

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 3, 2001

Mr. Navin M. Patel  
Mr. Cleaner  
16840 U.S. Highway 441  
Mount Dora, Florida 32757-6713

Re: Facility No.: 0694813-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 2, 2001.

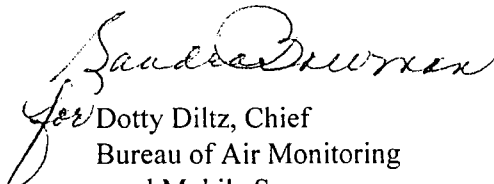
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid  
SOC 3  
Compliance *JW*

0694813 - 002

p15

(a) (RC) should be circled under Control  
Device Required.

Markout circ on None Required.

p16

(e) Required. Should be marked

p17

Responsible official sign and date for  
changes made.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

## DISTRICT ROUTING SLIP

To: \_\_\_\_\_ DATE: \_\_\_\_\_

CC To

	<b>PENSACOLA</b>	<b>NORTHWEST DISTRICT</b>	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	<b>TAMPA</b>	<b>SOUTHWEST DISTRICT</b>	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	<b>ORLANDO</b>	<b>CENTRAL DISTRICT</b>	
	Melbourne	Central District Satellite Office	
	<b>JACKSONVILLE</b>	<b>NORTHEAST DISTRICT</b>	
	Gainesville	Northeast District Branch Office	
	<b>FORT MYERS</b>	<b>SOUTH DISTRICT</b>	
	Marathon	South District Branch Office	
	<b>WEST PALM BEACH</b>	<b>SOUTHEAST DISTRICT</b>	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional  
Date Due \_\_\_\_\_

Reply Required  
Date Due: \_\_\_\_\_

Info Only

Comments:

From: \_\_\_\_\_

Tel: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUL - 2 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): NAVIN M PATEL.
2. Site Name (For example, plant name or number): MR. CLEANER.
3. Hazardous Waste Generator Identification Number: E.P.A. I.D # SCR000075150
4. Facility Location: Street Address: 16840 U.S. Hwy 441 City: MOUNT DORA, LAKE County: FLORIDA Zip Code: 32757-6713
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0694813-002

Responsible Official

6. Name and Title of Responsible Official: Name: NAVIN M PATEL Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: MR CLEANER Street Address: 16840 US Hwy 441 City: MOUNT DORA County: FLORIDA Zip Code: 32757-6713
8. Responsible Official Telephone Number: Telephone: (352) 383-1003 Fax: (352) 383-1003.

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): N/A.
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? ONE

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")
<u>Aug 94</u>	Existing/ <u>New</u>	RC/CA/ <u>None required</u>	<u>SAME</u>
<u>_____</u>	Existing/New	RC/CA/None required	<u>_____</u>
<u>_____</u>	Existing/New	RC/CA/None required	<u>_____</u>

\*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")
<u>_____</u>	Existing/New	RC/CA/None required	<u>_____</u>
<u>_____</u>	Existing/New	RC/CA/None required	<u>_____</u>
<u>_____</u>	Existing/New	RC/CA/None required	<u>_____</u>

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

20 gallons (You must fill this in) June 2000 to June 2001

(b) If less than 12 months, how many? 6 months JAN to June 2001 - 10gal

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?

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  
 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.

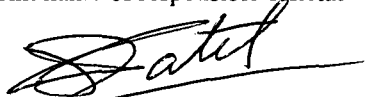
**Responsible Official Certification**

*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.*

NAVIN M PATEL

Print name of responsible official



Signature

6/28/01

Date



# IMPORTANT

Bureau of Air, Mobile Sources  
& Mobile Services  
JUL - 2 2001

RECEIVED

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459188 FEB232006

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# 694813 1st  
MR CLEANER  
16840 US Hwy 441  
MOUNT DORA, FL 32757

Printed on recycled paper.

RECEIVED  
Bureau of Internal Revenue  
FEB 23 2006  
Mobile Source Monitoring

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436457 FEB172004

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

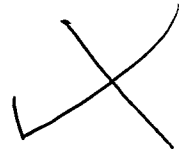
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

ID# 694813  
NAVIN PATEL  
MR CLEANER  
16840 US HWY 441  
MOUNT DORA, FL 32757

RECEIVED  
Bureau of Air Mail & Express  
FEB 20 2004  
Mobile Source

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445015 JAN 26 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

RECEIVED

JAN 27 2005

Bureau of Air Monitoring  
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 694813      10 MR CLEANER 16840 US Hwy 441 MOUNT DORA, FL 32757
-----------------------------------------------------------------------------------

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

Printed on recycled paper.

437500 MAR 12 2004

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

RECEIVED

pl 2/17/04

TOTAL AMOUNT DUE: \$50.00

RECEIVED  
 2/17/04  
 MR CLEANER  
 A36457  
 Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

MR VIN PATEL MR CLEANER 16840 US HWY 441 MOUNT DORA FL 32757
-----------------------------------------------------------------------

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 18 2004

7003 2260 0003 5650 9486

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

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

**OFFICIAL USE**

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

Postmark  
Here

ID# 694813  
 NAVIN PATEL  
 MR CLEANER  
 16840 US HWY 441  
 MOUNT DORA, FL 32757

Sent To

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+

PS Form 3800, June 2002

See Reverse for Instructions

7000 1670 7013 3103 E100 0971 6372

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

**OFFICIAL USE**

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

Postmark  
Here

AIRS ID#0694813

SI MR CLEANER  
 NAVIN PATEL  
 SI 16840 US HWY 441  
 C MOUNT DORA FL  
 32757

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# 694813  
 NAVIN PATEL  
 MR CLEANER  
 16840 US HWY 441  
 MOUNT DORA, FL 32757

2. Article Number  
 (Transfer from service label)

7003 2260 0003 5650 9486

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten 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.

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air  
& Mobile Sources  
Monitoring

FEB 9 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423247 FEB20 2003

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

MR CLEANER  
NAVIN PATEL  
16840 US HWY 441  
MOUNT DORA FL  
32757

AIRS ID#0694813

Buy and  
& Mobile Sources  
ST Air Monitoring

FEB 26 2003

Ch# 3062 of 2/17/03  
for USD 50/2  
RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413595 JAN31 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

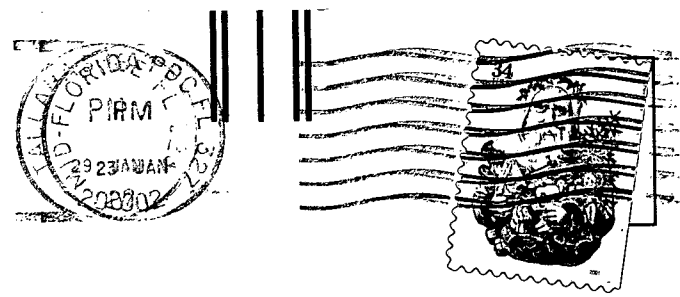
AIRS ID # 0694813

MR CLEANER  
 NAVIN PATEL  
 16840 US HWY 441  
 MOUNT DORA FL  
 32757

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

 **Navin M. Patel**  
 Mr Cleaners  
 16840 New Highway 441  
 Mt. Dora, FL 32757

*P.O. Box 3070  
 Not 3000*



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

32315+3070 99

