

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 9, 2001

Mr. Batul Rahmatullah
Crown Custom Cleaners
2025 Northeast 163 Street
North Miami Beach, Florida 33162

Re: Facility No.: 0250715-002

Dear Mr. Rahmatullah:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 6, 2001.

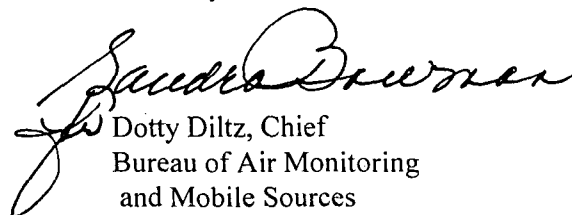
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

2000 No PAY
Ownership Change
SOC 4
Compliance IN

0250715-002

6/21/00

Spoke to Mr. Solomon (Plant Manager) and he stated that the Multimate Dry Clean Machine was purchased in 1997 and has a Refrigerated Condenser as a control device.

6/27/00

Spoke to Mr. Solomon and he stated the 2nd machine was purchased in 1988-1989 and also has a Refrigerated Condenser as a control device.

6/28/01

Spoke to Mr. Solomon and he stated the amount of "perc" purchased in the past 12 months is 65 gallons.

P15 1(a) Add dates machines initially purchased. Circle and enter information for each machine.

2(a) Add amount of perc purchased in past 12 months.

P17 Responsible official sign and date for changes made.

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):	CROWN CUSTOM CLEANERS INC.		
2. Site Name (For example, plant name or number):	CROWN CUSTOM CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	2025 N.E. 163 RD STREET		Zip Code:
City:	NORTH MIAMI BEACH	County: DADE	33162
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250715-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	BATUL RAHMATULLAH	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	AS ABOVE	City:	
County:		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(305) 944-5009	Fax:	(305) 628-1787

Facility Contact (If different from Responsible Official)

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

RECEIVED

JUN 06 2001

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? [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")
_____	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [N/A]

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 <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
N/A	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	N/A
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> 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? [2] 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: 3041A

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.

BATUL RAHMATULLAH

Print name of responsible official

Batul
Signature

05-18-01
Date

BEST AVAILABLE COPY

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:
TOMOKA PLAZA-COIN-O-MATIC
NICHOLAS BISSELL
715 S. NOVA ROAD
ORMOND BEACH, FL 32174

1. Signature: Agent Addressee

2. 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

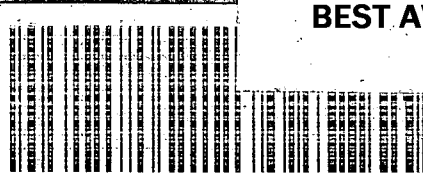
2. Article Number (Transfer from service label) 7001 1140 0001 7556 3623

PS Form 3800, July 1995 (Rev. 10/28/95) Domestic Return Receipt 102895-02-M-1540

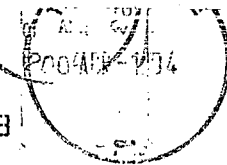
MS# 5510 MC Acct # 5524

BEST AVAILABLE COPY

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



7001 1140 0001 7556 3623



RECEIVED

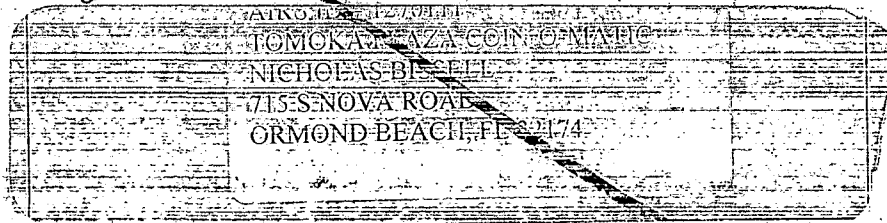
APR 23 2004

Bureau of Air Monitoring
& Mobile Sources



NOT DELIVERABLE
AS ADDRESSED -
ABLE TO FORWARD

#0250715



UAX

3217417

100% recycled paper

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.

460385 MAR29 2006

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 250715
CROWN CUSTOM CLEANERS
2025 NE 163 Street
NORTH MIAMI BEACH, FL 33162

Produced by
R. Mobile Source

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

MAR 31 2006

CEIVED

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

444961 JAN24 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

AIRS ID# 250715 10
CROWN CUSTOM CLEANERS
2025 NE 163 Street
NORTH MIAMI BEACH, FL 33162

Printed on recycled paper.

Bureau of Air, Mobile Support
& Mobile Support

JAN 26 2005

RECEIVED

FOR GOVERNMENT USE ONLY
ORG.: 3755010000 EO: A
FUND: 20-2-03001
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. 434963 JAN 5 2004

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

250715
BAFUE RAHMATULLAH
CROWN CUSTOM CLEANERS
2025 NE 163RD STREET
NORTH MIAMI BEACH FL 33162

Bureau of Air Monitoring
& Media Services

JAN 8 2004

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422256 JAN27 2003

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

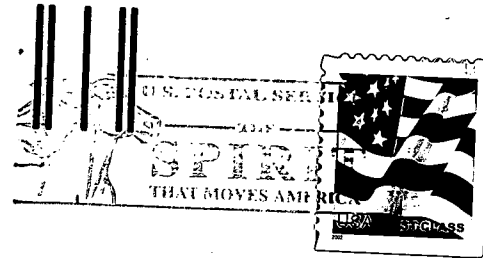
AIRS ID#0250715

CROWN CUSTOM CLEANERS
BATUL RAHMATULLAH
2025 NE 163RD STREET
NORTH MIAMI BEACH FL
33162

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 13526
Fund: 20-2-035001
Obj.: 002273

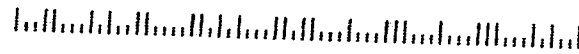
RECEIVED
FEB 03 2003
Bureau of Air Mail
& Mobile Services

CROWN CUSTOM CLEANING
2025 N.E. 163 STREET
N. MIAMI BEACH, FL 33162
TEL: 305-944-5009



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ~~418439~~ MAR 27 2002

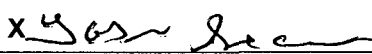
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250715
CROWN CUSTOM CLEANERS
BATUL RAHMATULLAH
2025 NE 163RD STREET
NORTH MIAMI BEACH FL
33162

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0250715 CROWN CUSTOM CLEANERS BATUL RAHMATULLAH 2025 NE 163RD STREET NORTH MIAMI BEACH FL 33162</p>	C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center;">MAR 9 2002</p>	
	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	
7001 0320 0001 7976 1558		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)													
<h1 style="margin: 0;">OFFICIAL USE</h1>													
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage & Fees</td><td>\$</td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here		
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<table border="1"> <tr> <td style="width: 50px;">Sen</td> <td>AIRS ID # 0250715</td> </tr> <tr> <td>Stre</td> <td>CROWN CUSTOM CLEANERS</td> </tr> <tr> <td>or F</td> <td>BATUL RAHMATULLAH</td> </tr> <tr> <td>City</td> <td>2025 NE 163RD STREET</td> </tr> <tr> <td></td> <td>NORTH MIAMI BEACH FL</td> </tr> <tr> <td></td> <td>33162</td> </tr> </table>		Sen	AIRS ID # 0250715	Stre	CROWN CUSTOM CLEANERS	or F	BATUL RAHMATULLAH	City	2025 NE 163RD STREET		NORTH MIAMI BEACH FL		33162
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or F	BATUL RAHMATULLAH												
City	2025 NE 163RD STREET												
	NORTH MIAMI BEACH FL												
	33162												
PS F	Instructions												

7001 0320 0001 7976 1558

PLACE STICKER AT TOP OF ENVELOPE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250715</p> <p>CROWN CUSTOM CLEANERS BATUL RAHMATULLAH 2025 NE 163RD STREET NORTH MIAMI BEACH FL 33162</p>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature <input checked="" type="checkbox"/> <i>Batul</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; border: 1px solid black; padding: 2px;">FEB 11 2000</div></p>
	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 70000520002093730350</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)																							
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">7000 0520 0020 9373 0350</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Certified Fee</td> <td>_____</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td>_____</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td>_____</td> </tr> <tr> <td>Total:</td> <td style="text-align: center;">AIRS ID # 0250715</td> </tr> </table>	Postage	\$ _____	Certified Fee	_____	Return Receipt Fee (Endorsement Required)	_____	Restricted Delivery Fee (Endorsement Required)	_____	Total:	AIRS ID # 0250715	<p style="text-align: center;">Postmark Here</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Recip</td> <td style="width: 40%;">(Ite)</td> </tr> <tr> <td>CROWN CUSTOM CLEANERS</td> <td>_____</td> </tr> <tr> <td>BATUL RAHMATULLAH</td> <td>_____</td> </tr> <tr> <td>2025 NE 163RD STREET</td> <td>_____</td> </tr> <tr> <td>NORTH MIAMI BEACH FL</td> <td>_____</td> </tr> <tr> <td>33162</td> <td>_____</td> </tr> </table>	Recip	(Ite)	CROWN CUSTOM CLEANERS	_____	BATUL RAHMATULLAH	_____	2025 NE 163RD STREET	_____	NORTH MIAMI BEACH FL	_____	33162	_____
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<p>PS Form 3800, February 2000 See Reverse for Instructions</p>																							