivery _____  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> NO	
2. Article Number _____ (Transfer from service label)		3. Service Type <input 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		7001 1140 0001 7556 4071	

PS Form 3841, August 2001 Domestic Return Receipt 102595-02-M-1540

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

**OFFICIAL USE**

Postage	\$ _____
Certified Fee	_____
Return Receipt Fee (Endorsement Required)	_____
Restricted Delivery Fee (Endorsement Required)	_____
Total Postage & F	_____

AIRKS ID # 901242  
 MAGIC TOUCH DRYCLEANERS  
 WALID ABED  
 3747 S KIRKMAN ROAD  
 ORLANDO, FL 32811  
*#0951242*

Sent To \_\_\_\_\_  
 Street, Apt. No.;  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

*Handwritten: 03, New, Postmark Here*

*Vertical stamp: 7001 1140 0001 7556 4071*

MS# 5510 MC Acct # 5521

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

*MUSA*  
*OK*

**CERTIFIED MAIL**

7003 2260 0003 5650 8939

U.S. POSTAGE  
1.62  
POSTALIA 512729

RECEIVED  
FEB 10 2004  
Bureau of Air Monitoring  
& Mobile Sources

ID# 951242  
WALID ABED  
MAGIC TOUCH DRYCLEANERS  
3747 S KIRKMAN ROAD  
ORLANDO, FL 32811

32811+2412 06

PLACE STICKER ABOVE OR ENVELOPE TO THE RIGHT  
INFLATED BY AIR MAIL  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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.
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ID# 951242  
 WALID ABED  
 MAGIC TOUCH DRYCLEANERS  
 3747 S KIRKMAN ROAD  
 ORLANDO, FL 32811

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  Agent  
 Addressee

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

2. Article Number  
 (Transfer from service label)

7003 2260 0003 5650 8939

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 & Fees	\$

Postmark Here  
 03

Sent To ID# 951242  
 WALID ABED  
 MAGIC TOUCH DRYCLEANERS  
 3747 S KIRKMAN ROAD  
 ORLANDO, FL 32811

PS Form 3800-01 (See reverse for instructions)

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