

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

July 24, 2007

Mr. Pankaj Shah Washmart Dry Cleaners 1020 Northwest Park Street Okeechobee, Florida 34972

Re: Facility No.: 0930107-003

Dear Mr. Shah:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 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

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SFV/pg

cc: Mr. Lee Hoefert, Southeast District

TRPT-SOCK-Statement of compliance Report - IN-12/4/2006 INSP-Okeechobee-SEN-DG

PERCHLOROETHYLENE (Perc) Dry C Each owner or operator of a Perc dry cleaning facility shall submit to the E notification of compliance status providing the following information and s	PA and FLDEP by registered mail on or before July 28, 2008 a
FLDEP Facility ID Number: 0430107 The name and address of the owner or operator; PANKAJ SHAY Name of the owner or operator of the dry cleaning facility 2524 SWAST CH Mailing address of the owner or operator of the dry cleaning facility	Is the Perc dry cleaning machine located in a building with a residuce(s), even if the residence is vacant at the time of this notification? Check one: No Yes Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants? Check one: No Yes
Mailing address line 2 OCCOCHOBLE City State State Zip Code The address (that is, physical location) of the dry cleaning facility; Name of the dry cleaning facility Name of the dry cleaning facility Address of the dry cleaning facility (physical location)	Is the Perc dry cleaning operation a major or area source? Major Source: Perc consumption is greater than 2100 gallons/year Area Source: Perc consumption is 2100 gallons/year or below The yearly Perc solvent consumption: (How much Perc did you buy over the last 12 months?) Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322? Check one: No Yes
Address line 2 OCOL Clobel Fr 3497 City State Zip Code	All information contained in this statement is accurate and true. Signature of the Responsible Official for the dry cleaning facility
By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch 61 Forsyth Street SW Atlanta, Georgia 30303-8960	Florida Department of Environmental Protection General Permits Section Bureau of Air Monitoring and Mobile Sources 2600 Blair Stone Road, MS #5510 Tallahassee, Florida 32399-2400

DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.

To Whom It May Concern:

BP	WA	LShonart	Inc.	has
	Name of F	acility		
just received	, on	9/12/	2008,	notice of
the need to f	ile the	attached for	m. Since w	e were
not aware of	the rul	ing requirin	g this infor	mation
prior to the c	late abo	ove, please a	accept this	
information	as our a	attempt to re	emain comp	oliant
with Local, S	State an	nd federal sta	atutes.	
Pake	2			
Signature ^J				
PANKAI	5 SHA	Ч		
Print			•	
PR.				
Title			- 	

DEP Form No. 62-213.900(2) Effective: 2/24/99 AIRS ID# 930107 Washmart Coin Laundry & Dry Cleaners 1020 Nw Park Street Okeechobee, FL 34974

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):	•
BP Washmart Inc.	
2. Site Name (For example, plant name or number):	.,,
Washman my cleaners.	
3. Hazardous Waste Generator Identification Number:	٠.
4. Facility Location: 1020 HW PANK STREET Street Address: City: OKCEChobel, County: OKCEChobel Zip Code: 349	
City: an al Charles . County: at Ol Charles Zip Code: 3 49	72-
5. Racility Identification Number (DEP Use ONLY adopted)	
ENTRE COSSOIGNE	
Responsible Official	•••
6. Name and Title of Responsible Official: Name: Police To HAH Title:	
Name: PANKAT SHAH Title: PIL.	
7. Responsible Official Mailing Address:	
Organization/Firm: 2526 SW 21St Ct Street Address: 2526 SW 21St Ct	
Street Address: City: OCCULTABLE Zip Code: 3497	14
8. Responsible Official Telephone Number:	,
Telephone: (863)763-6339 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 Control Talankan Namb	
11. Facility Contact Telephone Number:	-P
Telephone: () - Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

			•
Facility Information			
1.(a) DRY-TO-DRY M.	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	e provide the following inform	ation:
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 1997	ExistingNe	RC/CA/None required	Same
· ·	Existing/Ne	w RC/CA/None required	
	. Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser C.	A = carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?	. · · · · · · · · · · · · · · · · · · ·	
How many dryers/reclaim	ers do you have o	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	on December 9, 1991, it is an EXISTIN en December 9, 1991 and September 22 allowed to operate under this general 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	<u> </u>
	Existing/New	RC/CA/None required	·
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	oethylene (perc) l	have you used within the last 1	A = carbon adsorber 2 months?
gallor	ns (You must fill	tnis in)	

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(b) If less than 12 months, how many? [____] months

Effective: 2/24/99

New store: [___] New machine [___]

Unopened store [____] (date of expected opening

Check why it is less than 12 months: New owner: Did not keep records: Did not keep records:

	e facility's source cla with an "X". Select			nitions found in section	on (3) of Part II'	?
; Sma	all Area Source					
	Dry-to-dry mach Transfer only of Both machine ty	n-site	(used les	ss than 140 gallons of ss than 200 gallons of ss than 140 gallons of	perc per year)	•
Larg	ge Area Source					
	Dry-to-dry mach Transfer only of Both machine ty		(used 20	0 - 2,100 gallons of p 0 - 1,800 gallons of p 0 - 1,800 gallons of p	erc per year)	
	rol technology is req	uired on machines	pursuant	to section (5) of Part	II of this notific	ation form?
	sting machines at smoone ONE REQUIRED)	all area source		New machines at sm Refrigerated condens		
Carl	sting machines at larg bon adsorber rigerated condenser	ge area source		New machines at larg Refrigerated condens		
Rule 62-213.	300, F.A.C. Verify	hat all steam and l	hot water	I not be eligible to use generating units on-si thed memo for the cri	te meet the follo	
All steam and No such unit	d hot water generating on-site	g units exempt		OR		+ 7
How many be	oilers do you have on	-site?				A constant
For each boil	ler, indicate its horse	oower (HP) rating:				
What type of	fuel do you use?	propane No. 2 fue No. 6 fue		natural gas No. 4 fuel oil Other (please	list)	
6. Equipment	t Monitoring and Rec	ordkeeping Inform	nation		- · · · · · · · · · · · · · · · · · · ·	* · · ·
Check all log	s which are required	to be kept on-site	in accorda	ance with the requirer	nents of this ger	neral permit:
(a) Purchase	receipts and solvent	ourchases/solvent	addition lo	og [🛂	_]	** * *
(b) Leak dete	ection inspection and	repair		· [_	<u>_</u>]	₹
(c) Refrigera	ted condenser temper	ature monitoring		L	<u></u>	· :
(d) Carbon ac	dsorber exhaust perc	concentration mor	nitoring	·		
(e) Startup, s	shutdown, malfunction	on plan		[

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 Airs 70 930107

No DEP air permits currently exist for the operation of the facility indicated in this notification

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.

PANKAT

Print name of responsible official

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. **Facility Owner/Company Name** Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. **Hazardous Waste Generator Identification Number -** Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300. F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Pat, Patheese Caerection Massin Pls. Jele Saray

MS# 5510 Mc A/C# 5527 8 6 C EACILIM# 0930107-003 Address of my AC is 3 1020 NW Panc Street oxelchobel F2 34972 phone # 863-357-1999 Advess on my Ac you Put that is my Home -Address, Please change it on gelore. Thankyou!



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

July 24, 2007

Mr. Pankaj Shah

Washmart Dry Cleaners

2526 Southwest 21st Court Okeechobee, Florida 34974

1020 NW Park Street 0Kelechobel FL 34972 03 868-357-1999

Re: Facility No.: 0930107-003

Dear Mr. Shah:

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Sincerely,

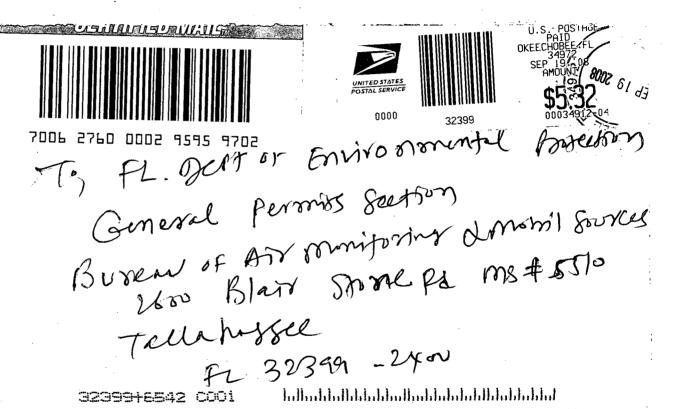
Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mr. Lee Hoefert, Southeast District

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T., TITLE V. Air General Permit Program
Bureau of Air monitoring & mobile Sources, MS 5510

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