

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

April 22, 2008

Mr. Alpesh Patel Wellington Laundry And Cleaners 11360 Fortune Circle, East Wellington, Florida 33414

Re: Facility No.: 0990558-003

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 17, 2008.

Pursuant to Florida Statutes section 403.814(1), authority to operate under general permits commences thirty days after receipt of the notification form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mr. Jeffery Dizek, Palm Beach County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 199-2005
SOC REPORTS
COMP. STATUS-SNC MNC (IN
TRPT_SOUR-Statement of Compliance
Report. Palm Behlo. 4/21/2007_IN
INSP-Palm Behlo. J Dizek

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

HAR 3.7, 2008
Bureau of Air Monito
& Mobile Source

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
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Ranu Enterprises Dre.
2. Site Name (For example, plant name or number):
Wellington Laundry & cleaners
3. Hazardous Waste Generator Identification Number:
50-73-02071
4. Facility Location: 11360, Fortune Cinile, Ez. Street Address:
City: Wellington County: PALMBCH Zip Code: 33414
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0040558=0(
Responsible Official
6. Name and Title of Responsible Official:
Name: Alpesh partel Title: President
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: City: County: Zip Code:
City. County. Zip code.
8. Responsible Official Telephone Number: Telephone: (561) 628-1517 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: () -

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

Facility Information

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

		ALCONO SERVICE	
How many dry-to-dry ma	•		
For each dry-to-dry mach	ine on-site, pleas	e provide the following informatio	n:
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")
08/1996	Existing/N	ew RC/CA/None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	ala.	
How many washers do yo	u have on-site?	ZNO.	
How many dryers/reclaim	ners do you have	on-site? [MO]	1 · · · · · · · · · · · · · · · · · · ·
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchase to units purchase		
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 K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
2.(a) How much perchlo	roethylene (perc)	have you used within the last 12 n	nonths?
[60] gallo	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	s: New owner: [] Did not kee	
	,	New store: New machine	
		Unopened store [] (date of e	

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based or Indicate with an "X". Select one classification of			
Small Area Source			
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-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 machines only on-site Transfer only on-site Both machine types on-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 required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?		
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 No such units on-site	OR		
How many boilers do you have on-site?			
For each boiler, indicate its horsepower (HP) rating:	<u>15</u>		
What type of fuel do you use? [] No. 2 fuel [] No. 6 fuel			
6. Equipment Monitoring and Recordkeeping Inform	nation		
Check all logs which are required to be kept on-site i	in accordance with the requirements of this general permit:		
(a) Purchase receipts and solvent purchases/solvent a	addition log		
(b) Leak detection inspection and repair			
(c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration mon	itoring		
(e) Startup, shutdown, malfunction plan	انسا		

DEP Form No. 62-213.900(2)

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Print nan	ne of responsible official
	Let 3/14/08
Signature	Date

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Bureau of Air Month 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 Dre.
2. Site Name (For example, plant name or number):
Ranu Enterprises Dhe. 2. Site Name (For example, plant name or number): Wellington Laundy 4 cleaners
3. Hazardous Waste Generator Identification Number:
50-73-0207) 4. Facility Location: 11360, Fontune Cincles Ez. Street Address:
4. Facility Location: 11360, Fontune Cincles &2. Street Address:
Street Address: City: Wellington County: PALM BCH Zip Code: 33414
5. Facility Identification Number (DEP Use ONLY - do not fill in):
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0940558 - 00
Responsible Official
6. Name and Title of Responsible Official:
Name: Alpesh patel Title: President
7. Responsible Official Mailing Address:
Organization/Firm: Street Address:
City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (561) 628-1817 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: () -

DEP Form No. 62-213.900(2)

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 Status Control Device Required* **Date Control Device Installed** From Manufacturer (circle one) (if already included at time of (circle one) 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 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: Control Device Required* Date Initially Purchased 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 adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [60] 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

DEP Form No. 62-213.900(2) Effective: 2/24/99 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 [] 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 No such units on-site OR				
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [] []				
What type of fuel do you use? [] No. 2 fuel oil [] No. 4 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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DEP Form No. 62-213.900(2)

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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 O	official Certification
this notific statements maintain t comply wi I will pron	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification. Pattle and Conditions Date

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

Dibble, Dickson

From: Dibble, Dickson

Sent: Tuesday, January 20, 2009 2:32 PM
To: 'Jeffrey_Dizek@doh.state.fl.us'

Cc: Bowman, Sandy; Thomas_Tittle@doh.state.fl.us; Grant, Patricia

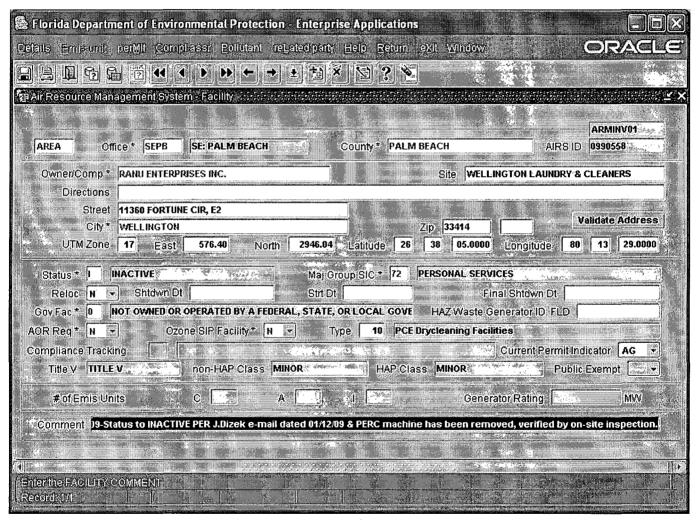
Subject: RE: AIRS# 0990558

Jeff.

Per your e-mail request dated 01/12/09 and based on inspection verification, I have changed the status of the following facility to INACTIVE.

The complete text of my remarks in the facility screen comment section is as follows:

01/12/09-Status to INACTIVE PER J.Dizek e-mail dated 01/12/09 & PERC machine has been removed, verified by on-site inspection.



Have a great day!

Dick

Dickson E. Dibble, ES III

FL Dept of Environmental Protection Div. of Air Resource Management Bureau of Air Monitoring & Mobile Sources Air General Permit Program Tel. (850) 921-9586 FAX (850) 922-6979 ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Jeffrey_Dizek@doh.state.fl.us [mailto:Jeffrey_Dizek@doh.state.fl.us]

Sent: Monday, January 12, 2009 3:20 PM

To: Dibble, Dickson

Cc: Thomas_Tittle@doh.state.fl.us

Subject: AIRS# 0990558

Dick,

please Inactivate Airs #0990558. Dry Cleaning machine has been removed- verified thru onsite-inspection.

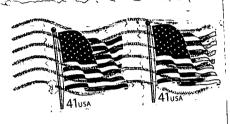
Wellington Laundry and Cleaners 11360 Fortune Circle, E2 Wellington, Fl 33414

Thank You

Jeff

Jeffrey Dizek Environmental Specialist 2 Palm Beach County Health Department West Palm Beach, Fl 33402 (561) 355-3070 XT. 1145 Wellington Laundry & clearers
11360, Fortune Cincles Err
Wellington 121.33414

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