

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 23, 2001

Mr. Alpesh Patel  
Wellington Home Laundry  
and Cleaners  
11360 East Fortune Circle E-2  
Wellington, Florida 33414

Re: Facility No.: 0990558-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 19, 2001.

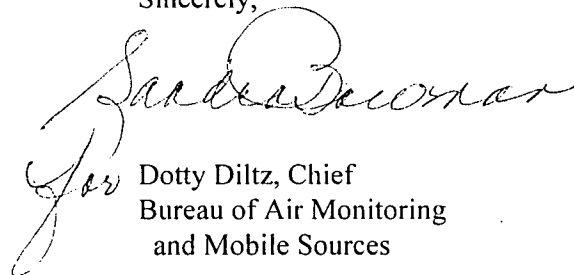
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

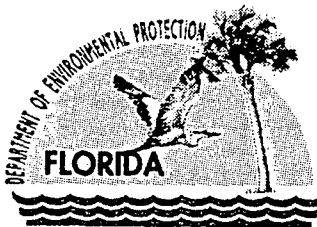
cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Fees Paid 98.00

SOC 1

Compliance IN



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

March 15, 2004

Mr. Alpesh Patel  
11360 E-2 Fortune Circle  
Wellington, Florida 33414

Dear Mr. Patel:

Thank you for your note notifying the department that your business, Wellington Home Laundry & Cleaners (AIRS ID #0990558), is a drop store. The department received your note on March 21

Rule 62-213.300, F.A.C., stipulates that an annual emission fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that Wellington Home Laundry & Cleaners operated as a Title V general permit facility in **2003**. Therefore, the annual operation fee for which you were recently invoiced is now due.

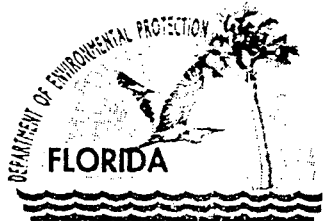
If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/

cc: Ajaya Satyal, Palm Beach County  
Martin Liebler, Palm Beach County



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

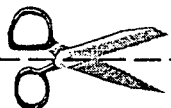
**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070



(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 can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

0990558  
MR ALPESH PATEL  
11360 E-2 Fortune Circle  
Wellington FL 33414

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

RECEIVED 0790558

JUL 19 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):	RANU ENTERPRISES INC.
2. Site Name (For example, plant name or number):	WELLINGTON HOME LAUNDRY & CLEANER
3. Hazardous Waste Generator Identification Number:	FLD 982 109 696
4. Facility Location: Street Address: City: Wellington County: PALM BEACH Zip Code: 33414	11360 E. RANTUNE CIRCLE #E-2
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990558002

Responsible Official

6. Name and Title of Responsible Official: Name: ALPESH PATEL Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Wellington Home Laundry & Clean Street Address: 11360 E. RANTUNE CIRCLE E-2 City: Wellington County: PALM BEACH Zip Code: 33414	
8. Responsible Official Telephone Number: Telephone: (561) 798-4444 Fax: (561) 790-4453	

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")
9/2000	Existing	RC/CA/None required	SAME
	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?**

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".)

- |   |  |
|---|--|
| <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).

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:  20  41

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.*

ALPESH PATEL  
Print name of responsible official

  
Signature

7/16/01  
Date



0990558-002

P15

1(a) (New) should be circled under Status

P16

6(e) Required for all sources.

P17 Responsible official sign and date for changes made.

X

*Case ID#  
0990558*

Bureau of Air Monitoring  
& Mobile Sources

JAN 22 2003

RECEIVED

**RANU ENTERPRISES, INC. DBA  
WELLINGTON LAUNDRY & CLEANERS**  
PH. (561) 798-4444  
11360 FORTUNE CR., BLDG E, STE 2  
WEST PALM BEACH, FL 33414

3373

DATE

*1/16/03*

PAY TO THE ORDER OF

*Department of Environmental Protection*

\$ *50.00*

*Fifty dollar &*

*00/100*

DOLLARS

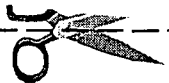


WACHOVIA BANK, N.A.  
LAKE WORTH, FL 33467

FOR

*D. V. Pal...*





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3117 2004 in comp *these*

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

*I don't have a plant. This is a drop store.*

**TOTAL AMOUNT DUE: \$50.00**

*RECEIVED*  
*APR 12 2004*  
*Bureau of Air Monitoring & Mobile Sources*  
*NS*  
*4/21/2003*

Do NOT Remove Label

990558  
ALPESH PATEL  
WELLINGTON HAME LAUNDRY &  
CLEANERS  
7693 LAKE WORTH  
LAKE WORTH FL 33467

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

438062 APR 5 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

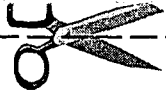
**TOTAL AMOUNT DUE: \$50.00**

**RECEIVED**  
**APR 7 2004**  
*Bureau of Air Monitoring & Mobile Sources*

Do NOT Remove Label

0990558  
MR ALPESH PATEL  
11360 E-2 Fortune Circle  
Wellington FL 33414

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Bureau of Air Monitoring  
& Mobile Sources

MAR 12 2004

RECEIVED

TOTAL AMOUNT DUE: \$50.00

*I don't have a plan.  
This is a drop  
store.*

Do NOT Remove Label

ID# 990558  
ALPESH PATEL  
WELLINGTON HAME LAUNDRY &  
CLEANERS  
7693 LAKE WORTH  
LAKE WORTH, FL 33467

*Thank you.*

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

<b>U.S. Postal Service</b>	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee <i>(Endorsement Required)</i>	
Restricted Delivery Fee <i>(Endorsement Required)</i>	
<b>Total Postage</b>	AIRS ID # 0990558
<b>Sent To</b>	WELLINGTON HAME LAUNDRY & CLEANERS
<i>Street, Apt. No., or PO Box No.</i>	ALPESH PATEL
<i>City, State, ZIP+4</i>	7693 LAKE WORTH LAKE WORTH FL 33467
PS Form 3800, January 2001	
See Reverse for Instructions	

7001 0320 0001 7975 8121

<small>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.</small>							
<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>						
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1" style="width: 100%;"> <tr> <td>A. Received by <i>(Please Print Clearly)</i></td> <td>B. Date of Delivery <b>7/4</b></td> </tr> <tr> <td>C. Signature <b>X</b> <i>Rachan</i></td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery <b>7/4</b>	C. Signature <b>X</b> <i>Rachan</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery <b>7/4</b>						
C. Signature <b>X</b> <i>Rachan</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
1. Article Addressed to:  <p style="text-align: center;">AIRS ID # 0990558 WELLINGTON HAME LDRY &amp; CLEANERS ALPESH PATEL 7693 LAKE WORTH LAKE WORTH FL 33467</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.						
2. Article # <p style="text-align: center;">7001 0320 0001 7975 8121</p>	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes						
PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789							

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

**OFFICIAL USE**

7001 0320 0001 7976 1015

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	

Postmark  
Here

AIRS ID # 0990558

Sent WELLINGTON HAME LAUNDRY &  
 CLEANERS  
 Street or PO ALPESH PATEL  
 City: 7693 LAKE WORTH  
 LAKE WORTH FL 33467

PS Form

Instructions

**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 # 0990558  
 WELLINGTON HAME LAUNDRY &  
 CLEANERS  
 ALPESH PATEL  
 7693 LAKE WORTH  
 LAKE WORTH FL 33467

2. Article Number (Copy from service label)

7001 0320 0001 7976 1015

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

3/8

C. Signature

X *Rachana Joshi*

- Agent  
 Addressee

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

- Yes  
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

7003 0500 0004 0144 3681

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage	\$	Received Oct 03 Mac AF Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
TO 099055800TAG		
T WELLINGTON HAME LAUNDRY & CLEANERS		
Se	PATEL ALPESH	
St or Ci	11360 E-2 FORTUNE CIR WELLINGTON, FL 33414	

PS Form 3800, June 2002

See Reverse for Instructions

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

**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:

TO 099055800TAG  
 WELLINGTON HAME LAUNDRY &  
 CLEANERS  
 PATEL ALPESH  
 11360 E-2 FORTUNE CIR  
 WELLINGTON, FL 33414

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Alpesh 9803

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

2.

(Transfer from service)

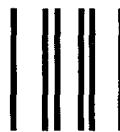
7003 0500 0004 0144 3681

PS Form 3811, August 2001

Domestic Return

102595-02-M-1540

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

RECEIVED

SEP 10 2003

Bureau of Air Monitoring  
& Mobile Sources





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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Postmark  
Here

ID# 990558  
 ALPESH PATEL  
 WELLINGTON HAME LAUNDRY &  
 CLEANERS  
 7693 LAKE WORTH  
 LAKE WORTH, FL 33467

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 8151

**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:

ID# 990558  
 ALPESH PATEL  
 WELLINGTON HAME LAUNDRY &  
 CLEANERS  
 7693 LAKE WORTH  
 LAKE WORTH, FL 33467

2. Article Number

*(Transfer from service label)*

7003 2260 0003 5650 8151

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

2/6/04

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

UNITED STATES POSTAL SERVICE



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

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2004

RECEIVED  
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