

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 6, 2002

Mr. Bipin Patel  
A & B Cleaners  
6350 Indiantown Road  
Jupiter, Florida 33458

Re: Facility No.: 0990479-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 4, 2002.

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,

A handwritten signature in black ink that reads "Rick Butler".

Handwritten initials "for" in black ink, positioned to the left of the typed name.

Joe Kahn, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

Printed on recycled paper.

0990479-002

4/16/2002

Spoke to representative for Bipin Patel and she stated that H+B Cleaners has two dry to dry machines. April 1989 was the purchase date for the first machine and June 1994 is the purchase date for the second machine. Each machine has a built in Ref. Condenser for a control device. It was also stated the amount of perc was 135 gals over the past 12 months. The facility also has a 10 horsepower boiler.

Page 15

1(a) Purchase Date

Status

Control Device Required

Date Control Device Installed

2(a) add amount of perc.

Page 16

3. Choose One

4. Choose One

5. add HP for boiler.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. \_\_\_\_\_  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
APR 4 2002  
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): <i>Rosa Inc</i>
2. Site Name (For example, plant name or number): <i>A+B Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>296094</i> Permit # <i>50-73-00844</i>
4. Facility Location: <i>6350 Indiantown Road</i> Street Address: <i>H 5</i> City: <i>Jupiter FL</i> County: <i>PB</i> Zip Code: <i>33458</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0990479-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Bipin Patel</i> Title: <i>Pres</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Same as facility</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(561) 744-8656</i> 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?

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>Existing</u> /New	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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.*

B. Patel  
Print name of responsible official

  
Signature

12/10/2001  
Date



# Department of Environmental Protection

Jeb Bush  
Governor

Southeast District  
400 N. Congress Ave. Suite 200  
West Palm Beach, Florida 33401

Colleen M. Castille  
Secretary

JAN 25 2006

Mr. Patel  
A&B Cleaners  
6350 Indiantown Road  
Jupiter, FL

RE : RESA, Inc. dba A&B Cleaners, 6350 Indiantown Road, Jupiter, Florida  
Facility Status - EPA Generator ID# FLD981471550

Dear Mr. Patel:

On December 29, 2005, Department staff visited your drycleaning facility, A&B Cleaners, located at 6350 Indiantown Road, Jupiter, Florida. During that site visit, it was noted that the drycleaning unit, while still present on site, is no longer in service. A visual inspection determined that the solvent product has been removed from the unit, and no separator water or lint appears to remain on site. The on-site facility manager, Mr. Prasad Kalluri, was asked to provide documentation, such as a photograph, to demonstrate that the filters have been removed from the unit. This would establish that the facility was not and had not recently been a handler of hazardous waste. Mr. Kalluri agreed to provide this documentation within fourteen (14) days of the site visit, and it was received on January 12, 2006.

Also, during the visit, Mr. Kalluri was informed that Department records show that the facility is still registered as an active drycleaning plant and is considered an open facility and handler of hazardous waste. He stated that it was your wish, as the owner/operator, to maintain both those records as an active plant, in case the unit was placed back into service.

Department records for the EPA Generator ID# (FLD 9981471550) still show that the owner of the facility EPA Generator ID# for this facility is the former owner, John Doyle. A copy of a "Request for Status or Information Change" is attached. Please complete this form and provide the proper information to show that you are the new owner.

Sincerely,

Kathy Winston, CHMM  
Hazardous Waste, C&E

attachment

cc: WPB File





# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

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.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 990479 1st  
A & B CLEANERS  
6350 Indiantown Road, Ste 5  
JUPITER, FL 33458

Drop ~~some~~  
only

NO LONGER OPERATE AT  
FACILITY.

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
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 is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

990479 10  
A & B CLEANERS  
6350 Indiantown Road, Ste 5  
JUPITER, FL 33458

Do not operate  
the  
facility.

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

443957 DEC 30 2004

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

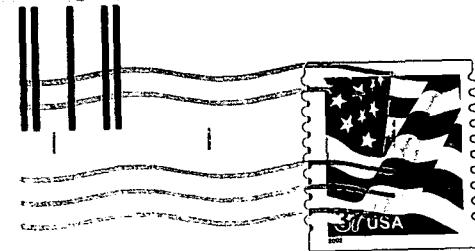
AIRS ID# 990479      10 A & B CLEANERS 6350 Indiantown Road, Ste 5 JUPITER, FL 33458
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RECEIVED  
 JAN 3 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

FOR GOVERNMENT USE ONLY  
 ORG.: 375501000 EO: A1  
 FUND: 20-2-035001  
 OBJECT: 002273

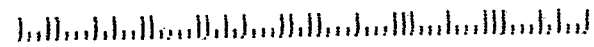
*Printed on recycled paper.*

**BIPIN & ALKA PATEL**  
 555 Rookery Place  
 Jupiter, FL 33458



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

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

990479  
BIPIN PATEL  
A & B CLEANERS  
6350 INDIANTOWN ROAD  
JUPITER FL 33458

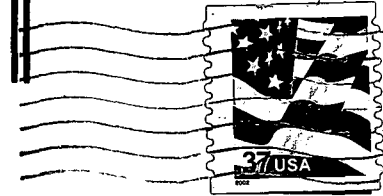
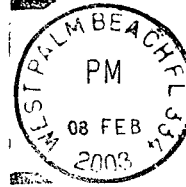
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

436369 FEB 13 2004

RECEIVED  
FEB 19 2004

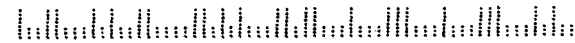
Bureau of Air Monitoring  
& Mobile Sources

**BIPIN & ALKA PATEL**  
555 Rookery Place  
Jupiter, FL 33458



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

32315+3070 99



(cut here)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

422807 FEB11 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#0990479

A & B CLEANERS  
BIPIN PATEL  
6350 INDIANTOWN ROAD  
JUPITER FL  
33458

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 14 2003

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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)		

Postmark  
Here

ID# 990479

**BIPIN PATEL**

501 A & B CLEANERS  
 6350 INDIANTOWN ROAD  
 Str JUPITER, FL 33458  
 or  
 Cit.

PS Form 3800, June 2002 See Reverse for Instructions

6619 0595 E000 0222 E002 7003 2260 0003 5650 8199

**R: 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# 990479  
 BIPIN PATEL  
 A & B CLEANERS  
 6350 INDIANTOWN ROAD  
 JUPITER, FL 33458

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

Kallur 2/6/4

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 8199

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 •

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 9 2004

RECEIVED

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

**OFFICIAL USE**

7001 0320 0001 7975 4819

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

*Handwritten signature*  
 Postmark Here

AIRS ID#0990479

Sent To  
 A & B CLEANERS  
 Street, Apt. No., or PO Box No. BIPIN PATEL  
 6350 INDIANTOWN ROAD  
 City, State, ZIP+4 JUPITER FL 33458

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#0990479

A & B CLEANERS  
 BIPIN PATEL  
 350 INDIANTOWN ROAD  
 JUPITER FL  
 3458

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **DRAJAD** B. Date of Delivery **2/7/03**  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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 (Copy from service label)

7001 0320 0001 7975 4819



BEST AVAILABLE COPY

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

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OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b> AIRS ID#0990478.....2 <sup>nd</sup> Cert 05		
<b>Sent To</b>	DRYCLEAN DOCTOR	
<b>Street or PO</b>	1899 N Congress Ave	
<b>City, S</b>	BOYNTON BEACH, FL	33426

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5746

**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#0990478.....2<sup>nd</sup> Cert 05  
 DRYCLEAN DOCTOR  
 1899 N Congress Ave  
 BOYNTON BEACH, FL 33426

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 3-6-06

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

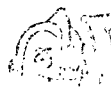
3. Service Type

<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)  Yes

2 Article Number (Transfer from service label) 7004 2510 0004 6986 5746

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 •

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

11-24-05  
2-2005  
Mobile Source  
Air Monitor

MAR 8 2005

RECEIVED

