



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 26, 2007

Mr. Harish Patel
Town & Country Cleaner
908 North State Road 434
Altamonte Springs, Florida 32714

Re: Facility No.: 1170068-003

Dear Mr. Patel.:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 25, 2007.

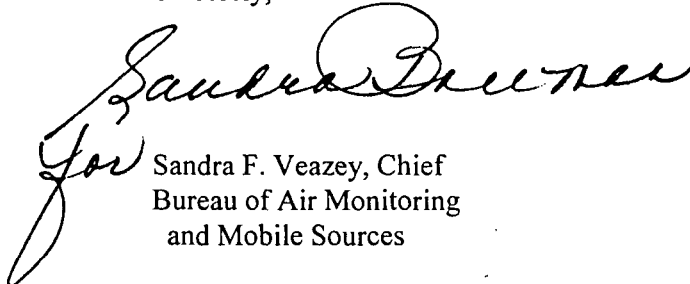
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mrs. Caroline Shine, Central District

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES ¹⁹⁶ 196-2006
SOC REPORTS ⁵
COMP. STATUS- SNC MNC

TRPT-SAR-Statement of Compliance
Report

Insp. Seminole Co-CD- CShine



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
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Lt. Governor

Michael W. Sole
Secretary

June 6, 2007

Mr. Harish Patel
Jayshri Enterprises, Inc.
Town & Country Cleaners # 1170068-003
908 North State Road 434
Altmonte Springs, Florida 32714

Dear Mr. Patel:

The Bureau of Air Monitoring and Mobile Sources recently received your Title V Permit Notification Form for the dry cleaning facility and your check (#2040) in the amount of \$100.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman, Administrator
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

JAYSHRI ENTERPRISES, INC. DBA TOWN & COUNTRY CLEANERS 908 N SR 434 ALTAMONTE SPRINGS, FL 32714		2040 512210720
PAY TO THE ORDER OF	Dept of Environmental Protection Air	\$ 100.00
One Hundred Dollars & No/100	AmSouth Bank	DOLLARS
FOR		

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
 MAY 25 2007
 Bureau of Air, Noise & Mobile Source Control

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>Jayshri Enterprises Inc</i>
2. Site Name (For example, plant name or number): <i>Town & Country Cleaner</i>
3. Hazardous Waste Generator Identification Number: <i>FLTD 982161044</i>
4. Facility Location: <i>908 N SR 434</i> Street Address: City: <i>Altamonte Spng</i> County: <i>Seminole</i> Zip Code: <i>32714</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Harish Patel</i> Title: <i>V.P.</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 1575 <i>908 N SR 434</i> City: <i>Altamonte Spng</i> County: <i>Seminole</i> Zip Code: <i>32714</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 682-7318</i> Fax: () -

321
277
Q233

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: () -

Young

JAYSHRI ENTERPRISES, INC.
DBA TOWN & COUNTRY CLEANERS
908 N SR 434
ALTAMONTE SPRINGS, FL 32714


2040

5/22/07²⁰

PAY TO THE
ORDER OF

~~Dept of Environmental Protection Air~~ \$ 100.00

~~One Hundred Dollars & No~~
AmSouth Bank 100

DOLLARS  Security features are included. Check on back.

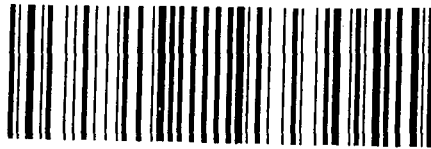
FOR

~~[Redacted]~~

[Handwritten Signature]

MP

*in Enterprise the
N SR 434
monte springs FL 32714*



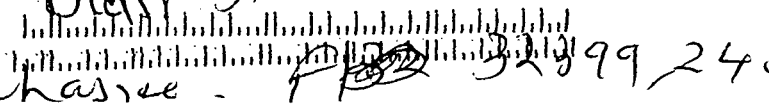
7006 3450 0002 2468 6856



U.S. PAID
ALTAMONTE, FL 32714
MAY 22, 2007
AMOUNT
\$3.06
0002477-08

*General Permit Section
Bureau of Air Monitoring
Dept of Environment Protection
2600 Blay Stone Rd
Tallahassee - FL 32399, 24*

3239966542 0001
32399+6542-99 0001



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
 MAY 25 2007
 Bureau of Air, Water,
 & 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):	Jayshri Enterprises Inc		
2. Site Name (For example, plant name or number):	Town & Country Cleaner		
3. Hazardous Waste Generator Identification Number:	FLD 982161044		
4. Facility Location:	908 N SR 434	County: Seminole	Zip Code: 32714
Street Address:			
City: Altamonte Sping			
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1170068-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: Harish Patel	Title: V.P.
7. Responsible Official Mailing Address:	Organization/Firm:	
	Street Address: 1170 908 N SR 434	
	City: Altamonte Sping	County: Seminole
		Zip Code: 32714
8. Responsible Official Telephone Number:	Telephone: (407) 682-7318	Fax: () -

321
277-
9233

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: () -	

YONG

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")
1992	Existing/New	RC/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?

[125] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

Harish Patel
Print name of responsible official

[Signature]
Signature

5-22-07
Date

Jayshri Enterprises Inc
908 N SR 434
Atlanta Spny FL 32714



7006 3450 0002 2468 6856



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32399

U.S. POSTAGE
PAID
ALTA MOUNTAIN SPRING
MAY 22 1997
AMOUNT
\$3.06
0002474-08

General Permit Section
Bureau of Air Monitoring
Dept of Environment Protection

2600 Blay Stone Rd

32399+6542-99 C001
32399+6542-99 C001

Tallahassee - ~~FL~~ 32399 2400