



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 22, 2001

Mr. Jitendra K. Parmar
Acme Cleaners, Inc.
600 North Westmoreland Drive
Orlando, Florida 32805

Re: Facility No.: 0950289-002

Dear Mr. Parmar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 20, 2001.

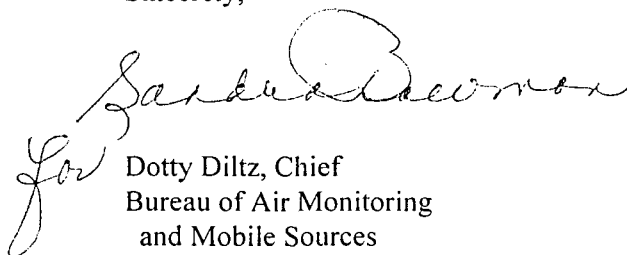
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

8/14/01 Called & left message. CAB

Fees Paid
SOC 4
Compliments IN

0950289-002

RECEIVED RECEIVED

8/14/01 Spoke to J.K. Parmar and he stated he would call back with information requested.

URGENT
Bureau of Air Monitoring
Mobile Offices

8/16/01

Prior to completion

Mr. J.K. Parmar called and stated that each dry clean machine was purchased on July 31, 1990 and each has a built-in ref. condenser as a control device

ad files.

Facility Name

1. Facility

ACR

2. Site Name

ACR

3. Hazard

4. Facility Street City

5. Facility

P15

(a) Add Date each machine was purchased from the manufacture.

July 31, 1990

Existing should be circled for each machine. OK

Responsible

6. Name

Name: J

7. Responsible Organ Street City

8. Responsible Telephone

R.C. should be circled for each machine

P17

Responsible official sign and date for changes made.

RC should be circled!
Cross out None Req.

mark out (d)

Facility Contact

9. Name

10. Facility Contact Address:

Street Address:

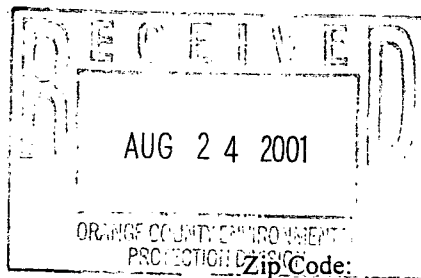
City:

County:

11. Facility Contact Telephone Number:

Telephone: ()

Fax: ()



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 20 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):	Acme Laundry & Cleaners, Inc.
2. Site Name (For example, plant name or number):	ACME CLEANERS, Inc.
3. Hazardous Waste Generator Identification Number:	0950289001 AG
4. Facility Location: Street Address: 600 N. WESTMORELAND DRIVE City: ORLANDO County: ORANGE Zip Code: 32805	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950289-002

Responsible Official

6. Name and Title of Responsible Official: Name: JITENDRA K. PANDAR Title: PLANT MANAGER	
7. Responsible Official Mailing Address: AS ABOVE Organization/Firm: Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (407) 841-2300 Fax: (407) 841-6022	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: 600 N. WESTMORELAND DR. 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")
Q July 31st 1990 <i>ju</i>	Existing/New	RC/CA/None required <i>ju</i>	SAME
Q July 31st 1990 <i>ju</i>	Existing/New	RC/CA/None required <i>ju</i>	SAME
	Existing/New	RC/CA/None required	SAME

10-25-01

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

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

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:
 New store: New machine
 Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

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~~ *with perc detecting unit.*
- (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.

JITENDRA K. PARMAR

Print name of responsible official

Jitendra
Signature

Jitendra

6-29-01
Date

10-25-01

11-1-01

0950289-002

8/14/01 Spoke to J.K. Parmar and he stated he would call back with information requested.

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R.C. should be circled for each machine.

P17

Responsible official sign and date for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	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

Bureau of Air Monitoring
& Mobile Sources
JUL 20 2001

RECEIVED

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4. Facility Location: Street Address: 600 N. WESTLAND ROAD DRIVE City: ORLANDO County: ORANGE Zip Code: 32805
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0950289-002

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6. Name and Title of Responsible Official: Name: JITENDRA K. PANWAR Title: PLANT MANAGER
7. Responsible Official Mailing Address: AS ABOVE Organization/Firm: Street Address: City: County: Zip Code:
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How many washers do you have on-site?

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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
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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).

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- (d) Carbon adsorber exhaust perc concentration monitoring
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I will promptly notify the Department of any changes to the information contained in this notification.

JITENDRA K. PARMAR
Print name of responsible official

Jitendra
Signature

6-29-01
Date

7004 2510 0002 3938 6495

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
AIRS ID# 950289 1stC		
Sent To	ACME CLEANERS	
Street, Apt. No. or PO Box No.	600 N Westmoreland Drive	
City, State, ZIP	ORLANDO, FL 32805	
PS Form 3800, August 2001		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 950289 1stC
 ACME CLEANERS
 600 N Westmoreland Drive
 ORLANDO, FL 32805

2. Article Number

(Transfer from service label)

7004 2510 0002 3938 6495

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 2/7

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 8610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 21 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445200 FEB 22005

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

TOTAL AMOUNT DUE: \$50.00

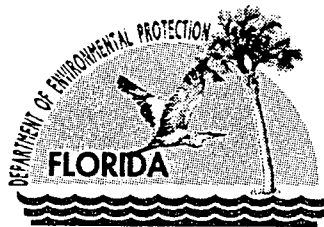
Do **NOT** Remove Label

AIRS ID# 950289 10
ACME CLEANERS
600 N Westmoreland Drive
ORLANDO, FL 32805

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

Printed on recycled paper.

RECEIVED
FEB 18 2005
Financial & Mobile Services



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhis
Secretary

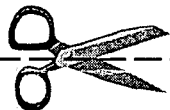
TO: Holder of Title V Air General Permit

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
434925 JAN 2 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

95028918 ST. JEFFERSON COUNTY FL
JAMES PARHAM
ACME CLEANERS
600 N WESTMORELAND DRIVE
ORLANDO FL 32805

Bureau of Air Monitoring
& Mobile Sources

JAN 8 2004

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457452 DEC29 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

950289 10
ACME CLEANERS
600 N Westmoreland Drive
ORLANDO, FL 32805

Bureau of Air Mail
& Mobile Sources
DEC 29 2005

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

421357 JAN 6 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


Bureau of Air Monitoring
& Mobile Sources

RECEIVED
JAN 08 2003

Do NOT Remove Label

ACME CLEANERS JITENDRA K PARMAR 600 N WESTMORELAND DRIVE ORLANDO FL 32805	AIRS ID#0950289
---------------------------------------------------------------------------------------	-----------------

FOR GOVERNMENT USE ONLY Org.: 3750101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

ACME CLEANERS, INC. 600 N. WESTMORELAND DR., ORLANDO, FL 32805		Check Number:  Check Date: 1/2/03 Check Amount: 50.00										
Vendor ID: DEPA	Name: STATE OF FLORIDA											
Memo: AIRS ID# 0950289												
<table border="1"> <thead> <tr> <th>Reference</th> <th>Invoice Bal</th> <th>Amount Paid</th> <th>Discount</th> <th>Net Amount</th> </tr> </thead> <tbody> <tr> <td>CLEAN AIR PER</td> <td>50.00</td> <td>50.00</td> <td>0.00</td> <td>50.00</td> </tr> </tbody> </table>	Reference	Invoice Bal	Amount Paid	Discount	Net Amount	CLEAN AIR PER	50.00	50.00	0.00	50.00		
Reference	Invoice Bal	Amount Paid	Discount	Net Amount								
CLEAN AIR PER	50.00	50.00	0.00	50.00								



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413392 JAN22 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 # 0950289
ACME CLEANERS
JITENDRA K PARMAR
600 N WESTMORELAND DRIVE
ORLANDO FL
32805

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

ACME CLEANERS, INC. 600 N. WESTMORELAND DR., ORLANDO, FL 32805		Check Number:	[REDACTED]	
		Check Date:	1/17/02	
		Check Amount:	50.00	
Vendor ID: DEPA	Name: STATE OF FLORIDA			
Memo: AIRS ID# 0950289				
Reference	Invoice Bal	Amount Paid	Discount	Net Amount
ANNUAL FEE	50.00	50.00	0.00	50.00