

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 10, 2002

Mr. Sundar Joshi
The Dry Cleaner
10114 Military Trail
Boynton Beach, Florida 33436

Re: Facility No.: 0990410-002

Dear Mr. Joshi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 2002.

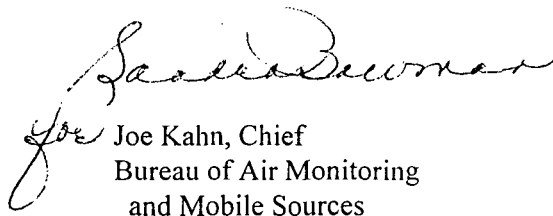
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

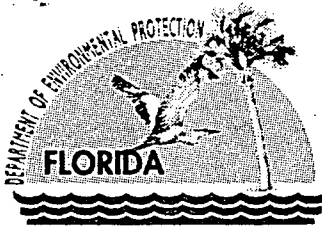

Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 16, 2004

Mr. Sundar Joshi
The Dry Cleaner
10114 Military Trail
Boynton Beach, Florida 33426
#0990410
Dear Mr. Joshi:

The department received two separate payments for the 2002 Title V air general permit annual operations fee. The first payment was received by the department in February 2003 and the second payment was received in July 2003.

Because the July 2003 was a duplicate payment, the Division of Air Resource Management requested a refund of \$50.00 to be mailed to you. A warrant for this amount was issued on August 8, 2003. To date, this warrant/refund is outstanding per the following information provided by Finance and Accounting:

The listing below represents warrants that were sent out to vendors as refunds requested through your cash list area. This information is shared with you before the warrants reach a 12 month old status to give you the time to contact the vendor and ask if they received the warrant and have not cashed it or if they did not received it and need the warrant to be cancelled and reissued.

| Name | Amount |
|------------------------|---------|
| Baba Bibhuti In of USA | \$50.00 |

Please let me know the status of your refund. I may be contacted by telephone at 850/921-9583, by e-mail at sandy.bowman@dep.state.fl.us or by mail to the Florida Department of Environmental Protection, 2600 Blair Stone, MS 5510, Tallahassee, Florida 32399-2400. I appreciate your cooperation in this matter.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

cc: Dorothy Whiting, Finance & Accounting
Martin Liebler, Palm Beach County, "More Protection, Less Process"

Bowman, Sandy

1450
~~500~~
~~209~~

From: Whiting, Dorothy
Sent: Thursday, January 15, 2004 4:26 PM
To: Bowman, Sandy; Brady, Michelle; Tulloch, Kris; Pyles, Tina
Cc: Sullivan, Ann
Subject: Outstanding warrants over 3 months

The listing below represents warrants that were sent out to vendors as refunds requested through your cash list area. This information is shared with you before the warrants reach a 12 month old status to give you the time to contact the vendor and ask if they received the warrant and have not cashed it or if they did not received it and need the warrant to be cancelled and reissued.

| Cash List Area | Refund# | Name | Amount | Issue Date |
|----------------|---------|-------------------------|-----------|------------|
| 3755 | 10163 | Baba Bibhuti In of USA | \$50.00 | 08/08/03 |
| 3710 | 10140 | The Harbourage II Condo | \$1078.86 | 08/26/03 |
| CFD | 10248 | Florida Citrus Center | \$200.00 | 09/18/03 |
| CFD | 10246 | Thomas Reyes | \$200.00 | 09/18/03 |
| 373501 | 10213 | Dail C. Adams | \$10.00 | 09/24/03 |
| 373501 | 10233 | Robert Paver | \$75.00 | 09/09/03 |
| 373501 | 10226 | AWS Consulting Inc. | \$75.00 | 09/09/03 |

10114
military
Trail
Brighton Beh
33424

CR # 1341
cash listing # 38132

receipt # 426510

The Dry Cleaner 0990410 -
Mr. Sander Joshi 002
10114 Military Trail

pd
2/3/03
again
M 29/03

Dorothy Whiting
Martin

* no phone
do the sent to
Mr. Joshi
cc to Martin
Pales of
Palm Beh
led -

Page 15

1. (a) None required should be marked under Control Device Required for 1990 machine using under 140 gallons of Perchloroethylene.
Date Control Device Installed is not required for 1990 machine using under 140 gallons of Perchloroethylene.

Page 16

4. Existing machines at small area source NONE REQUIRED should be marked for 1990 machine using less than 140 gallons of Perchloroethylene in 12 months.
6. (c) Not required for existing machines at small area source.
(e) Required for all sources.

RECEIVED

SEP 6 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): | BABA BIKHUTI INC |
| 2. Site Name (For example, plant name or number): | THE DRY CLEANER |
| 3. Hazardous Waste Generator Identification Number: | |
| 4. Facility Location: Street Address: City: Boynton BEACH County: PALM BEACH Zip Code: 33430 | 10114 MILITARY TRAIL |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0990410-002 |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: Name: SUNDAR JOSHI Title: PRESIDENT |
| 7. Responsible Official Mailing Address: Organization/Firm: BABA BIKHUTI INC Street Address: 10114 MILITARY TRAIL City: BOYNTON BEACH County: PALM BEACH Zip Code: 33430 |
| 8. Responsible Official Telephone Number: Telephone: () - 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 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? [1]

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>SUPREMA</u> | <u>Existing</u> /New | RC/ <u>CA</u> /None required | <u>SAME</u> |
| _____ | 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? [N/A]

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?

[3] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] months

Check why it is less than 12 months: New owner: [X] 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? 2 1 - 14 HP
1 - 24 HP
- 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 _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

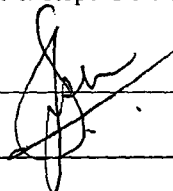
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

SUNDAR JOSHI

Print name of responsible official

Signature



Date

9/3/02



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436241 FEB112004

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

990410
SUNDAR GCSHI
THE DRY CLEANER
10114 MILITARY TRAIL
BOYNTON BEACH FL 33426

Bureau of Economic
& Financial Monitoring

FEB 18 2004

RECEIVED

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

(CONTINUE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

453630 MAR 15 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 990410
THE DRY CLEANER
10114 S Military Trail
BOYNTON BEACH, FL 33436

RECEIVED
MAR 15 2006
Bureau of Economic
& Financial Monitoring

FLAIR ACCT. CODE 37550101000
BENEFITTING OBJECT CODE 002200
BENEFITTING CATEGORY 000200

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

431333 JUL 24 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#0990410

THE DRY CLEANER
SUNDAR JOSHI
10114 MILITARY TRAIL
BOYNTON BEACH FL
33426

refer

10163#

Bureau of Air Monitoring
& Mobile Sources

JUL 30 2003

RECEIVED

pd 2/3/03

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443744 DEC 27 2004

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# 990410 10

THE DRY CLEANER
10114 S Military Trail
BOYNTON BEACH, FL 33436

Bureau of Air Monitoring
& Mobile Sources

DEC 28 2004

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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#0990410

THE DRY CLEANER
SUNDAR JOSHI
10114 MILITARY TRAIL
BOYNTON BEACH FL
33426

Bureau of Air Monitoring
& Mobile Sources

FEB 07 2003

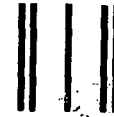
RECEIVED

Bureau of Air Monitoring
& Mobile Sources

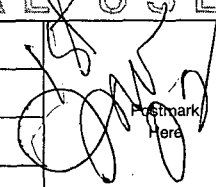
FEB 07 2003

RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 E05 A1
Fund: 20-2-035001
Obj.: 002273

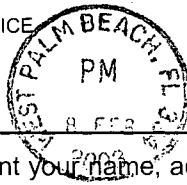


TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|---|---|
| OFFICIAL USE | |
| Postage \$ |  Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| AIRS ID#0990410 | |
| THE DRY CLEANER SUNDAR JOSHI 10114 MILITARY TRAIL BOYNTON BEACH FL 33426 | |
| PS Form 3800, January 2001 See Reverse for Instructions | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ 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. | A. Signature X <i>Cindy Moreno</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| | B. Received by (Printed Name) <i>Cindy Moreno</i> C. Date of Delivery <i>2/8/03</i> |
| 1. Article Addressed to: <div style="text-align: right;">AIRS ID#0990410</div> THE DRY CLEANER SUNDAR JOSHI 10114 MILITARY TRAIL BOYNTON BEACH FL 33426 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 7001 0320 0001 7976 4900 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035 | |

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 •

BUR. OF AIR MAIL SERVICES & MOBILITY SERVICES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

at Monitor
Sources

FEB 12 2005

CEIVED

| | | |
|---|--|--|
| 7003 2260 0003 5650 0667 | U.S. Postal Service™ | |
| | CERTIFIED MAIL™ RECEIPT | |
| | <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| | For delivery information visit our website at www.usps.com | |
| | OFFICIAL USE | |
| | Postage \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total | ID# 990410 | |
| Sent | SUNDAR JOSHI | |
| Street or PO | THE DRY CLEANER | |
| City | 10114 MILITARY TRAIL | |
| | BOYNTON BEACH, FL 33426 | |
| PS Form | Delivery Instructions | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> <p>ID# 990410 SUNDAR JOSHI THE DRY CLEANER 10114 MILITARY TRAIL BOYNTON BEACH, FL 33426</p> </div> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>7003 2260 0003 5650 0667</p> </div> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>PS Form 3811, August 2001</p> | <p>Domestic Return Receipt 102595-02-M-1540</p> |

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2004

RECEIVED

