

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

May 27, 2004

Mr. Sid Vora
Ivory Dry Cleaners
182 South Hampton Drive
Jupiter, Florida 33458

Re: Facility No.: 0990552-004

Dear Mr. Vora:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 22, 2004.

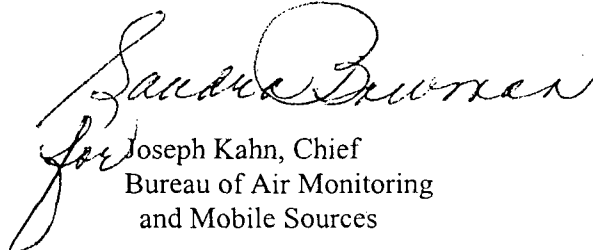
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

COMP. STATUS - SNC MNC IN
EMISSION FEE DATES 198
NO ACTIVITY FOR FACILITY
SOC REPORTS .. 1
COMP. STATUS - SNC MNC (IN)

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 9500440

The name and address of the owner or operator;

SID VORA

Name of the owner or operator of the dry cleaning facility

182 S. HAMILTON DR

Mailing address of the owner or operator of the dry cleaning facility

Jupiter, FL

Mailing address line 2

Jupiter

City

FL

State

33458

Zip Code

The address (that is, physical location) of the dry cleaning facility;

IVORY DRY CLEANERS

Name of the dry cleaning facility

632 U.S. 1 NORTH

Address of the dry cleaning facility (physical location)

Address line 2

TEQUESTA

City

FL

State

33469

Zip Code

Is the Perc dry cleaning machine located in a building with a residence(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

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: 70 gallons
(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

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
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

And to: 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:

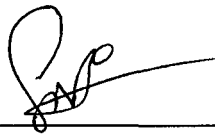
IVORY DAY CREATORS

has

Name of Facility

just received, on Sept 5th 2008, notice of

the need to file the attached form. Since we were not aware of the ruling requiring this information prior to the date above, please accept this information as our attempt to remain compliant with Local, State and federal statutes.



Signature

SID VORA

Print

President

Title

099 0552

RECEIVED
APR 22 2004
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):	SURUPAM INC
2. Site Name (For example, plant name or number):	IVORY DAY CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: TEQUESTA County: PALM BEACH Zip Code: 33469	632 U.S. 1 NORTH
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990582-004 0990552-004

Responsible Official

6. Name and Title of Responsible Official: Name: SID VORA Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: 182 SOUTH HAMPTON DRIVE Street Address: City: JUPITER County: PALM BEACH Zip Code: 33458
8. Responsible Official Telephone Number: Telephone: (561) 301-9869 Fax: (561) 746-2009

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SID VORA PRESIDENT
10. Facility Contact Address: Street Address: SAME City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (561) 746-7966 Fax: () -	

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? ONE

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>Dec 1999</u>	<u>Existing</u> New	<u>RC/CA/None required</u>	<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?

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?

00 gallons (You must fill this in)

(b) If less than 12 months, how many? 1 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".)

- | | |
|--|--|
| <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 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"/> |

*CHANGED
PER SIO VONA
B*

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

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.

SID VORA
Print name of responsible official


Signature

4/21/04
Date

Surupam, Inc – Ivory Dry Cleaners

1. Spoke with Sid Vora, RO ^{on 4/22/04} and received permission to change machine classification to New.

BEST AVAILABLE COPY

(HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 459172 FEB 27 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

990552 10
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

Buy
at
any
office

FEB 27 2006

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

RECEIVED

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

Printed on recycled paper.

7004 2510 0004 6986 5722

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

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)	

Postmark
Here

AIRS ID#0990552.....2nd Cert 05
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

PS Form 3800, June 2002 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

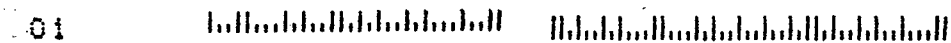


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 8 2005
REIVED
U.S. MAIL
MOBILE SOURCE CONTROL



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#0990552.....2nd Cert 05
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* Date of Delivery *[Signature]*

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

2. Article Number (Transfer from service label) **7004 2510 0004 6986 5722**

7004 2510 0002 3938 7027

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID# 990552 1stC IVORY DRY CLEANERS 632 N US 1 TEQUESTA, FL 33469		

UNITED STATES POSTAL SERVICE
BEACH
FLORIDA



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Mobile Source
U1 Air Monitor
FEB 21 2005
FIVE D

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# 990552 1stC
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

X

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/7/05*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0004 6986 5722

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

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

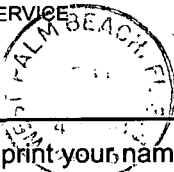
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID#0990552.....2nd Cert 05
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

PS Form 3800, June 2002 See Reverse for Instructions

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 9 2005
EIVED
IN OF AIR Monitor
& Mobile Source

01



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#0990552.....2nd Cert 05
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0004 6986 5722

7004 2510 0002 3938 7027

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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 Postage & Fees	\$

Postmark Here

AIRS ID# 990552 1stC
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

Instructions

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 •

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Mobile Source Control
J1 Air Monitor
FEB 21 2005
FIXED

01



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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 2/7/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>AIRS ID# 990552 1stC IVORY DRY CLEANERS 632 N US 1 TEQUESTA, FL 33469</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7004 2510 0002 3938 7027</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 459172 FEB 27 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

990552 10
IVORY DRY CLEANERS
632 N US 1
TEQUESTA, FL 33469

Bu.
& Mobile Source
A1 Monitorings

FEB 27 2006

RECEIVED

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

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 is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990552
SURUPAM INC
632 N US 1
TEQUESTA, FLORIDA 33469

AIR Monitoring
Mobile Sources

DEC 21 2006

RECEIVED

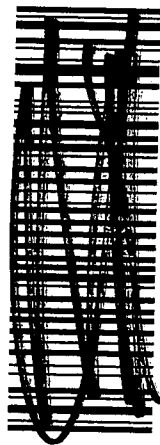
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

Tracy Cleaver
632 US 1 North
Tallahassee FL 32399

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAILTM



7008 0150 0002 0550 1864



UNITED STATES
POSTAL SERVICE

0000



32399

U.S. POSTAGE
PAID
JUPITER, FL
33469
SEP 08 '08
AMOUNT

\$3.12

00034541-14

To:
FL Dept. of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources,
2600 Blair Stone Road, MS # 5570
Tallahassee, FL 32399 - 2400

32399+6542 C001

