

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 12, 2001

Mr. Sid Vora  
Ivory Dry Cleaner  
201 U.S. Highway 1, #E2  
Jupiter, Florida 33477

Re: Facility No.: 0990463-002

Dear Mr. Vora:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 2001.

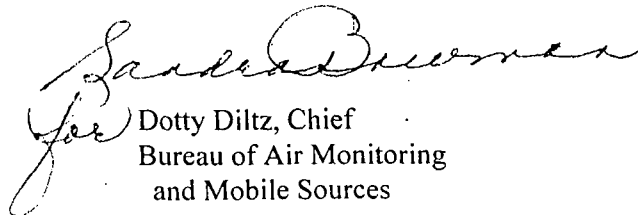
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 4600  
SOE 1  
Compliance IN

Received  
Sep 10 2001

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): <i>SURUPAM INC</i>
2. Site Name (For example, plant name or number): <i>IVORY DAY CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 982 102 471</i>
4. Facility Location: <i>201 US HWY 1 #E2</i> Street Address: City: <i>Jupiter</i> County: <i>Palm Beach</i> Zip Code: <i>33477</i>
5. Facility Identification Number (DEP Use ONLY; -do not fill in): <i>0990463-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>SID VORA</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: <i>SAME</i> County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(561) 746-2009</i> Fax: <i>(561) 746-2009</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: <i>SAME</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

RECEIVED  
 SEP 10 2003  
 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?

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")
Nov 1996	Existing/ <u>New</u>	<u>RC</u> /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:

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?**

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 \_\_\_\_\_)

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?

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:

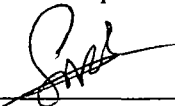
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

SID VORA  
Print name of responsible official

  
Signature

9/5/01  
Date

**Grant, Patricia**

---

**From:** Jeffrey\_Dizek@doh.state.fl.us  
**Sent:** Thursday, December 07, 2006 2:48 PM  
**To:** Dibble, Dickson  
**Cc:** Ajaya\_Satyaj@doh.state.fl.us; Bowman, Sandy; Grant, Patricia  
**Subject:** 201 S. US #1

Dick,

I was inspecting a facility today and the owner mentioned to me that he has received a bill from you guys in the amount of \$175.00. Last year he returned the bill (It was \$100.00 then) and filled out the section stating that he has not been in operation at this facility for the past year. This facility is not listed at all in GPCI as either Active or Inactive. I stated to him to return the bill to you guys again and to fill out the section stating that he has not been operating at this location for the past two years. I also told him I would contact you and let you know. Here is the info on the facility:

**Ivory Dry Cleaners**  
**201 S. US #1**  
**Tequesta (I believe is the city though may be listed as Jupiter)**

Jeff

12/8/2006

IVORY DRY CLEANERS

AIRS I.D. 0990463

4/18/04

RECEIVED  
APR 12 2004

Bureau of Air Monitoring  
& Mobile Sources

Re: Change of Address.

Dear Sir,

I, SID VORA, owner of Ivory Dry Cleaners, would like to inform you that I have moved my dry cleaning plant to a different location. My old address was, 12/17/06

201 US HWY-1 #E2  
Jupiter FL 33477

AIRS ID # 0990463  
**INACTIVE**

My new address is:

Ivory dry cleaners 12/17/06  
632 US 1 North  
Tequesta, FL 33469

AIRS ID # 0990552

(561) - 746 - 9966

please make a change in your data base

Thank you  
Sid Vora  
Ivory cleaners  
(president)  
*[Signature]*



<b>U.S. Postal Service™</b>											
<b>CERTIFIED MAIL™ RECEIPT</b>											
(Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®											
<b>OFFICIAL USE</b>											
<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><b>Total Postage &amp; Fees</b></td> <td><b>\$</b></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>\$</b>	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>\$</b>										
Sent <b>7</b> AIRS ID# 990463 1stC <b>IVORY DRY CLEANERS</b> Street, or PO. <b>632 US 1 North</b> City, S <b>TEQUESTA,, FL 33469</b>											
PS Form	uctions										

7004 2510 0002 3938 6891

**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# 990463 1stC  
 IVORY DRY CLEANERS  
 632 US 1 North  
 TEQUESTA,, FL-33469

2. Article Number

(Transfer from service label)

7004 2510 0002 3938 6891

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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

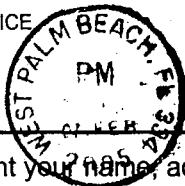
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First Class Mail  
Postage paid  
USPS  
RODNEY  
FENDER

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

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

UNITED STATES POSTAL SERVICE  
FIRST CLASS MAIL PERMIT NO. 1000 WEST PALM BEACH, FL

FEB 10 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437411 MAR 5 2004

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

RECEIVED  
MAR 12 2004  
AIR MONITORING  
SCIENCE

**TOTAL AMOUNT DUE: \$50.00**



Do NOT Remove Label

ID# 990463  
 SUD KORA  
 EVO DRY DRY CLEANERS  
 201 US HWY -1 #E2  
 JUPITER, FL 33477

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

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	<i>2nd class.</i>  Postmark Here  <b>2003</b>  AIRS ID # 990463
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	SID VORA IVORY DRY CLEANERS 201 US HWY -1 #E2 JUPITER, FL 33477
Street, Apt. No. or PO Box No.	
City, State, ZIP	
PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span>	

**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 # 990463

SID VORA  
 IVORY DRY CLEANERS  
 201 US HWY -1 #E2  
 JUPITER, FL 33477

 2. Article Number  
(Transfer from service label)

7003 0500 0004 0144 8822

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *SID VORA*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*S.V.*

 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



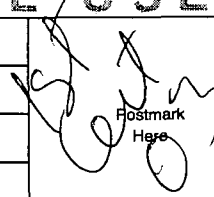
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• 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

RECEIVED  
MAR 15 2004  
Bureau of Air Monitoring  
& Mobile Sources



<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	
ID# 990463	
Sent To	SID VORA
Street, Apt. or PO Box	IVORY DRY CLEANERS 201 US HWY -1 #E2
City, State	JUPITER, FL 33477
PS Form 3811	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:

ID# 990463  
 SID VORA  
 IVORY DRY CLEANERS  
 201 US HWY -1 #E2  
 JUPITER, FL 33477

 2. Article Number  
 (Transfer from service label)

7003 2260 0003 5650 0803

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X 
 Agent

 Addressee

B. Received by (Printed Name)

Peonam Vora

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

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

MOBILE STATION

FEB 10 2001

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423060 FEB17 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#0990463

IVORY DRY CLEANERS  
SID VORA  
201 US HWY -1 #E2  
JUPITER FL  
33477

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

Bureau of Air Monitoring  
& Mobile Source

FEB 19 2003

RECEIVED

X



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 & Fees	\$
AIRS ID#0990463	
Sent To	
IVORY DRY CLEANERS	
Street, Apt. No., or PO Box No.	
SID VORA	
201 US HWY -1 #E2	
City, State, ZIP+4	
JUPITER FL	
33477	
PS Form 3800, Jan	

**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#0990463

 IVORY DRY CLEANERS  
 SID VORA  
 201 US HWY -1 #E2  
 JUPITER FL  
 33477

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

P. VORA 2/7/03

C. Signature

 X Poornam Vora  Agent  
 Addressee

 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

7001 0320 0001 7975 4833

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 •

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414323 FEB20 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 # 0990463  
IVORY DRY CLEANERS  
SID VORA  
201 US HWY -1 #E2  
JUPITER FL  
33477

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

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

7000 0520 0020 9372 6483

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

Postmark  
Here

AIRS ID # 0990463

**Rec:** IVORY DRY CLEANERS  
 SID VORA  
**Street:** 201 US HWY -1 #E2  
 JUPITER FL  
**City:** 33477

PS Form 3811, February 2000 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 # 0990463  
 IVORY DRY CLEANERS  
 SID VORA  
 201 US HWY -1 #E2  
 JUPITER FL  
 33477

2. Article Number (Copy from service label)

7000 0520 0020 9372 6483

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

S. Shah 2-9-02

C. Signature  Agent  
 Addressee

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<sup>®</sup>  
Postage & Fees Paid  
USPS  
Permit No. G-10

• 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  
& Mobile Sources

FEB 14 2002

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