

# Department of DECEIVED Environmental Protection

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

Air Quality Virginia B. Wetherell Management Division

RECEIVED

Bureau of Air Monitoring
Bureau of Air Monitoring

November 25, 1997

Mr. Khalid Mahmood Picasso Dry Cleaners 13377 Southwest 46 Lane Miami, Florida 33175

Re: Facility No: 0250834

Dear Mr. Mahmood:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 1997.

During the review period for the above mentioned notification form, the application was withdrawn. This letter serves as acknowledgment of the withdrawal and to inform you that further processing of the notification has been suspended.

If you have any general 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: Mr. Ewart Anderson, Dade County



### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

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Withdrawa

### Perchloroethylene Dry Cleaning Facility Notification RECEIVED

Facility Name and Location

SEP 2 5 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Bureau of Air M	
KHALID MAHMOOD Mahmood & Mobile So	urces
2. Site Name (For example, plant name or number):	
PiCASSO (DRY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 6552 NW (86 ST Street Address:	
City: MAM; FC County: Zip Code: 33015	
.5. Facility Identification: Numbers (DEP Use):	
-2 A REPORT	
Responsible Official	
6. Name and Title of Responsible Official:	
KHALID MAHMOD	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  County:  Zip Code: 35/7	
Street Address: My ANG	
City: Zip Code: 35/7	3
8. Responsible Official Telephone Number: Telephone: (ラン) デング・フター Fax: ( ) -	
Telephone: (25) 525 - 78 ( 5 Fax: ( ) -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):  LFIKHAR AHM (-1)	
10. Facility Contact Address: 18377 S.W. 46 Lines	
Street Address: City: M. (A-M.) County: C Zip Code: 3-3, 7 (	-
City: MigAMi County: EC Zip Code: 33175	1
11. Facility Contact Telephone Number:  Telephone: $39/55 - 39/6 $ Fax: ( ) -	

# 025:0834 Uitle of Responsible

a new notification form.

CORP NAME

6. add Title of Responsible Official. 7. Odd Organization/Firm. 9. Add Title of Facility Contact MOHAMMED MTAMMOOR PICASSO DRY CLEANERS NAJMAINC NAJMA, INC Spoke to Khaled Mahmood and he he sold the business The stated request. The performer was on the fremisis and I spoke to lyin and he is sending in

Lot on lines Mayampell Horkelman 1 11 1

## Perchloroethylene Dry Cleaning Facility Notification R E C E I V E D

**Facility Name and Location** 

SEP 2 5 1997

I.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Bureau of Air Monitoria				
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2.	Site Name (For example, plant name or number):				
	PiCASSO (DRY CLEANERS				
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4.	Street Address: 6552 N.W (86 ST				
	City: MAM County: Zip Code: 33015				
5.	SBACHIIVAMPIHHCAHAIANANIIII DEBIAR PSHIICPIESS SAARAA AARAA AARAA AARAA AARAA AARAA AARAA AARAA AARAA AARAA AA				
	200834 COST COST COST COST COST COST COST COST				
Responsible Official					
	Imil on ill octil				
6.	Name and Title of Responsible Official:  HALID MAHMOOD  Responsible Official Mailing Address:  Organization/Firm:  Street Address:  City:  County:  County:				
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 1337# 5.60 416 LANCE				
	City: Zip Code: 33/75				
8.	Responsible Official Telephone Number:				
	Telephone: (37)825-9878 Fax: () -				
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):  IFIIKHAR AHMCED				
10.	Facility Contact Address:  13377  Street Address:				
	City: MIAMI County: FC Zip Code: 33175				
11.	Facility Contact Telephone Number: Telephone: (79) 155 - 30/6 Fax: ( ) -				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### **Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine ID Initially Device Initially Purchased Installed ID Purchased	: Date		Date	Date
Type of Machine    ID   Purchased   Installed   ID   Purchased   ID   Purc	hine Control		Machine	Control
Example #1 03-OCT-93 12-NOV-93 #2 08-  Dry-to-Dry Unit	ally Device		Initially	Device
Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchasely and the perchloroethylene (perc) purchasely and	chased Installed	ID	Purchased	Installed
(1) w/ ref. condenser / / / / / / / / / / / / / / / / / / /	DEC-91	#3	02-MAR-92	02-MAR-9
(1) w/ ref. condenser / / / / / / / / / / / / / / / / / / /				
(2) w/ carbon adsorber / (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) pure gallons  (b) If less than 12 months, how many?			Ī	
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(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls    Dryer Unit			1	
(5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required, but not yet installed (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) pure gallons  (b) If less than 12 months, how many?	L		.1	
(6) w/ no controls    Dryer Unit   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ no controls   (14) w/ no controls   (15) w/ no controls   (16) w/ no controls   (17) w/ no controls   (18) w/ no control devices are required, but not yet installed   (18) w/ no control devices are required to be installed   (19) w/ no control devices are required to be in				
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3. What is the facility's source classification based on the definition (Indicate with an "X". Select one classification only.)  Existing small area source New small at Existing large area source New large at	area source	3) of 	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on mach (Indicate with an "X".)	ines pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
	ions units shall not be eligible to use the general permit pursuant m and hot water generating units on-site meet the followingsite:
	e (1) have a total heat input of 10 million BTU/hr or less (298 by natural gas except for periods of natural gas curtailment more than one percent sulfur is fired.
All steam and hot water generating units exemp	ot [] [] ,
	ing 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	(X)
(b) Leak detection inspection and repair	$\times$
(c) Refrigerated condenser temperature monitor	ring $X$
(d) Carbon adsorber exhaust perc concentration	a monitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[ <i>X</i> _]

DEP Form No. 62-213.900(2) Effective: 6-25-96

### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.

(cut nere)

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 0250843

CARMEL COIN LAUNDRY INC KEITH HALL 13393 MEMORIAL HWY N MIAMI FL 33161

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273