



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 30, 2001

Ms. Mahendra Kapadia  
Contemporary Cleaners  
4882 Kirkman Road  
Orlando, Florida 32811

Re: Facility No.: 0950343-002

Dear Ms. Kapadia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 2001.

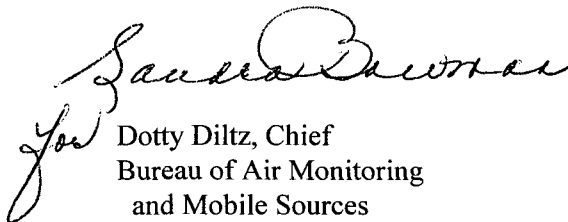
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

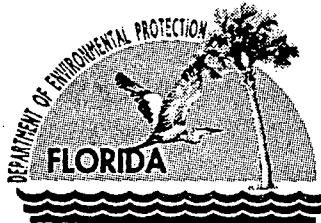
  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

Fees Paid 96-00  
SOC 3  
Compliance IN



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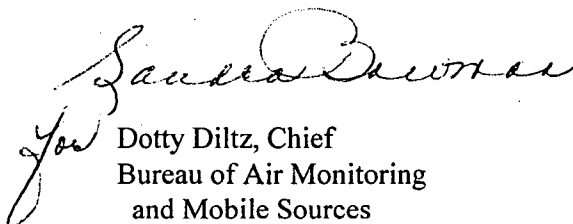
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If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

0950343-002

9:08 AM - 9:12 AM

Page 15

R (a) Add Date & Initially Purchased from Manufacturer in space provided. (1997)

RECEIVED  
JAN - 7 2001  
Bureau of Air Monitoring & Mobile Sources  
Send our files.

(New) should be circled under State Required.  
RC should be circled under Control Device Required.

Facility

1. F

2. S 2(a) Add # of gallons of perchloroethylene purchased in past 12 months. (77.6)

3. I

4. I 4. "X" under Existing machines at small area sources should not be marked. Mark out and initial.

5. 811

6. Res 6(e) Required for all sources. Should be marked.

6. Narr 10/18/01 Spoke to Mahendra Kapadia and he

7. stated that the dry to dry machine was purchased in 1997 and has a built in Ref. # 4

8. condenser. Mr. Kapadia also stated the 77.6

9. gals of perc had been purchased since Oct. 2000.

9. Fac pg 17 sign & date for changes made

10. Facility Contact Address:

Street Address:  
City:

SARE AS 11  
County:

Zip Code:

OCT 29 2001

11. Facility Contact Telephone Number:

Telephone: ( ) -

Fax: ( )

OCT 29 2001

RECEIVED

SEP 25 2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
Mobile Source

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):	MAHENDRA KAPADIA
2. Site Name (For example, plant name or number):	CONTEMPORARY CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: ORLANDO County: ORANGE Zip Code: FL 32811	4882 KIRKMAN Road, By Universal Studios
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950343-002

Responsible Official

6. Name and Title of Responsible Official: Name: MAHENDRA KAPADIA Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE ITEM # 4 Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (407) 295-1414 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code: SAME AS ABOVE
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>1997</u> <u>MK</u>	<u>Existing</u>	<u>RC/CA/None required</u>	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?       

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

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

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

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

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

78 MK 78 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)~~  JB 11-15-01

New machines at small area source  
Refrigerated condenser  1997 machine

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

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

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

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  15

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  NK





0950343-002

Page 15

(a) Add Date & Initially Purchased from  
Manufacturer in space provided. (1997)

New should be circled under Status.

RC should be circled under Control Device  
Required.

2(a) Add # of gallons of perchloroethylene purchased  
in past 12 months. (77.6)

Page 16

4. "X" under Existing machines at small area  
sources should not be marked. Mark out  
and initial.

6(e) Required for all sources. Should be marked.

10/18/01 Spoke to Mahendra Kapadia and he  
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Oct. 2000.

RECEIVED

SEP 25 2001

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>MAHENDRA KAPADIA</i>
2. Site Name (For example, plant name or number): <i>CONTEMPORARY CLEANERS</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>4882 KIRKMAN Road,</i> City: <i>ORLANDO</i> County: <i>ORANGE</i> Zip Code: <i>FL 32811</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950343-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>MAHENDRA KAPADIA</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>SAME AS ABOVE ITEM # 4</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 295-1414</i> Fax: <i>( ) -</i>

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_____	Existing/New	RC/CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
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**1.(b) TRANSFER MACHINES ONLY**

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Check why it is less than 12 months: New owner:        Did not keep records:       

New store:        New machine       

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Indicate with an "X". Select one classification only.)

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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

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 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

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(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.*

MAHENDRA KAPADIA

Print name of responsible official

  
Signature

8/27/01  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

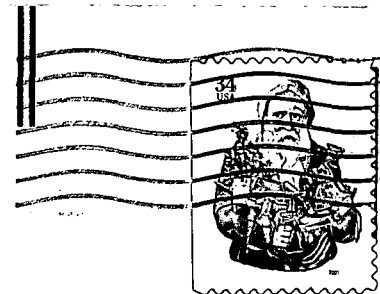
TOTAL AMOUNT DUE: \$50.00 ✓

412348 DEC28 2001

Do NOT Remove Label

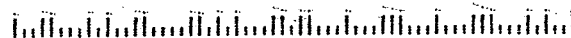
AIRS ID # 0950343  
 CONTEMPORARY CLEANERS  
 MAHENDRA KAPADIA  
 4882 KIRKMAN ROAD  
 ORLANDO FL  
 32811

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



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

32315+3070 33





THIS CHECK IS TO BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

421707 JAN13 2003

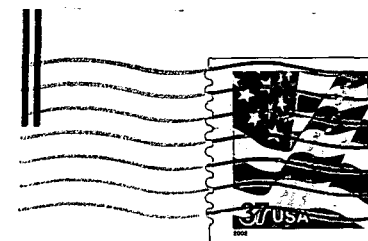
Do **NOT** Remove Label

AIRS ID#0950343  
CONTEMPORARY CLEANERS  
MAHENDRA KAPADIA  
4882 KIRKMAN ROAD  
ORLANDO FL  
32811

Bureau of Air Mail  
& Mobile Sources

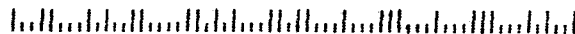
JAN 17 2003

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



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

32315+3070 33



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

950343  
MAHENDRA KAPADIA  
CONTEMPORARY CLEANERS  
4382 KIRKMAN ROAD  
ORLANDO FL 32811

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

474433 DEC 11 2003  
Bureau of Air Monitoring  
& Mobile Sources  
DEC 16 2003

Quality Cleaners  
7601 Della Drive  
Suite #9  
Orlando, FL 32819



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

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443625 DEC21 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 950343 10 CONTEMPORARY CLEANERS 4882 Kirkman Road ORLANDO, FL 32811
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Printed on recycled paper.



RECEIVED  
 DEC 22 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458475 JAN26 2006

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

950343 10 CONTEMPORARY CLEANERS 4882 Kirkman Road ORLANDO, FL 32811
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Printed on recycled paper.

RECEIVED  
 JAN 27 2006  
 Bureau of Air Monitoring  
 & Mobile Sources

FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200
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FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
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