



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 26, 2001

Mr. Mukund Patel
Star Cleaners
121 North U.S. Highway 1
Tequesta, Florida 33469

Re: Facility No.: 0990493-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 25, 2001.

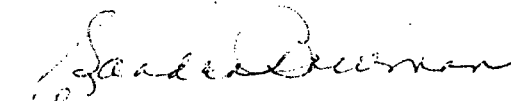
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

10/30 3:20P Called + Left message

11/1/01 sent notification for correction.

Fees Paid 97-00

Compliance IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
D.E.P.
2001 MAR 13 AM 10:27

Part III. Notification of Intent to Use General Permit

STORAGE-TANK
REGULATION

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):	SHREEGI ENTERPRISES INCORPORATION
2. Site Name (For example, plant name or number):	STAR CLEANERS
3. Hazardous Waste Generator Identification Number:	50-73-02727
4. Facility Location: Street Address: 121 N. US Hwy. 1 City: TEQUESTA County: FL (PALM BEACH) Zip Code: 33469	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990493-002

RECEIVED
OCT 2 2001
Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: MUKUND. PATEL Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 121 N. US Hwy 1 City: TEQUESTA County: PALM BEACH Zip Code: 33469	
8. Responsible Official Telephone Number: Telephone: (561) 622-0726 Fax: (561) 622-0726	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): USHA PATEL (VICE PRESIDENT)	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (561) 747-8289 Fax: (561) 622-0726	

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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")
12-8-91	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	SAME
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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?

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?

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) _____

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

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D.E.P.
2001 MAR 13 AM 10:27
STORAGE TANK
REGULATION

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.

Mukund Patel

Print name of responsible official

(M) Patel

Signature

10. 26. 2001,

Date

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
D.E.P.

2001 MAR 13 AM 10:27

NOV - 7 2001

Part III. Notification of Intent to Use General Permit STORAGE TANK
REGULATION

Bureau of Air Monitoring
& Mobile Sources

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):	SHREEGI ENTERPRISES INCORPORATION
2. Site Name (For example, plant name or number):	STAR CLEANERS
3. Hazardous Waste Generator Identification Number:	50-73-02727
4. Facility Location: Street Address: 121 N. US HWY. 1 City: TEQUESTA County: FL (PALM BEACH) Zip Code: 33469	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990493-002

RECEIVED
OCT 24 2000

Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: MUKUND PATEL Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (561) 622-0726 Fax: (561) 622-0726

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Facility Information

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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:

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<u>12-8-91</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? 1

How many dryers/reclaimers do you have on-site? 1

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:

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

83 gallons (You must fill this in)

(b) If less than 12 months, how many? 10 months

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

New store: New machine

Unopened store 1 (date of expected opening 1)

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

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 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) _____

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 STORAGE TANK
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I will promptly notify the Department of any changes to the information contained in this notification.

Mukund Patel.
Print name of responsible official

M Patel
Signature

11.3.2007.
Date



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 24, 2001

Mr. Mukund Patel
Star Cleaners
121 N. U.S. HWY 1
Tequesta, Florida 33469

Dear Mr. Patel:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Division of Air received your submittal on October 24.

I am returning to you a copy of your notification form submittal for completion. The form needs to be signed and dated and returned to the Division of Air as soon as possible. The Division has thirty (30) days from the time of receipt to process the notification form.

For your convenience, I am also enclosing a self-addressed envelope. The use of this envelope will ensure the return of your completed submittal to the Division of Air.

If you have additional questions concerning the Title V Air General Permit program, please contact Rick Butler at 850/921-9586 or me at 850/921-9583.

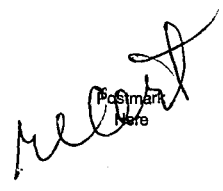
Sincerely,

Sandra Bowman
Bureau of Air Monitoring and
Mobile Sources

Enclosures

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	10	
Sent To		AIRS ID # 0990493001AG
RASHMIKANT PATEL		
STAR CLEANERS		
Street, Apt. 1	121 N US 1	
City, State, Z	TEQUESTA FL 33469	

7000 2870 0000 7027 4619

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID # 0990493001AG
 SHMIKANT PATEL
 AR CLEANERS
 N US 1
 QUESTA FL 33469

7000 2870 0000 7027 4619
 2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 _____ 2/16/02

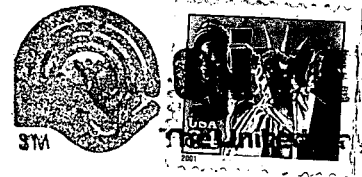
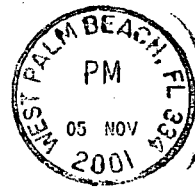
C. Signature
 X *un Patel* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Star-Cleaners.
121 N. U.S. Hwy. 1.
Tequesta.
FL 33469.



To

State of Florida.
Dept. of Environmental Protection.
2600 Blair stone Rd. ms. 5510.
TALLAHASSEE.
FL 32399-2400.

ATT: RICK BUTLER

32399+2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412991 JAN 14 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

1504

AIRS ID # 0990493

STAR CLEANERS
MUKUND PATEL
121 N US HWY 1
TEQUESTA FL
33469

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443271 DEC 13 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# 990493 10
STAR CLEANERS
121 N US 1
TEQUESTA, FL 33469

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

3142 RECEIVED
DEC 14 2004
Bureau of Air Monitoring
& Mobile Sources

Printed on recycled paper.



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

420742 DEC16 2002

Do **NOT** Remove Label

AIRS ID#0990493.

STAR CLEANERS
MUKUND PATEL
121 N US HWY 1
TEQUESTA FL
33469

Bureau of Air Monitoring
& Mobile Sources

DEC 18 2002

RECEIVED

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

434033 DEC 8 2003

Do **NOT** Remove Label

990493
MUKUND PATEL
STAR CLEANERS
121 N US HWY 1
TEQUESTA FL 33469

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456898 DEC 16 2005

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

990493 10
STAR CLEANERS
121 N US 1
TEQUESTA, FL 33469

RECEIVED
DEC 16 2005
Bureau of Air Mail
& Mobile Services

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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