

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 26, 2001

Mr. Sunil C. Patel
Dry Clean U.S.A.
13833 Wellington Trace Bay E-6
Wellington, Florida 33414

Re: Facility No.: 0990444-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 24, 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.

Fees Paid 196-00

500 1

Compliance IN



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

NON-COMPLIANCE LETTER
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Date: July 20, 2006

Mr. Sunil Patel
Monica Investments Inc.
DBA Picasso Cleaners (AIRS ID No. 0990444)
13833 Wellington Trace Bay #E6
Wellington, FL 33414

RECEIVED
JUL 24 2006
Bureau of Air, Water,
& Mobile Sources

RE: Air Pollution Source Inspection for Title V Air General Permit

Dear Mr. Patel:

A representative of the Palm Beach County Health Department conducted an inspection of your facility on July 7, 2006. Observations made by our inspector, Mr. Jeffrey Dizek, indicated that the following items at your facility (s) need to be corrected.

Problem Noted: Leak inspection logs were incomplete. Rolling monthly total of yearly perchloroethylene consumption has also not been maintained.

Your air pollution Title V General Permit requires responsible official (RO) to perform leak check inspections, record, and document these results in a log. The RO shall also commence maintaining a rolling monthly total of yearly perchloroethylene consumption at the above dry cleaning facility. This documentation method could include, but is not limited to completing all sections of the Florida Department of Environmental Protection's Dry Cleaner Compliance Calendar 2006.

We would greatly appreciate your assistance by taking these corrective measures. A follow-up inspection shall be performed in or about 30 days. We look forward to your continued assistance in maintaining and improving the air quality in Palm Beach County. If you have any questions please call Mr. Jeffrey Dizek at (561) 355-3136 ext 1145.

Sincerely,

For the Division Director
Environmental Health and Engineering

Ajaya Satyal, Environmental Manager
Air Pollution Control Section

cc: Sandy Bowman, Florida Department of Environmental Protection- Tallahassee ✓

0990444-002

p16

(e) Required for all sources.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

SECRETARY'S SIGNATURE
 DIV/DIST DIR SIGNATURE
 MY SIGNATURE
 YOUR SIGNATURE
 DUE DATE _____

COMMENTS:

ACTION/DISPOSITION

DISCUSS WITH ME
 COMMENTS/ADVISE
 REVIEW AND RETURN
 SET UP MEETING
 FOR YOUR INFORMATION
 HANDLE APPROPRIATELY
 INITIAL AND FORWARD
 SHARE WITH STAFF
 FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

RECEIVED

AUG 24 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):	Monica Investments Inc D/B/A. DRY CLEAN U.S.A.
2. Site Name (For example, plant name or number):	Dry clean U.S.A.
3. Hazardous Waste Generator Identification Number:	EPA ID NO:- FLD 984174722
4. Facility Location: Street Address: 13833 Wellington Trace, Bay E-6. City: Wellington County: West Palm Beach Zip Code: 33414	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	099044A-002

Responsible Official

6. Name and Title of Responsible Official: Name: Sunil C. Patel Title: owner	
7. Responsible Official Mailing Address: Organization/Firm: Dryclean U.S.A. Street Address: 13833 Wellington Trace Bay E-6. City: Wellington County: West Palm Beach Zip Code: 33414	
8. Responsible Official Telephone Number: Telephone: (561) 795-9383 Fax: (561) 795-8625	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	As above.
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")
02/20/1990	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> 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?

N/A.

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)

8/05/00 to 08/05/01

(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>
(NONE REQUIRED) <input 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"/> |

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: 15 H P.

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.

Sunil Patel.
Print name of responsible official


Signature

08/17/01.
Date

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. 466230 DEC 18 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990444
~~DRYCLEAN USA~~ *PASSION CLEANER*
13833 Wellington Trace Bay E-3
WELLINGTON, FLORIDA 33414

Bureau of Air, Mountain
& Mobile Sources

DEC 19 2006

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

458002 JAN13 2006

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

990444 10
MONICA INVESTMENTS INC
13833 Wellington Trace Bay E-3
WELLINGTON, FL 33414

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

443393 DEC16 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# 990444 10
MONICA INVESTMENTS INC
13833 Wellington Trace Bay E-3
WELLINGTON, FL 33414

Printed on recycled paper.

RECEIVED
DEC 17 2004
Bureau of Air Monitoring
& Mobile Source

FOR GOVERNMENT USE ONLY
ORG# 37550101000 EO: A1
FUNDR 20-2-035001
OBJECT: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436338 FEB12 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

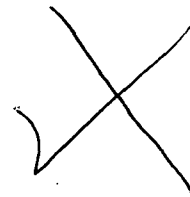
Do NOT Remove Label

ID# 990444
SUNIL PATEL
MONICA INVESTMENTS INC
13833 WELLINGTON TRACE E-3
WELLINGTON, FL 33414

Bureau of Air Monitoring
& Mobile Sources

FEB 18 2004

RECEIVED



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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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8690 0595 0000 0922 0003 7003

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	ID# 990444	

Sent To **SUNIL PATEL**

MONICA INVESTMENTS INC

Street, or PO **13833 WELLINGTON TRACE E-3**

City, State **WELLINGTON, FL 33414**

PS Form 3811, June 2001 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:

ID# 990444
 SUNIL PATEL
 MONICA INVESTMENTS INC
 13833 WELLINGTON TRACE E-3
 WELLINGTON, FL 33414

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 0698

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **P. Ramos**

C. Date of Delivery **2/17**

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.

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420917 DEC20 2002

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

paid at 3082

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990444
 MONICA INVESTMENTS INC
 SUNIL PATEL
 13833 WELLINGTON TRACE E-3
 WELLINGTON FL
 33414

*Bureau of Air Monitoring
& Mobile Sources*

DEC 27 2002

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412604 JAN 4 2002 X

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 # 0990444
MONICA INVESTMENTS INC
SUNIL PATEL
13833 WELLINGTON TRACE E-3
WELLINGTON FL
33414

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