

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

May 7, 2004

Mr. Ram Udnani  
Piccadilly Cleaners  
8221 Glades Road, Suite 11  
Boca Raton, Florida 33434

Re: Facility No.: 0990567-002

Dear Mr. Udnani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 2, 2004.

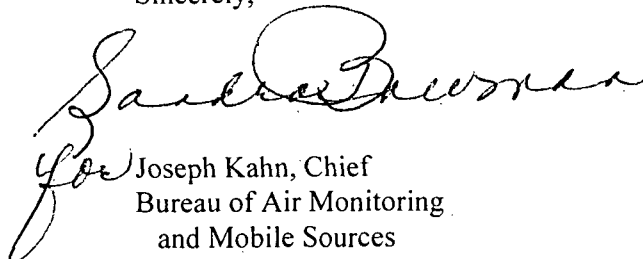
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES .....<sup>99</sup>.....  
SOC REPORTS .....<sub>1</sub>.....  
COMPLIANCE STATUS ..*IN*.....

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources  
APR 2 2004  
RECEIVED

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):	R. S. Udhani Inc.
2. Site Name (For example, plant name or number):	Piccadilly Cleaners
3. Hazardous Waste Generator Identification Number:	50-73-01570
4. Facility Location: Street Address: City: Boca Raton County: Palm Beach Zip Code: 33434.	8221 Glades Rd # 11
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<del>0990500-002</del> 0990567-002

Responsible Official

6. Name and Title of Responsible Official: Name: Ram Udhani Title: President	0990567-002
7. Responsible Official Mailing Address: Organization/Firm: Piccadilly Cleaners Street Address: 8221 Glades Road, Ste # 11 City: Boca Raton County: Palm Beach Zip Code: 33434	
8. Responsible Official Telephone Number: Telephone: (561) 883-9117 Fax: (954) 255 9358	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Ram Udhani
10. Facility Contact Address: Street Address: SAME City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) - SAME - 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")
Jan 1991	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	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".)

- |  |   |
|--|---|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input 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) Electric

#### 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 990567
- 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.*

Ram Mohan  
Print name of responsible official

[Signature]  
Signature

\_\_\_\_\_  
Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
APR 2 2004  
Bureau of Air Monitoring  
& Mobile Sources

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9. Name and Title of Facility Contact (For example, plant manager):	Ram Udhani
10. Facility Contact Address: Street Address: City: County: Zip Code:	SAME
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gallons (You must fill this in)

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|--|---|
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No such units on-site

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  3

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
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*I will promptly notify the Department of any changes to the information contained in this notification.*

Ram Mohan  
Print name of responsible official

[Signature]  
Signature

\_\_\_\_\_  
Date

**Dibble, Dickson**

---

**From:** Jeffrey\_Dizek@doh.state.fl.us  
**Sent:** Friday, February 23, 2007 8:37 AM  
**To:** Dibble, Dickson  
**Cc:** Ajaya\_Satyral@doh.state.fl.us  
**Subject:** RE: AIRS ID# 0990567

Dick,

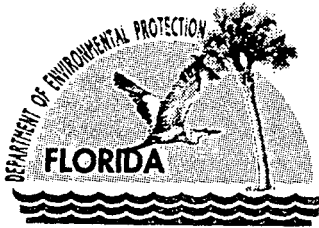
the following facility is strictly a wet cleaner and AIRS should be closed out. There is no Perc machine at the location. During my visit last year the manager stated that they would be buying a Perc machine in 3 months. During my visit yesterday (2/22/07) the manager said they changed their mind and decided to do only wet cleaning at this location. Here is the info:

AIRS ID# 0990567  
L and I Cleaners  
8221 Glades Road  
Boca Raton, Fl

Jeff

*Jeffrey Dizek  
Environmental Specialist II  
Palm Beach County Health Department  
West Palm Beach, Fl 33402  
(561) 355-3070 EXT.1145*

2/23/2007



# Department of Environmental Protection

Jeb Bush  
Governor

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

Colleen M. Castille  
Secretary

May 7, 2004

Mr. Ram Udnani  
Piccadilly Cleaners  
8221 Glades Road, Suite 11  
Boca Raton, Florida 33434

Re: Facility No.: 09905<sup>67</sup>00-002

Dear Mr. Udnani:

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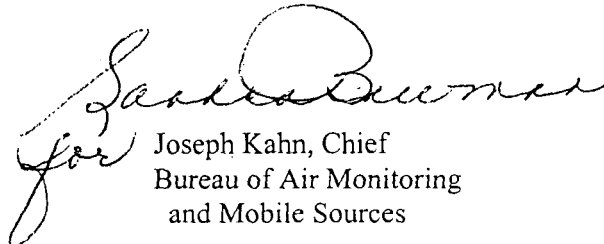
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Sincerely,

  
for Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

# ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

1. Mr. R.S. Udman

2.

3.

4.

Here is the new letter & notification with the new numbers (0990567-002). Please put in your files for future reference. If you need any further assistance, please don't hesitate to call DEP Sandy Bowman @ 850/921-9583.

Thank you

FROM:

Sandy Bowman

DATE

3/8/2005

PHONE

850/921-9583

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458124 JAN17 2016

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

990567 10  
PICCADILLY CLEANERS  
8221-11 Glades Road  
BOCA RATON, FL 33434

RECEIVED  
JAN 17 2016  
Bureau of Air Monitoring  
& Mobile Sources

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

Printed on recycled paper.

Dear Bruce +  
Sandra!  
Please, change  
the title of our  
business to following:  
L + I Cleaners, Inc.  
D/I/P Piccadilly Cleaners.  
There is no change  
for the address  
of the business.  
Thank you, all  
the best,  
Deleyna Stewart

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.

467202 JAN162007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

NEW OWNER  
COMPANY  
PALSA INC.

AIRS ID# 990567  
 L & I CLEANERS ✓  
 8221-11 Glades Road  
 BOCA RATON, FLORIDA 33434

MOBILE SOURCE  
 JAN 2 2 2007

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



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

32315-3070 5099

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

443995 JAN 32005

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# 990500 10  
PICCADILLY CLEANERS  
8221-11 Glades Road  
BOCA RATON, FL 33434

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

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RECEIVED  
JAN 4 2005  
Bureau of Air Monitoring  
& Mobile Source



7004 2510 0004 6986 5715

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**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage AIRS ID#0990567.....2<sup>nd</sup> Cert 05  
 PICCADILLY CLEANERS  
 8221-11 Glades Road  
 BOCA RATON, FL 33434

Sent To  
 Street, Apt. N  
 or PO Box No  
 City, State, Zi

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5715

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**OFFICIAL USE**

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

T  
 AIRS ID# 990567 1stC  
 PICCADILLY CLEANERS  
 8221-11 Glades Road  
 BOCA RATON, FL 33434

PS Form 3800, June 2002 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#0990567.....2<sup>nd</sup> Cert 05  
 PICCADILLY CLEANERS  
 8221-11 Glades Road  
 BOCA RATON, FL 33434

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery 3/9/08

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

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

MAR 8 2005

RECEIVED

