

Department of Environmental Protection

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

David B. Struhs Secretary

February 21, 2000

Mr. Amrish Patel New Boot Ranch Cleaner 316 East Lake Road Palm Harbor, Florida 34685

Re: Facility No.: 1030324-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 18, 2000.

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, of 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/iw

cc: Mr. Gary Robbins, Pinellas County

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

New dry dean machine installed

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 ses.

Fac	cility Name and Location	& 1 02 1	H			
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<u> </u>	٦			
	Jay Gayatri Maa Carporation	eau of Air Monitoring & Mobile Sources	,			
2.	. Site Name (For example, plant name or number):					
	New Boot Ranch Cleaner	ces				
3.	Hazardous Waste Generator Identification Number:	- -				
	· · · · · · · · · · · · · · · · · · ·					
4.	Facility Location: 316 East Lake Road					
	Street Address: City: Plm Horbox County: Plmalla Zip Code: 3/100	_				
	City: Palm Hurbor County: Pinellas Zip Code: 34685					
5.	Facility Identification Number (DEP Use ONLY - do not fill in):	h				
*	1030324 -	(O)	_			
	10 00 027	UU_{i}	X			
Dag	sponsible Official					
	Name and Title of Responsible Official:					
l						
	me: Amrish Patel Title: President					
7.	1					
	Organization/Firm:		i			
	Street Address: City: County: Zip Code:		l			
	City. Zip Code.					
8.			ļ.			
	Telephone: $(813)818-7673$ Fax: ()					
_	THE COLUMN TERMS OF THE COST IN					
	cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):					
9. 1						
	Reshma Patal Plant Munager					
10.	Facility Contact Address:					
			ı			
	Street Address:					
	City: County: Zip Code:					
11	Facility Contact Telephone Number:					
	Telephone: $(812)818-767$ Fax: ()					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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

New madrine. information Manufacturer: F8190-Sec model # M280-35 Serial # 103L9060 **Facility Information** Solvent: IV- Perchloroethylene. 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? 35 lbs Capacity. For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed (if already included at time of From Manufacturer (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Sime 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 Status Control Device Required* Date Control Device Installed 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? ____] 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 ____)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	•	ssification based o one classification o			in section (,		and the second
Small A	rea Source	. []		·				
y:	Dry-to-dry mac Transfer only or Both machine ty		(used le	ess than 140 gass than 200 gass than 140 gass	allons of per allons of per	c per year) c per year)	•	:
Large A	rea Source	[:]					4	
	Dry-to-dry mach Transfer only of Both machine ty		(used 20	40 - 2,100 gal 00 - 1,800 gal 40 - 1,800 gal	lons of perc	per year)		
4. What control (Indicate with		uired on machines	pursuant	to section (5)	of Part II of	f this notific	ation f	orm?
	g machines at sma REQUIRED)	all area source		New machin Refrigerated		rea source		
Carbon	g machines at larg adsorber rated condenser	ge area source		New machin Refrigerated		rea source		
Rule 62-213.300	, F.A.C. Verify	exempt emissions that all steam and h units exist on-site	hot water	generating ur	nits on-site n	neet the follo		ursuant t
All steam and ho	ot water generatir	g units exempt	[] [] .	OR			:.! ::!	362, 14, 13
How many boiler	rs do you have on	-site? []						
For each boiler,	indicate its horse	power (HP) rating:	[]] []				
What type of fue	l do you use?	[] propane [] No. 2 fue [] No. 6 fue			al gas fuel oil (please list))		
6. Equipment Mo	onitoring and Red	cordkeeping Inform	nation					
Check all logs w	hich are required	to be kept on-site	in accord	lance with the	requiremen	ts of this ge	neral p	ermit:
(a) Purchase rece	eipts and solvent	purchases/solvent	addition l	og	[]			
(b) Leak detection	on inspection and	repair			[]			
(c) Refrigerated	condenser temper	rature monitoring			[]			
(d) Carbon adsor	ber exhaust perc	concentration mor	nitoring		[]			
(e) Startup, shut	down, malfunction	on plan			[]			

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

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7. Surrender	of Existing DEP Air Permit(s)
Please indicat	te 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 notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Sish Paled The of responsible official
Signature	Date of the Date of the State o

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

Instructions for Completing Part III of Notification Form

The All Acrost Property

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. **Facility Owner/Company Name** Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. **Hazardous Waste Generator Identification Number** Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. **Facility Location** Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. **Facility Identification Number (DEP Use ONLY)** Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. **Responsible Official Mailing Address** Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Bowman, Sandy

From: Margaret Hennis [mhennis@co.pinellas.fl.us]

Sent: Monday, January 13, 2003 9:07 AM

To: Bowman, Sandy

Subject: 1030324

This facility has had a new machine and has been monitoring the temperature of the outlet to the RC. A letter from them to that effect should be forthcoming.

To: Rick Butler

From: Amrish Patel,

H# 813-818-7673

N# 727- B49-9999 X4312

Subject: New Boot Runch deaner.

Total Asses: \$5

Originals are in mail.
Thank you

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 learned to the send of the form. completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Jay Gayator Maca Corporation 2. Sie Name (For example, plant name or number):
New Boot Ranch Clamer
3. Hazardous Waste Generator Identification Number:
CESOCK
4. Facility Location: 316 E. LCKE Rd. Street Address:
City: Palm Harbor County: FL Zip Code: 34685
Specially Adentification Number (DEPAUS ONLY Choriotallish) (Charles and Charles and Charl
Responsible Official
6. Name and Title of Responsible Official:
Name: PATEL Amrish Title: President.
7. Responsible Official Mailing Address:
Organization/Firm: JAY (Tayatri Maia. Corp.
Street Address: 1773 Howthorne Ct. City: Zip Code: 214677
Oldsmar FL 34667
8. Responsible Official Telephone Number:
Telephone: (813) 818-7673 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Patel Reshma (Ting) Vice President
10. Facility Contact Address:
Street Address: 316 & Lake Rd.
City: Palm Harbor County: FC Zip Code: 34685
11. Facility Contact Telephone Number:
Telephone: (727) 789-3518 Fax: () -

Facility Name and Location

Facility Information		7	•
1.(a) DRY-TO-DRY M	ACHINES ONLY		
How many dry-to-dry me	schines do you have	e on-site?	
For each dry-to-dry maci	nine on-site, please	provide the following information	on:
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")
3-91	Existing/Nev	v RC/CA(None required)	
	Existing/Nev	v RC/CA/None required	
A. S. Sali	Existing/Nev	v RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA -	carbon adsorber
1 (b) TRANSFER MAC	Hines only		•
How many washers do yo	nu have on-site?	<u>[\$]</u>	
How many dryers/reclain	ners do you have o	n-site? Ø	•
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7. Surrender	of Existing DBP Air Permit(s)
Ploase indica	te 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 notify statement maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification. I would be described above so as to the information contained in this notification.
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	cility's source classif h an "X". Sciect one			itions found in se	ection (3) of	Part II?	
Small A	rea Source	LY				•	
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Large A	rea Source	[]					
	Dry-to-dry machine Transfer only on-si Both machine type:	łe .	(used 200	- 2,100 gallons - 1,800 gallons - 1,800 gallons	of perc per	year)	
4. What control to	echnology is require a an "X".)	d an muchines	pursuant to	u section (5) of I	Part II of this	notification	form?
	machines at small (REQUIRED)	LT		New machines a Refrigerated con		source]	
Carbon	machines at large a adsorber [ated condenser [rca source		vew machines at Refrigerated con		source	
Rule 62-213.300	ch contains non-exe , F.A.C. Verify that in or that no such un	all steam and l	hot water g	encrating units o	m-site meet	neral permit the following	pursuant 1 g
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For each boiler, i	ndicate its horsepov	er (HP) rating:		الا			
What type of fuel	do you use?	propane No. 2 fue		netural ga No. 4 fue Other (ple	loil	· · · · · ·	
6. Equipment Mo	mitoring and Record	lkecping inform	mation				
Check all logs w	hich are required to	be kept on-site	in accorda	nce with the req	uirements o	f this general	permit:
•	lpts and solvent pur						
(b) Leak detection	n inspection and rep	alr			السا		
(c) Refrigerated	ondenser temperatu	re monitoring			<u></u>		
(d) Carbon adsort	ber exhaust perc con	centration mor	nitoring	•			
(e) Startup, shute	down, malfunction p	lan			كيسا		

RECEIVED

FEB 1 4 2000

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. completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): I Ay (xayatry Man Corporation) 2. Site Name (For example, plant name or number): New Boot Ranch Cleaney 3. Hazardous Waste Generator Identification Number: CES (CA) 4. Facility Location: 316 & Lake Rd Street Address: City: falm Harbor County: FLPHellas Zip Code: 34685 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: ATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: Jay Kayatri Man Corpstreet Address: 1773 Harathorne Ct. City: Oldsmar Funellus Zip Code: 34677 Street Address: 1773 Harathorne Ct. City: Oldsmar Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 & Lake Rd City: Palm Harbor County: Funellus Zip Code: 34685 11. Facility Contact Telephone Number: Telephone: (727) 789-3518 Fax: () Fax: ()	Facility Name and Location
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3. Hazardous Waste Generator Identification Number: CES (CT) 4. Facility Location: 316 & Lake Rd. Street Address: City: falm Harbor County: FLPHellas Zip Code: 34685 5. Facility Identification Number (DEP Use ONLY do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: PATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: JRY Kayarri Maca Corp- Street Address: 1773 Hawthorne Ct- City: Oldsmar 8. Responsible Official Telephone Number: Telephone: (8 3) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 & Lake Rd City: Palm Harbor 11. Facility Contact Telephone Number:	
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Street Address: City: Palm Harbor County: FLPHellas Zip Code: 34885 5. Facility: Identification Number (DEP Use ONLY do not fill in): 1030324-062 Responsible Official 6. Name and Title of Responsible Official: Name: PATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: Jay Kayaatri Maa. Corpstreet Address: 1773 Hawthorne Ct. City: County: FLPHellas 8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 F Lake Rd City: Palm Harbor 11. Facility Contact Telephone Number:	C C C A C -
Street Address: City: Palm Harbor County: FLPHellas Zip Code: 34885 5. Facility: Identification Number (DEP Use ONLY do not fill in): 1030324-062 Responsible Official 6. Name and Title of Responsible Official: Name: PATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: Jay Kayaatri Maa. Corpstreet Address: 1773 Hawthorne Ct. City: County: FLPHellas 8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 F Lake Rd City: Palm Harbor 11. Facility Contact Telephone Number:	CESIVO
City: Palm Harbor County: FLPHellas Zip Code: 34885 S. Facility Identification Number (DEP Use ONLY do not fill in): 1030304-002 Responsible Official 6. Name and Title of Responsible Official: Name: PATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: Jay Gayatri Main Corpstreet Address: 1773 Hawthorne Ct. City: Oldsmar FL PINEllas 8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 E Lake Rd City: Palm Harbor County: Fliphellas Zip Code: 34685 11. Facility Contact Telephone Number:	Street Address:
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6. Name and Title of Responsible Official: Name: PATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: Jay Gayatri Maa Corpstreet Address: 1773 Hawthorne Ct. City: County: Fire Pivellas 8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 & Lake Rd City: Palm Harbor County: Fine Pivellas Zip Code: 34685 11. Facility Contact Telephone Number:	1030324-002
6. Name and Title of Responsible Official: Name: PATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: Jay Gayatri Maa Corp- Street Address: 1773 Hawthorne Ct. City: County: FL Pinellas 8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 & Lake Rd City: Palm Harbor County: Flimellas Zip Code: 34685 Title: President Zip Code: 34685 Zip Code: 34685	
Name: PATEL Amrish 7. Responsible Official Mailing Address: Organization/Firm: JAY (Kayatri Maa Corf- Street Address: 1773 Hawthorne Ct. City: Oldsmar FL Pinellas 8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 E Lake Rd City: Palm Harbor County: Flimellas Zip Code: 34685 11. Facility Contact Telephone Number:	
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8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 & Lake Rd City: Palm Harbor County: Fee Pivelles Zip Code: 34685 11. Facility Contact Telephone Number:	Street Address' 1777 United to a Ct.
8. Responsible Official Telephone Number: Telephone: (813) 818-7673 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 E Lake Rd City: Palm Harbor County: Fine Pive Mess Zip Code: 34685 11. Facility Contact Telephone Number:	City: County: Zip Code: 24667
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 & Lake Rd City: Palm Harbor County: Full Pivelles Zip Code: 34685 11. Facility Contact Telephone Number:	8 Responsible Official Telephone Number:
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9. Name and Title of Facility Contact (For example, plant manager): Patel Reshma (Tina) Vice President 10. Facility Contact Address: Street Address: 316 E Lake Rd City: Palm Harbor County: Fee Pivelles Zip Code: 34685 11. Facility Contact Telephone Number:	Facility Contact (If different from Responsible Official)
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Street Address: 316 & Lake Rd. City: Palm Harbor County: El Pinellas Zip Code: 34685 11. Facility Contact Telephone Number:	10. Facility Contact Address:
11. Facility Contact Telephone Number:	
	City: Palm Harbor County: Fe PINE/125 Zip Code: 34685
Telephone: (727) 789-3518 Fax: () -	11. Facility Contact Telephone Number:
	Telephone: (727) 789-3518 Fax: () -

Facility Information			·
1.(a) DRY-TO-DRY MA	CHINES ONLY		
How many dry-to-dry ma	chines do you hav	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	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")
3-91	Existing/Nev	v RC/CA(None required)	
	Existing/Nev	v RC/CA/None required	
	Existing/Nev	v RC/CA/None required	
*CONTROL DEVICE KE	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MACI	HINES ONLY		
How many washers do yo	u have on-site?	(\$ _)	
How many dryers/reclaim	ers do you have o	n-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, when to operate under this general formation:
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: $RC = re$	efrigerated condenser CA =	carbon adsorber
2.(a) How much perchlo	roethylene (perc)	have you used within the last 12 r	nonths?
[25/2] gallo	ns (You must fill	this in)	. •
(b) If less than 12 mor	nths, how many? [months	
Check why it is le	ss than 12 months	: New owner: [\(\sum \) Did not kee	ep records: []
		New store: [] New machin	e []
		Unopened store [] (date of	expected opening)

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and the second of the second o
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 [] 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? [] propane [] natural gas [] 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) Startun 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. PATEL RESHMA AMPISH PATEL Print name of responsible official Signature 11-30-99 Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT DISCOVERY FE-INSPECTION D	
1030324-002 AIRS ID#: 104 issued 44 DATE: 11/30/99 TIME IN: 2:30 THE OUT: 2:36	
AIRS ID#: DATE: TIME IN: BIME OUT: 2007	
FACILITY NAME: New Book Ranch Cleanors & & & & & & & & & & & & & & & & & & &	
FACILITY LOCATION: 316 East Lake Rd	
Palm Harbor	
RESPONSIBLE OFFICIAL: Tina + Amrish Patel Phone No.: 789-3519	
Permit No. Al A Exp. Date: No.	

Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):

Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
P	Did not store all perc, and perc-containing waste in tightly sealed containers Filters on top of secondary	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.					
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions					
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.					
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.					
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.					
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.					
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.					
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.					
Comments: Contact manufactures -	to obtain copy of owner's manual.					
	faming warte (i.e. water fitten					
Till be Hours) in Sealed compan	nila -					
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes \(\Bar{\text{Ves}} \(\Bar{\text{Ves}} \) No \(\Bar{\text{Ves}} \)						
Inspection Conducted by: Margaret D. K	knnis (Planea Print)					
Inspection Conducted by: Margaret O. H. Inspector's Signature:	(Ficase Filit)					
Phone Number: 464-4422	Date of next Inspection: 12/99					

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT	I/DISCOVERY 4	
1030324-00 AIRS ID#: Notissued FACILITY NAME:	1916 DATE: 11/30			
FACILITY LOCATION:	316 Easi	Lake Ro	₹,	
		60r FL 3,		
RESPONSIBLE OFFICIA	L: Amrish	Petel	_ PHONE:727-7	789-357p
CONTACT: Ten	ra. Partel		PHONE:	
PART I: NOTIFICATION	Γ			
(Check appropriate box)				
1. Existing facility notified	DARM By 9/1/96			. 🗖
2. New facility notified DA	RM 30 days prior to start	tup	·	
3. Facility failed to notify D	ARM to use general peri	mit		<u> </u>
PART II: CLASSIFICATI	ON			
Facility indicated on notifica (Check appropriate box)	ation form that it is:	No notificate Drop store	tion form out of business / petroleun	n
A. 1. Existing small area: dry-to-dry only, x<14 transfer only, x<200; both types, x<140 ga (Constructed before)	source O gal/yr gal/yr l/yr 1/2/9/91)	2. New small dry-to-dry of transfer on both types, (Constructed)	area source only, x<140 gal/yr y, x<200 gal/yr x<140 gal/yr ed on or after 12/9/91)	
3. Existing large area so dry-to-dry only, 140 x transfer only, 200 x x both types, 140 x x 1, (Constructed before	source x×2,100 gal/yr 1,800 gal/yr 800 gal/yr 12/9/91)	4. New large dry-to-dry of transfer onl both types, (Constructed)	area source only, 140 <x<2,100 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" ad="" after="" gal="" on="" or="" th="" y,="" yr=""><th></th></x<2,100>	
This is a correct facility clas	sification: 🖭Ý 💷	N 🗖 Can not determ	nine	
facility qualified	appropriate classification for a general permit as no bove limits and is not eli	umber abo		
B. The total quantity of per facility was 25.5		rchased within the pre	eceding 12 months by this d	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly sealed and impervious containers?	ΩY	□ N	□NA				
2. Examining the containers for leakage?	⊒ Y	ПN	□ NA				
3. Closing and securing machine doors except during loading/unloading?	₽'n	□и					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<u> </u>	ПN	□NA				
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	ПΝ	□ NA				
PART IV: PROCESS VENT CONTROLS							
In Part II-A:							
If classification (1) has been checked, no controls are required. Proceed to Par	rt V.		•				
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated cond	lenser				
If classification (3) has been checked, the machine should be equipped with ei condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ther a r must ha	efrigerate we been	d .				
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated cond	lenser				
A. Has the responsible official of all new sources and existing large area sour (check appropriate boxes)	rces:						
1. Equipped all machines with the appropriate vent controls?	ΩY	Πи					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QΥ	ПN	□ NA				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ПN	□NA				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	ПN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ПΥ	ПN	□NA				
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	\(\sqrt{Y} \)	ПN					

				<u> </u>
В.	Has the responsible official of an existing large or new large area source also:			•
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser			
	located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\square_{Y}	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and	ΠY	ΠN	□NA
	outlet weekly? Is the temperature differential equal to or greater than 20°F?	ΩY	ΠN	□NA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the			
	end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□N	□na
	Is the perc concentration equal to or less than 100 ppm?			□NA □NA
				-IMA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or			
	expansion; is at least 2 dust diameters upstream from any bend contraction, or	ΩY		□ by t A
	expansion; and downstream from no other inlet?	Υ	∟I N	□NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			_
	condenser coils?	ЦY	ЦN	□NA
6	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	DΝ	□NA
· ·	Touted difficilities and english diseases (in disease at all times)			
P	ART V: RECORDKEEPING REQUIREMENTS			
H (c	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	₽ Y	\square_N	
2.	Maintained rolling monthly averages of perc consumption?	ΨY	ΠN	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	₽¥	\square N	\square NA
	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	<u>U</u> Y		□NA
4.	Maintained calibration data? (for direct reading instrument only)	\square_{Y}	ПN	₽NA
5.	Maintained exhaust duct monitoring data on perc concentrations?	ΠY	\square N	MA
6.	Maintained startup/shutdown/malfunction plan?	\square_{Y}		
7.	Maintained deviation reports?	MARKET H	$-\square N$	
7.	Maintained deviation reports? Problem corrected?		_	una una

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?					ion and repair □N	
2.	Has the facility maintained a le	eak log	;?			ØÝ	\square N
3.	Does the responsible official c	heck ti	he follo	owing are	as for leaks:		
	Hose connections, fitting couplings, and valves	₽Ý	ΠN	□NA	Muck cookers	ÓY	□n □na
	Door gaskets and seating	Y Y	ΠN	□NA	Stills	T Y	□n □na
	Filter gaskets and seating	Y	ΠN	□NA	Exhaust dampers	QY	□n □na
	Pumps	₽́Y	ΠN	□NA	Diverter valves	QY	\square N \square NA
	Solvent tanks and containers	ΘÝ	□N	□NA	Cartridge Filter housing	□ Y	□n □na
	Water separators	¥	□N	\square NA			
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector						
	If using direct-reading instr	ument	ation,	is the eq	uipment:		
	a Capable of detecting pe	erc vap	or con	centration	ns in a range of 0-500 ppm.		□Y □N
	b. Calibrated against a star	ıdard g	as prio	or to and a	fter each use(PID/FID only).		\square_{Y} \square_{N}
	c. Inspected for leaks and	obviou	s signs	of wear o	on a weekly basis?		\square_{Y} \square_{N}
	d. Kept in a clean and sec	ure are	a whe	n not in u	se.		\square_Y \square_N
	e. Verified for accuracy by	use of	f duplic	cate samp	les (calorimetric only)?		□y □n
	Margaret He Inspector's Name (Please Pri Margaret I. Herri Inspector's Signature	nnis			//30/G 9 Date of In	spection	· · · · · ·

ADDITIONAL SITE INFORMATION:

New owner. Assisted w/ filling out Notification form.
New owner was using calendar. Mrs. Patel had cleaned
the flant up - quite abot, but, when she had removed
filters, she had no where to store Hen and had theman
topof secondary containment uncovered Will provide
her with names of the waste companies to contact to
assist w/ any han Daste Storage somes the may have.
I did not advise her other than It state to filters hard
to be stored in sealed containers to prevent
evaporation to the atmosphere. New owner did not
have owner lope ators manual for marking. Will
semspect.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Joy G	ayatri Mae	Corp. (dba N	ew Boot Rank	TE: 5/26/00
FACILITY LOCATION: 31			PHI JU	M
	In Harbor	•	700 -1	L
				S. R. S.
Annual Reporting Period:	Jovember 30), 19 99 то	Mark	26, 2000
Based on each term or condition of th 62-213.300, Florida Administrative C				th DEP Rule □NO
If NO, complete the following:		· ·		
#1. Term or condition of the general	permit that has not been in	n continuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from	1	to_		
Action(s) taken to achieve compliance	:			·
Method used to demonstrate complian	ce;	·	•	· ————
#2. Term or condition of the general]	permit that has not been in	1 continuous compliance o	during the reporting	period stated above:
·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Exact period of non-compliance: from	ı	to		
Action(s) taken to achieve compliance	<u></u>			
Method used to demonstrate complian	ce:		<u>·</u>	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
As the responsible official, I hereby ce made in this notification are true, acc upon rolling averages of purchase rec year for transfer or combination facili	urate and complete. Furth eipts, does not exceed 2,1	her, my annual consumpti	ion of perchloroethy	lene solvent, based
RESPONSIBLE OFFICIAL:	Hame (Please Brint) om Signature	AMRIS Wa	H BASEL iignature— 969 m e	Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INS	SPECTION:	ANNUAL 🔽	COMPLAIN	T/DISCOVERY 📮	RE-INSPECTION		
AIRS ID#:	1030 324	DATE:	5/2 6 /00	_ TIME IN: 1:47p	TIME OUT: _i_	58p.n	
FACILITY 1	FACILITY NAME: Jay Gayatri Maa Corporation						
FACILITY 1	LOCATION:	316 East Lake	Rd.				
		Palm Harbor, F	FL, 34685		_		
RESPONSIB	LE OFFICIAL:	Patel Amrish	ı	Pho	ne No.: <u>789 - 351</u>	8	
	Permit No.	103032	<u>.4-00</u> 2-AG	Exp. Date:	/30/04		
U				evaluated during this instinistrative Code (F.A.C	spection, the facility is found	to be in	
. 🗆		-	ance requirements of the check that	_	spection, the following comp	pliance	

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

Compliance Requirement/Problem	Follow-up Action Required			
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.			
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions			
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.			
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.			
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.			
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.			
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.			
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.			
Comments:	·			
<u> </u>				
· · · · · · · · · · · · · · · · · · ·	·			
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.				
Inspection Conducted by:	FF Marris			
Inspector's Signature:	Alex Monus			
Phone Number: 46444	ge 2 of 2			
	∨			

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#:_1030324	Date:5/2 5 /0	
FACILITY NAME:	Jay Gayatri Ma	na Corporation
FACILITY LOCATION:	316 East Lake Rd	<u> </u>
<u> </u>	Palm Harbor, FL,	34685
RESPONSIBLE OFFICIAL:	Patel Amrish	PHONE: 789-3518
CONTACT:	Patel (Tina) Reshi	PHONE: 789-3518
PART I: NOTIFICATION		· · · · · · · · · · · · · · · · · · ·
(Check appropriate box)		
1. Existing facility notified DA	RM By 9/1/96	
2. New facility notified DARM	l 30 days prior to start	tup
3. Facility failed to notify DAR	M to use general peri	mit Facility applied for
	<u> </u>	(0.1.1/20[1]
PART II: CLASSIFICATION	1	
Facility indicated on notificatio (Check appropriate box)	n form that it is:	☐ No notification form☐ Drop store / out of business / petroleum
A. 1. Existing small area sou dry-to-dry only, x<140 g transfer only, x<200 gal/both types, x<140 gal/yr (Constructed before 12/9		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91)
3. Existing large area soundry-to-dry only, 140 < x < 1.8 transfer only, 200 < x < 1.8 both types, 140 < x < 1.800 (Constructed before 12/9)	rce 2,100 gal/yr 00 gal/yr) gal/yr //91)	4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)
This is a correct facility classifi	cation: 🗹 Y 📭	N
II	a general permit as nu	: umber above gible for a general permit
B. The total quantity of perchlorated facility was 30 ga		rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS								
Is the responsible official of the dry cleaning facility: (check appropriate boxes)								
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y	ΠN	□NA					
2. Examining the containers for leakage?	$\mathbf{v}_{\mathbf{Y}}$	□N	□NA					
3. Closing and securing machine doors except during loading/unloading?	⊈ Y	ПN						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□ N	□ NA						
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?								
DADT IV. DDOCESS VENT CONTROLS	-							
PART IV: PROCESS VENT CONTROLS In Boart II A.								
In Part II-A: If classification (1) has been checked no controls are required. Proceed to Proceed	rt V							
If classification (1) has been checked, no controls are required. Proceed to Pa	/	/	•					
If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)								
If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.								
If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)								
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:							
1. Equipped all machines with the appropriate vent controls?	QΥ	ΠN						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	$\square_{\mathbf{Y}}$	ΠN	□NA					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΟY	□N	□NA					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	□N						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	QΥ	ΩN	□NA					
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΠY	ΩN						

B. Has the responsible official of an existing large or new large area source also	:
1. Measured and recorded the exhaust temperature on the outlet side of the condense located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	er 🔲 Y 🔲 N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	DY ON ONA OY ON ONA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ONA OY ON ONA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perconcentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON YNA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MA
4. Maintained calibration data? (for direct reading instrument only)	OY ON MA
5. Maintained exhaust duct monitoring data on perc concentrations?	□y □n ¹Ina
6. Maintained startup/shutdown/malfunction plan?	☐Y □N
7. Maintained deviation reports?	□y □n ばna
D 11	
Problem corrected?	OY ON MINA

PA	ART VI: LEAK DETECTIO	N AN	D REF	PAIRS					
1.	Does the responsible official conspection?	onduct	a wee	ekly (for sn	nall sources, bi-weekly) leak		tion and repair ☐N		
2.	Has the facility maintained a le	eak log	g?			Y	\square_{N}		
3.	Does the responsible official check the following areas for leaks:								
	Hose connections, fitting couplings, and valves	ΖΊΥ	ΠN	□NA	Muck cookers	ĭ✓Y	□n □na		
	Door gaskets and seating	U Y	\square_N	□NA	Stills	ΩY	□n ⊡na		
	Filter gaskets and seating	Y	□N	\square NA	Exhaust dampers	$\mathbf{Z}_{\mathbf{Y}}$	$\square_{N} \square_{NA}$		
	Pumps	Y	ΠN	\square_{NA}	Diverter valves	₫Y	\square_{N} \square_{NA}		
	Solvent tanks and containers	Y	\square_N	\square_{NA}	Cartridge Filter housing	Y	□n □na		
	Water separators	$\mathbf{\nabla}_{\mathbf{Y}}$	\square_N	□NA					
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment:								
	a Capable of detecting pe	rc vap	or con	centrations	in a range of 0-500 ppm.		□y □n		
	b. Calibrated against a stan	dard g	as prio	r to and aft	er each use(PID/FID only).		□Y □N		
	c. Inspected for leaks and o	bvious	igns	of weak on	a weekly basis?		\square_{Y} \square_{N}		
	d. Kept in a clean and sec	ure are	a wher	not in use			\square_Y \square_N		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?								
	Inspector's Name (Please Print) Inspector's Signature Jeff Morris Date of Inspection Ji/26/00 Approximate Date of Next Inspection								

	030324 STAT	US A OFFIC	COUNTY	DINELLAS	
OWNER/COMPANY JAY/GAYA			COOleil	I IIILLENG	
AIR Permit # 1030324 00 Permit Office TAL (HEADQUART	3 . AG	Project # 003		CRA Reference #	
Project Name NEW BOOT RANCH		Desc New Owner	Ageno	Action [crecive	
	itle V General Permit	Desc 1		Logged	10/13/
Received 09/30/2004	Issued 10	/31/2004 Exp	ires 10/31/2009	000	Comment of the last of the las
Fee 0.00	Fee Recd)ele	Override NONE	
Role		Related Party Begin 10/13/2	004	End	
Name YANG, TOUBEE			Company NEW	BOOT RANCH	
Address 316 EAST LAKE RU	10.2			1136	
CITY PALM HARBOR	17597	State FL	Zip 34685	- Countr	ν.s.
Phone 727-789-3518	Fax Fax	A		460	

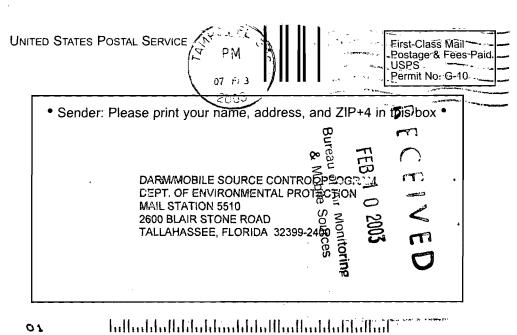
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	5	AREA ITE NAME	AIRS ID 1		US A	OFFICE SW	JHTY PINELL	ARMINV1 NELLAS AS	5
-		IER/COMP	JAY GAYATRI I	MAA CORP	Title	/ End Date	SSN	Phone	
1	П	TOUBEE YA	ING		ow	HER		727-789-3518	Dê.
		PRIMARY R	ESPONSIBLE OF	FICIAL (TITLE V)					J
		PATEL AM	RISH		PRE	SIDENT		813-818-7673	
		RESPONSIB	LE OFFICIAL (TI	TLE V)		3.4			긔.
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Responsible Offical

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
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-	Postage \$							
7976	Certified Fee							
!	Return Receipt Fee (Endorsement Required)	İ						
1000	Restricted Delivery Fee (Endorsement Required)	:						
딦	Total Postage * = C							
036	Sent To AIRS ID#1030324	٦١						
1	NEW BOOT RANCH CLEANER Street, Apt. No. 1770 N. N. NO. 1770 N.							
17	or PO Box No. 1//3 HAWTHORNE COURT							
7007	City, State, ZiF OLDSMAR FL 34667							
	PS Form 3800	NS.						

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: AIRS ID#1030324	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
NEW BOOT RANCH CLEANER PATEL AMRISH 1773 HAWTHORNE COURT OLDSMAR FL 34667	3. Service Type Certified Mail
2. Article Number (Copy from service label)	01 0320 0001 7976 6836



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/	PS Form	3800, Janua	y 2001		200	See R	everse for	Instructi	ons

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X				
Article Addressed to:	If YES, enter delivery address below:				
MD# 1030324 PATEL AMRISH NEW BOOT RANCH CLEANER					
1773 HAWTHORNE:COURT E)LDSMAR, FL 34667	Service Type Certified Mall				
in the second control of the second control	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service 7001 1140 0001	7556 2862				
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540				

UNITED STATES POSTAL SERVICE

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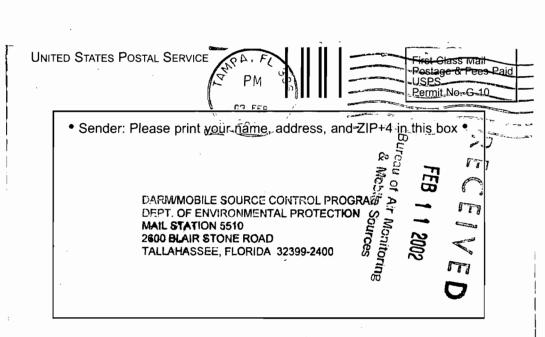
First-Class Mail Postage & Fees Pa USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+&in this bo

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

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- NEV	V BOOT RAN	AIRS ID # 1030324 ICH CLEANER	
PAT	`EL AMRISH		by mailer)
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日 3466	SMAR FL		

EOLD AT DOTTED LINE TO THE RIGHT OF RETURN ADDRESS. PLACE STICKER AT TOP OF ENVELOPE Complete is a serious of the serious of t	ETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
1. Article Addressed to: AIRS ID # 1030324 NEW BOOT RANCH CLEANER PATEL AMRISH 1773 HAWTHORNE COURT OLDSMAR FL 34667	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. Article Number (Copy from service label) 7.000.052.0.002.0.9373.19	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423477 FEB242003

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#1030324

NEW BOOT RANCH CLEANER PATEL AMRISH 1773 HAWTHORNE COURT OLDSMAR FL 34667

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

NEW BOOT RANCH CLEANERS 316 East Lake Road Palm Harbor, FL 34685 (727) 789-3518 2201 ONLY ON DRY CLEANING!





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



Department of Environmental Protection

Jeb Bush Governor

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

414448 FEB25 2882 1

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 # 1030324 NEW BOOT RANCH CLEANER PATEL AMRISH 1773 HAWTHORNE COURT OLDSMAR FL 34667

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 435987 FEB 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

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