

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 2, 2001

Mr. Vania Raj
One Price Drycleaners
Post Office Box 33294
Palm Beach Gardens, Florida 33420

Re: Facility No.: 0990595-001

Dear Mr. Raj:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 29, 2001.

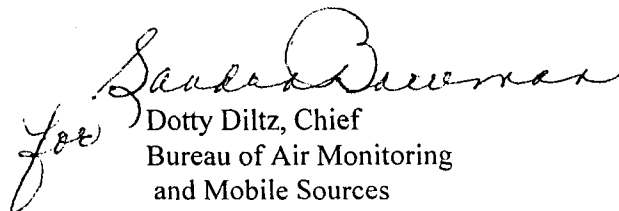
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Grant, Patricia

From: Dibble, Dickson
Sent: Friday, December 01, 2006 11:26 AM
To: Jeffrey_Dizek@doh.state.fl.us
Cc: Ajaya_Satyal@doh.state.fl.us; Bowman, Sandy; Grant, Patricia
Subject: RE: AIRS ID# 0990595

Good job Jeff, and thanks for your help!

I have changed the status of AIRS ID# 0990595, ONE PRICE DRY CLEANERS to INACTIVE.

I appreciate your proactive approach in contacting the owner to provide us with a letter for our records.

Thanks,

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

From: Jeffrey_Dizek@doh.state.fl.us [mailto:Jeffrey_Dizek@doh.state.fl.us]
Sent: Friday, December 01, 2006 10:48 AM
To: Dibble, Dickson
Cc: Ajaya_Satyal@doh.state.fl.us; Bowman, Sandy; Grant, Patricia
Subject: AIRS ID# 0990595

Dick,

please also inactivate the below facility as I have verified it to also be a Drop Off Store only. I will also contact the owner (as I will with Greentree Cleaners) and tell them to send you folks a letter for your files:

One Price Dry Cleaners
2562 W. Indiantown Road
Jupiter, Fl
Airs # 0990595

Thanks

Jeff

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]

12/4/2006

0990595-001

6/8/01

Spoke to Raj Varico and he stated that the dry to dry machine at One Price Drycleaning was originally purchased from the manufacturer in 1994. The machine also has a built-in refrigerated condenser.

P15

(c) Add Date machine initially purchased from manufacturer. (1994)

(New) should be circled under Status.

(RC) should be circled under Control Device Required

add date Control Device Required.

P16 6.(c) Required. Should be marked.

P17 Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
 MAY 29 2001
 Bureau of Air Monitoring
 & Mobile Sources

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): <i>One Price Drycleaners</i>
2.	Site Name (For example, plant name or number): <i>As Above</i>
3.	Hazardous Waste Generator Identification Number: <i>N/A</i>
4.	Facility Location: Street Address: <i>2562 W. Indiantrunk Rd</i> City: <i>Supette</i> County: <i>RC</i> Zip Code: <i>33458</i>
5.	Facility Identification Number (DEP Use ONLY - do not fill in): <i>070595-001</i>

Responsible Official

6.	Name and Title of Responsible Official: Name: <i>RAJ VANITA</i> Title: <i>Treasurer</i>
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: <i>P.O. Box 33294</i> City: <i>P. B. Garden</i> County: <i>RC</i> Zip Code: <i>33420</i>
8.	Responsible Official Telephone Number: Telephone: <i>(561) 747-9750</i> Fax: <i>(561) 747-9750</i>

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager): <i>AS Above</i>
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")
N/A	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:

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".)

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? 1

For each boiler, indicate its horsepower (HP) rating: 3

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412628 JAN 7 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

AIRS ID # 0990595
ONE PRICE DRYCLEANERS
RAJ VANIA
PO BOX 33294
PALM BEACH GARDENS FL
33420

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 is located on the mailing label.

458317 JAN 23 2006

RECEIVED

JAN 25 2006

Bureau of Air Mail
& Mobile Services

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

990595 10
ONE PRICE DRYCLEANERS
2562 W Indiantown Road
JUPITER, FL 33458

FLAIR ACCT. CODE 37202035001375500000es
BENEFITTING OBJECT CODE 002000
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

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

425636 MAR 2 2003

Bureau of Air Monitoring
& Mobile Sources

MAR 14 2003

RECEIVED

Do **NOT** Remove Label

AIRS ID#0990595

ONE PRICE DRYCLEANERS
RAJ VANIA
PO BOX 33294
PALM BEACH GARDENS FL
33420

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446239 FEB 14 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

AIRS ID# 990595 1stC
ONE PRICE DRYCLEANERS
2562 W Indiantown Road
JUPITER, FL 33458

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

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

RECEIVED

P.O. Box 33294
P.B. G.R.V. 33420



General Permit Section
Bureau of Air Monitoring and Mobil services
P.E.P.
2600 Blair Stone Rd
Tallahassee FL 32399-2400

32399+6542



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

OFFICIAL USE

Postage	\$	<i>[Signature]</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID#0990595

1
 Se. ONE PRICE DRYCLEANERS
 RAJ VANIA
 Str. PO BOX 33294
 or: PALM BEACH GARDENS FL
 Cit 33420

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7976 4597

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. Received by <i>(Please Print Clearly)</i> <i>RAJ VANIA</i> B. Date of Delivery <i>2-8-03</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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> <p align="right">AIRS ID#0990595</p> <p>ONE PRICE DRYCLEANERS RAJ VANIA PO BOX 33294 PALM BEACH GARDENS FL 33420</p>	<p align="center"><i>[Postmark: PALM BEACH GARDENS FL, FEB 8 2003, USPS]</i></p> <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>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p align="center">7001 0320 0001 7976 4597</p>
PS Form 3811, March 2001	Domestic Return Receipt
	102595-01-M-1424

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

OFFICIAL USE

7001 0320 0001 7976 7550

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

Postmark
 Here

AIRS ID#0990595

ONE PRICE DRYCLEANERS
 RAJ VANIA
 PO BOX 33294
 PALM BEACH GARDENS FL
 33420

See Reverse for 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#0990595

ONE PRICE DRYCLEANERS
 RAJ VANIA
 PO BOX 33294
 PALM BEACH GARDENS FL
 33420

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 7550

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

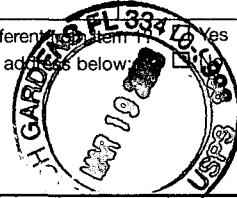
Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 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

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

BUR. OF AIR MONITORING
& MOBILE SOURCES

MAR 24 2003

CEIVED



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											
<table border="1"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
<p>7004 2510 0002 3938 7621</p> <p>AIRS ID# 990595 1stC ONE PRICE DRYCLEANERS 2562 W Indiantown Road JUPITER, FL 33458</p>											
See reverse side for 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# 990595 1stC
ONE PRICE DRYCLEANERS
2562 W Indiantown Road
JUPITER, FL 33458

2. Article Number

(Transfer from service label)

7004 2510 0002 3938 7621

COMPLETE THIS SECTION ON DELIVERY
A. Signature

X [Signature] Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

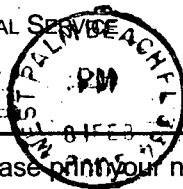
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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

RECEIVED

FEB 14 2005

Bureau of Air Monitoring
& Mobile Sources

