

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 16, 2001

Mr. Bharat B. Joshi
A Step Above Dry Cleaners
6732 Forest Hill Boulevard
Green Acres, Florida 33413

Re: Facility No.: 0990409-002

Dear Mr. Joshi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 12, 2001.

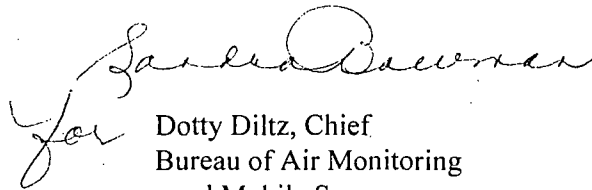
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

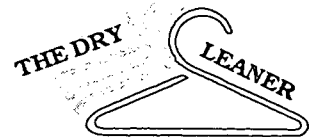
"More Protection, Less Process"

Printed on recycled paper.

Free Paid
SOC ϕ
Compliance IN

*A
Step
Above*

Expert Alterations



6732 Forest Hill Blvd. • River Bridge Centre, West Palm Beach, FL 33413. • ⁵⁶¹(407) 966-3409

RECEIVED

NOV 10 2003

Bureau of Air Monitoring
& Mobile Sources

General Permits Section
Bureau of Air Monitoring And Mobile Sources
MS 5510
Department of Environmental Protection
2600 Blair Stone Road
TALLAHASSEE
FL 32399-2400
11/6/2003

Dear Mr. Rick Butler or Ms. Sandra Bowman,
As per our telephone conversation I no longer wish to operate the dry cleaning machine at A Step Above Dry Cleaners at the above Address from November 1st. 2003. I will be moving the machine to an existing plant in Delray Beach. The address in Delray Beach is as follows.

SAI CLEANERS INC. D/B/A BLACKTIE CLEANERS #2
5044 WEST ATLANTIC AVE.
DELRAY BEACH
FL 33484
TEL.# 561-495-2623

If you wish to contact me please call me on 561-966-3409

AIRS ID. 0990409

Thanking You

Yours Sincerely

Bharat B. Joshi

cc: PALM BEACH COUNTY HEALTH DEPARTMENT

0990409-002

7/25/01

Spoke to Bharat B. Joshi and he stated that he has one dry to dry machine in a Step Above Dry Cleaners. The machine was originally purchased in 1993. The control device is a refrigerated condenser and is built into the machine.

0990409-002

p15

1(a) Add Date Initially Purchased from
manufacturer.

Add Date Control Device Installed

p16

5. No such units on-site should be marked

6(e) Required, should ~~be~~ marked.

p17

Responsible official sign and date for
changes made.

DBKJ INC.
D/B/A A STEP ABOVE DRY CLEANERS
6732 FOREST HILL BLVD
WEST PALM BEACH
FL 33413



MR.RICK BUTLER or Ms.SANDRABOWMAN
General Permits Section
Bureau of Air Monitoring and Mobile Sources,
MS 5510
Department of Environmental Protection
2600 BLAIR STONE ROAD
TALLAHASSEE
FL 32399-2400

32399+2400 01



RECEIVED
 JUL 12 2000
 Bureau of Air Monitoring
 & Mobile Sources

**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): <p align="center" style="font-size: 1.2em;">DBKJ INC</p>
2. Site Name (For example, plant name or number): <p align="center" style="font-size: 1.2em;">A STEP ABOVE DRY CLEANERS.</p>
3. Hazardous Waste Generator Identification Number: <p align="center" style="font-size: 1.2em;">50-73-01276</p>
4. Facility Location: Street Address: 6732 FOREST HILL BLVD City: GREENACRES County: W.P.B. Zip Code: 33413
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p align="right" style="font-size: 1.2em;">0990409-002</p>

Responsible Official

6. Name and Title of Responsible Official: Name: BHARAT. B. JOSHI Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (561) 966 3409 Fax: (561) 966-3409

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

*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? 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
 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:

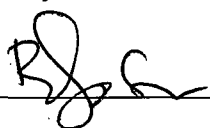
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0990 409 001 AG.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

BHARAT. B. JOSHI
Print name of responsible official


Signature

7-10-01
Date

RECEIVED
 JUL 12 2001
 Bureau of Air Monitoring
 & Mobile Sources

**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): <p align="center">DBKJ INC</p>
2. Site Name (For example, plant name or number): <p align="center">A STEP ABOVE DRY CLEANERS.</p>
3. Hazardous Waste Generator Identification Number: <p align="center">50-73-01276</p>
4. Facility Location: Street Address: 6732 FOREST HILL BLVD City: GREENACRES County: W.P.B. Zip Code: 33413
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p align="right">0990409-002</p>

Responsible Official

6. Name and Title of Responsible Official: Name: BHARAT B. JOSHI Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (561) 966 3409 Fax: (561) 966-3409	

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: () -	

RECEIVED
 JUL 19 2001
 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")
_____	<u>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	<u>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	<u>Existing</u> /New	<u>RC</u> /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/ <u>New</u>	RC/CA/None required	<u>/</u>
_____	Existing/ <u>New</u>	RC/CA/None required	<u>/</u>
_____	Existing/ <u>New</u>	RC/CA/None required	<u>/</u>

*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?

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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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?

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

→ CHECKED By Gordon

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

RA []
[X]

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

0990409001 AG

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

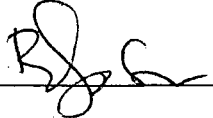
Responsible Official Certification

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.

BHARAT B. JOSHI

Print name of responsible official



Signature

7-10-01

Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421866 JAN 16 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#0990409
A STEP ABOVE DRY CLEANERS
BHARAT B JOSHI
6732 FOREST HILL BLVD
WEST PALM BEACH FL
33413

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

Bureau of Accounting
& Management

JAN 21 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412611 JAN 4 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 # 0990409
A STEP ABOVE DRY CLEANERS
BHARAT B JOSHI
6732 FOREST HILL BLVD
WEST PALM BEACH FL
33413

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