

# Department of **Environmental Protection**

leb Bush Governor

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.

Fæslaid 50C 9 Compliana IN

## **Expert Alterations**



6732 Forest Hill Blvd. • River Bridge Centre, West Palm Beach, FL 33413, • (487) 966-3409

RECEIVED

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

NOV 1 0 2003

Bureau of Air Monnoring & Mobile Sources

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 12.0990409

Thanking You

11/6/2003

Step

Yours Sinserely

Bharat B. Joshi

cc:PALM BEACHCOUNTY HEALTH DEPARTMENT

0990409-002

7/25/01 Spake to Bharat B. Joshi and he stated that he has one day today machine in a Step abone Dry Cleaners. The machine was originally purchased in 1993. The control device is a refrigerated condenses and is frielt into the machine. 0990409-002 P15 1(a) Odd Date Snitially Purchased from monufacturer. Add Date Control Device Installed

16 5. No such cerrit on-sile should be marked 6(e) Required, Should she marked.

hesponsibb official signond 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

Talladallallahlaalahlallaallaalladallad

## 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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

	DEKU INC	
2.	Site Name (For example, plant name or number):	
	A STEP ABOVE DRY CLEAR	NERS.
3.	Hazardous Waste Generator Identification Number:	
	50-73-01276	
4.	Facility Location: Street Address: 6732 FOREST HILL City: GREEN A-CRES County: W	LBLUD I.PB Zip Code: 33413
5.	Facility Identification Number (DEP Use ONLY - do	o not fill in);
		0990409-002
	and compared to the control of the state of the control of the con	
	sponsible Official	
	Name and Title of Responsible Official:	Title: Occord Cott
ואמו	ne: 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
Fac	cility Contact (If different from Responsible Official	ıl)
	Name and Title of Facility Contact (For example, pla	
10.	Facility Contact Address:	
	Street Address:	
	City: County:	Zip Code:
11.	Facility Contact Telephone Number:	
	Telephone: ( ) -	Fax: ( ) -
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DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Name and Location

### **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 Control Device Required\* Date Control Device Installed Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") /RQ/CA/None required RC/CA/None required Existing/New Existing/New RCYCA/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 Control Device Required\* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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? [ 30 ] 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

DEP Form No. 62-213.900(2)

Effective: 2/24/99

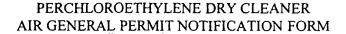
3. What is the facility's source class Indicate with an "X". Select or		n the definitions found in section (3) of Part II? only.)			
Small Area Source					
Dry-to-dry maching Transfer only on- Both machine typ	site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)			
Large Area Source					
Dry-to-dry machi Transfer only on- Both machine typ	site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)			
4. What control technology is require (Indicate with an "X".)	red on machines	pursuant to section (5) of Part II of this notification form?			
Existing machines at small (NONE REQUIRED)	area source	New machines at small area source Refrigerated condenser []			
Existing machines at large Carbon adsorber Refrigerated condenser	area source	New machines at large area source Refrigerated condenser  []			
Rule 62-213.300, F.A.C. Verify that	at all steam and h	units shall not be eligible to use the general permit pursuant to not water generating units on-site meet the following (see attached memo for the criteria).			
All steam and hot water generating No such units on-site	units exempt	OR			
How many boilers do you have on-s	site?	·			
For each boiler, indicate its horsepo	wer (HP) rating:	3			
What type of fuel do you use?	] propane ] No. 2 fue ] No. 6 fue				
6. Equipment Monitoring and Reco	rdkeeping Inform	nation			
Check all logs which are required to	o be kept on-site	in accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent pu	rchases/solvent	addition log			
(b) Leak detection inspection and re	epair				
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction 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 OPPOUPPOILAG 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. I will promptly notify the Department of any changes to the information contained in this notification. BHARAT B. JOSH Print name of responsible official

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Signature



# CK 7 KO

## 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.

1.	Facility Owner/Company Na	me (Name of corporation	on, agency, or individ	ual owner):		
	DBKJ INC					
2.	Site Name (For example, pla	nt name or number):	<u> </u>			
	A STEP ABOVE DKY CLEANERS.					
3.						
i	50-73-01	276			·	
4.	Facility Location: Street Address: 6732		LBLVD ·P.B.	Zip Code: 3 3	3413	
.5.	Facility Identification Number	er (DEP Use ONLY - do	not fill in):			
			099	0409	002	
	055					
	sponsible Official  Name and Title of Responsib	le Official:			· · · · · · · · · · · · · · · · · · ·	
	me: BHARAT. B. 3		Title: PRA	ESIDENT	l	
7.	Responsible Official Mailing Organization/Firm: Street Address:	Address:				
	City:	County:		Zip Code:		
8.	Responsible Official Telepho Telephone: (561) 9		Fax: (56)	) 966- 34	09	
Fac	cility Contact (If different fro	om Responsible Officia	n			
	Name and Title of Facility C					
					}	
10.	Facility Contact Address:					
	Street Address:	~				
	Street Address: City:	County:	·	Zip Code:		
11.	Facility Contact Telephone N	lumber:	· · · · · · · · · · · · · · · · · · ·	OUI,	4	
	Telephone: ( )		Fax: (	) - @ QL	OF TO	
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DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Name and Location

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	ACHINES ONL	<b>Y</b>	
How many dry-to-dry ma	ichines do you ha	ve on-site?	Marine Control
or each dry-to-dry mach	nine on-site, pleas	e provide the following informati	ion:
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/Ne	ew RQ/CA/None required	
	Existing/No	ew RC/CA/None required	<u> </u>
	Existing/Ne	ew RC/CA/None required	enthyr <u>where when the solar</u> is an in-
CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA	= carbon adsorber
l.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
fow many washers do yo fow many dryers/reclain		on-site?	
How many dryers/reclain f the transfer machine wanit. If the transfer mach 1993, it is a NEW unit (r	ners do you have or as purchased from the was purchased no units purchased	n the manufacturer prior to or on d from the manufacturer between	December 9, 1991 and September 22 lowed to operate under this general
How many dryers/reclain f the transfer machine wanit. If the transfer mach 1993, it is a NEW unit (r	ners do you have or as purchased from the was purchased no units purchased	n the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are al	December 9, 1991, it is an <b>EXISTIN</b> December 9, 1991 and September 22 lowed to operate under this general
f the transfer machine want. If the transfer machine mach. 1993, it is a NEW unit (repermit). For each transformate Initially Purchased	ras purchased from the was purchased no units purchased er machine on-sit	n the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are al e, please provide the following in Control Device Required*	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22 lowed to operate under this general information:  Date Control Device Installed (if already included at time of
f the transfer machine want. If the transfer machine mach. 1993, it is a NEW unit (repermit). For each transformate Initially Purchased	ras purchased from the was purchased to units purchased er machine on-sit Status (circle one)	n the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are al e, please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22 lowed to operate under this general information:  Date Control Device Installed (if already included at time of
f the transfer machine want. If the transfer machine mach. 1993, it is a NEW unit (repermit). For each transformate Initially Purchased	as purchased from the was purchased from the was purchased from units purchased for machine on-sit Status (circle one)  Existing/New	n the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are al e, please provide the following ir Control Device Required* (circle one)  RC/CA/None required	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22 lowed to operate under this general information:  Date Control Device Installed (if already included at time of

DEP Form No. 62-213.900(2)

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

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New store: New machine

Unopened store [\_\_\_\_] (date of expected opening

Check why it is less than 12 months: New owner: [\_\_\_\_] Did not keep records: [

3. What is the facility's source class Indicate with an "X". Select of			in section (3) of Pa	art II?
Small Area Source	(X)	*		
Dry-to-dry mach Transfer only on Both machine ty		(used less than 140 ga (used less than 200 ga (used less than 140 ga	llons of perc per ye	ear)
Large Area Source				
Dry-to-dry mach Transfer only on Both machine ty		(used 140 - 2,100 gall (used 200 - 1,800 gall (used 140 - 1,800 gall	ons of perc per year	ar)
4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant to section (5)	of Part II of this no	otification form?
Existing machines at sma (NONE REQUIRED)	II area source	New machine Refrigerated	es at small area sou condenser	irce
Existing machines at larg Carbon adsorber Refrigerated condenser	e area source	New machine Refrigerated	es at large area sou condenser [	arce
5. A facility which contains non-e Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such	nat all steam and h	not water generating un	its on-site meet the	
All steam and hot water generating No such units on-site	g units exempt	OR		
How many boilers do you have on-	-site?			
For each boiler, indicate its horsep	ower (HP) rating:	3111		1
What type of fuel do you use?	[] propane [] No. 2 fue [] No. 6 fue		fuel oil (please list) <u>F1</u>	ECTRIC
6. Equipment Monitoring and Rec	ordkeeping Inform	nation		
Check all logs which are required	to be kept on-site	in accordance with the	requirements of th	is general permit:
(a) Purchase receipts and solvent p	ourchases/solvent	addition log		
(b) Leak detection inspection and	repair	•		
(c) Refrigerated condenser temper	ature monitoring			
(d) Carbon adsorber exhaust perc	concentration mor	nitoring		
(e) Startup, shutdown, malfunctio	n plan			

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

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## 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. JOSH	
Print name of responsible official	
Bac	

7-10-01

Signature

17



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

421866 JAN16 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 GOVERNMENDUSE ONLY Org.: 37556194000, EO: AL Fund: 20-20350018 Obj.: 0022733;



This portion must be attached to remittance for proper handling 412511 JAN  $4\,2002$  .  $\swarrow$ 

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