

## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

November 18, 2002

Mr. Hemchand Sookdeo Community Cleaners 2744 South Chickasaw Trail Orlando, Florida 32829

Re: Facility No.: 0951169-002

Dear Mr. Sookdeo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 18, 2002.

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,

Joe Kahn, Chief

Bureau of Air Monitoring

and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

# New Owner.
10/25/2002 Called & left Message for Herrchard Soobsles 10:15 A.
10/30/2:02 Called a left message for Henrihad Soobsles. 4:13p

#### AIRS ID # 0951169-002



10/31/2002

Spoke to Mr. Hemchand Sookdeo, owner of Community Cleaners, and he stated that his dry-to-dry machine was approximately 3 years old. He also stated that the dry-to-dry machine has a refrigerated condenser as a control device. Mr. Sookdeo stated that he has 2 washers and 1 dryer and they do not use perchloroethylene.

#### Page 15

- 1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.
  - Choose and circle appropriate control device under Control Device Required for dry-to-dry machine.
- 1. (b) Information listed in this section is for perchloroethylene using machines.

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):	
RAMBARACK Cleaners Inc.	·
2. Site Name (For example, plant name or number):	
% Community cleaners	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 2744 S. Chickasaw Trail	<u></u>
City: OFFANDO County: OFFICE Zip Code: 3282	
Oranore 300	7
Seacility identification Number (DEP Use ONLY #do not fill in).	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: Henchand Sookdeo Title: Owner /man	ingled
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: 2744 South Chicka Saw Irax I	
Organization/Firm: Street Address: 2744 South Chicka Saw Trail City: ORLANDO County: ORANGE Zip Code: 3282	9
8. Responsible Official Telephone Number:	. [
Telephone: (407) 658-2011 Fax: (407)306-0516	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
· SAME As Above	
10. Facility Contact Address:	
Street Address:	
City: County: SAME AS Place Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	ł

1.(a) DRY-TO-DRY	MACHINES O	NLY	
How many dry-to-dry	nachines do you	ı have on-site?	J
For each dry-to-dry ma	chine on-site, pl	lease provide the following inform	nation:
Date Initially Purchased From Manufacturer		Control Device Required	
12/1909	Existing/ Existing/	_	Same
<u> </u>	Existing/	New RC/CA/None required	
*CONTROL DEVICE K	XEY: RC =	refrigerated condenser CA	A = carbon adsorber
			<i>:</i>
l.(b) TRANSFER MAC		1	
How many washers do y	ou have on-site?		
low many dryers/reclair	ners do vou have	e on-site? [ ] ]	
f the transfer machine winit. If the transfer mach	as purchased fro	om the manufacturer prior to or on ed from the manufacturer between	1 December 9, 1991 and September 22
f the transfer machine winit. If the transfer mach 993, it is a NEW unit (rermit). For each transfoate Initially Purchased	as purchased fro ine was purchase to units purchase	om the manufacturer prior to or on ed from the manufacturer between	n December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")
f the transfer machine want. If the transfer mach 993, it is a NEW unit (remit). For each transfoate Initially Purchased	as purchased fro ine was purchase to units purchase er machine on-si Status	om the manufacturer prior to or on ed from the manufacturer between ed after September 22, 1993 are al ite, please provide the following in Control Device Required*	llowed to operate under this general nformation:  Date Control Device Installed (if already included at time of
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f the transfer machine wanit. If the transfer mach 1993, it is a NEW unit (rermit). For each transforte Initially Purchased from Manufacturer  CONTROL DEVICE KE  (a) How much perchlor  [30] gallon  (b) If less than 12 mon	as purchased from the was purchased to units purchased from the units purchased to units	om the manufacturer prior to or oned from the manufacturer between ed after September 22, 1993 are alite, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  Ca = have you used within the last 12 months	December 9, 1991 and September 22, llowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME  SAME  carbon adsorber  months?
f the transfer machine wanit. If the transfer mach 1993, it is a NEW unit (rermit). For each transfer mach 1975, it is a NEW unit (rermit). For each transfer mach 1975, it is a NEW unit (remit). For each transfer mach 1975, it is a NEW unit (remit). For each transfer machine ma	as purchased from the was purchased to units purchased from the units purchased to units	om the manufacturer prior to or oned from the manufacturer between ed after September 22, 1993 are alite, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  Ca = have you used within the last 12 months	December 9, 1991 and September 22, llowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME  SAME  carbon adsorber  months?
f the transfer machine wanit. If the transfer mach 1993, it is a NEW unit (rermit). For each transforte Initially Purchased from Manufacturer  CONTROL DEVICE KE  (a) How much perchlor  [30] gallon  (b) If less than 12 mon	as purchased from the was purchased to units purchased from the units purchased to units	om the manufacturer prior to or oned from the manufacturer between ed after September 22, 1993 are all ite, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  Cefrigerated condenser  CA = have you used within the last 12 in this in)	I December 9, 1991 and September 22 Illowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME  SAME  carbon adsorber  months?

3. What is the facility's source classification Indicate with an "X". Select one classifi	based on the definitions found in section (3) of Part II?
Small Area Source	🔀 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Dry-to-dry machines only of Transfer only on-site  Both machine types on-site	on-site (used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source [	
Dry-to-dry machines only o Transfer only on-site Both machine types on-site	on-site (used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on mad (Indicate with an "X".)	chines pursuant to section (5) of Part II of this notification form?
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 emission of the facility which contains non-exempt emission of the facility of the facility which contains non-exemption criteria or that no such units exist of the facility which was also such units on-site of the facility which contains non-exemption of the facility which contains non-exemption of the facility which contains non-exempt emission of the facility of the f	and the Company of th
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) ra	uting: [2]
	ane natural gas  2 fuel oil No. 4 fuel oil  6 fuel oil Other (please list)
. Equipment Monitoring and Recordkeeping In	nformation
Theck 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/solv	ent addition log
b) Leak detection inspection and repair	
c) Refrigerated condenser temperature monitor	ing L
d) Carbon adsorber exhaust perc concentration	monitoring
e) Startup, shutdown, malfunction plan	TRINGS OF STREET AND LANGUAGE FOR THE

7. Surrender	of Existing DEP Air Permit(s)		
Please indica	te with an "X" the appropriate selection:		
	I hereby surrender all existing DEP air this notification form; the permit number	permits authorizing operation of the er(s) are	facility indicated in
	No DEP air permits currently exist for the form.	he operation of the facility indicated	in this notification
Responsible (	Official Certification		·
maintain i comply wi [will pron	made in this notification are true, accurate the air pollutant emissions units and air point all terms and conditions of this general apply notify the Department of any changes of responsible official	ollution control equipment described permit as set forth in Part II of this t	above so as to notification form.
Signature	Iller	15/11 / 0 2 Date	

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#### AIRS ID # 0951169-002



10/31/2002

Spoke to Mr. Hemchand Sookdeo, owner of Community Cleaners, and he stated that his dry-to-dry machine was approximately 3 years old. He also stated that the dry-to-dry machine has a refrigerated condenser as a control device. Mr. Sookdeo stated that he has 2 washers and 1 dryer and they do not use perchloroethylene.

#### Page 15

- 1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.
  - Choose and circle appropriate control device under Control Device Required for dry-to-dry machine.
- 1. (b) Information listed in this section is for perchloroethylene using machines.

PROTECTION DIVISION

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PERCHLOROETHYLENE DRY CLEANER  BAIR GENERAL PERMIT NOTIFICATION FORM	& S	8
AIR GENERAL PERMIT NOTIFICATION FORM	항 약	. ==
JUN 2 6 2003 Part III. Notification of Intent to Use General Permit	Air N	5
Prior to filling out this form, please read the instructions provided at the end of the completed form to the address listed in the instructions and keep a copy of the form	onit Surc	Ø
Prior to filling out this form, please read the instructions provided at the end of th	ie formi. <b>S</b> e	Zha
completed form to the address listed in the instructions and keep a copy of the form	ı for you'l f	iles.

Facility Name and L	ocation		· · · · · · · · · · · · · · · · · · ·
1. Facility Owner/C	ompany Name (Name of corpo	ration, agency, or it	ndividual owner):
GOLDENRO	OS CLEANERS	·	
2. Site Name (For ex	ample, plant name or number);		
3. Hazardous Waste	Generator Identification Numbe	r:	
FL D9	84177816		
1 1 Equility I specially	046 GOLDENFUS LD PARK FL County: E	, ORANGE	Zip Code: 32792
SaleFacility I dentificant	on Number (DEP Us NEV		
Responsible Official	•	$\eta^{-1}$	
6. Name and Title of R Name: りょいいこ	•	Title: のル	INER
7. Responsible Official Organization/Firm: Street Address:	Mailing Address: SAME	as abve	
City:	County:		Zip Code:
8. Responsible Official Telephone: (中の)		Fax: (	) -
Facility Contact (If diffe	rent from Responsible Officia	n	·
	cility Contact (For example, pla		
	:		
10. Facility Contact Addr	ess:		
Street Address:			
City:	County:		Zip Code:
11. Facility Contact Telep	hone Number:	· · · · · · · · · · · · · · · · · · ·	
Telephone: (	) -	Fax: (	) -

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 info	ormation:
Date Initially Purchased Status Control Device Require From Manufacturer (circle one) (circle one)	ed* Date Control Device Installed (if already included at time of purchase, write "SAME")
328 96 Existing New ROCA/None required	SAME
Existing/New RC/CA/None required	·
Existing/New RC/CA/None required	***************************************
*CONTROL DEVICE KEY: RC = refrigerated condenser C	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 ounit. If the transfer machine was purchased from the manufacturer between 1993, it is a NEW unit (no units purchased after September 22, 1993 are a septemb	n December 9, 1991 and September 22,
permit). For each transfer machine on-site, please provide the following	information:
permit). For each transfer machine on-site, please provide the following  Date Initially Purchased Status Control Device Required*  From Manufacturer (circle one)	allowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)	Date Control Device Installed (if already included at time of
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  Existing/New RC/CM/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  Existing/New RC/CA/None required  Existing/New RC/CA/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  Existing/New RC/CM/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  Existing/New RC/CA/None required  Existing/New RC/CA/None required  Existing/New RC/CA/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  Existing/New RC/CA/None required  Existing/New RC/CA/None required  Existing/New RC/CA/None required	Date Control Device Installed (if already included at time of
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  Existing/New RC/CA/None required  *CONTROL DEVICE KEY: RC = refrigerated condenser CA =	information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  Existing/New RC/CA/None required  Existing/New RC/CA/None required  Existing/New RC/CA/None required	information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber
Date Initially Purchased Status Control Device Required* From Manufacturer (circle one)  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 = 2.(a) How much perchloroethylene (perc) have you used within the last 12 in the control of the following Control Device Required*  Control Device Required*  (circle one)  Existing/New RC/CA/None required  *CONTROL DEVICE KEY: RC = refrigerated condenser CA = 2.(a) How much perchloroethylene (perc) have you used within the last 12 in the control Device Required*	information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber

New store: New machine

Unopened store [\_\_\_\_] (date of expected opening

3. What is the facility's source class Indicate with an "X". Select of		e definitions found in section (3) of Par .)	t II?
Small Area Source	$[\succeq]$	to the state of th	ু এক <sub>ব</sub> ু ভারু আলোক
Dry-to-dry mach Transfer only on- Both machine typ	-site ; (us	ed less than 140 gallons of perc per year ed less than 200 gallons of perc per year ed less than 140 gallons of perc per year	r).
Large Area Source			
Dry-to-dry maching Transfer only on-s Both machine type	site (use	ed 140 - 2,100 gallons of perc per year) ed 200 - 1,800 gallons of perc per year) ed 140 - 1,800 gallons of perc per year)	
4. What control technology is requir (Indicate with an "X".)	ed on machines pursu	ant to section (5) of Part II of this notif	ication form?
Existing machines at small (NONE REQUIRED)	area source	New machines at small area source Refrigerated condenser	:yn
Existing machines at large a Carbon adsorber [ Refrigerated condenser [	nrea source	New machines at large area source Refrigerated condenser	
5. A facility which contains non-exer Rule 62-213:300, F.A.C. Verify that exemption criteria or that no such unit All steam and hot water generating un No such units on-site	all steam and hot wat its exist on-site (see at	er generating units on-site meet the fol	ermit pursuant to lowing
How many boilers do you have on-site	25	so o	
For each boiler, indicate its horsepower	er (HP) rating: [		
What type of fuel do you use?	] propane ] No. 2 fuel oil ] No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)	
6. Equipment Monitoring and Records	ceeping Information		
Check all logs which are required to be	e kept on-site in accor	dance with the requirements of this ger	neral permit:
(a) Purchase receipts and solvent purch	ases/solvent addition	log (X)	
(b) Leak detection inspection and repai	ir	لک	
(c) Refrigerated condenser temperature	monitoring	(X)	
(d) Carbon adsorber exhaust perc conce	entration monitoring		
(e) Startup, shutdown, malfunction pla	n galager dans 3		1 4 4 4 14 14 14 14

	r of Existing DEP Air Permit(s)
Please indica	ate 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 951158001AG
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
statements maintain l	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the
comply wi	s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
	the air pollutant emissions units and air pollution control equipment described above so as to
I will pron	the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  Inptly notify the Department of any changes to the information contained in this notification.

CHANGES MADE?

#### AIRS ID # 0951158-002



#### 10/21/2002

Spoke with Ms. Yvonne Roberts, Goldenrod Cleaners owner, and she stated that the dry-to-dry machine was originally purchased on March 28, 1996. She also stated that she did not know the horsepower of the natural gas fired boiler.

#### Page 15

1. (a) Add Date Machine Initially Purchased From the Manufacturer in space provided.

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- 4. New machines at small area source Refrigerated condenser should be marked.
- 5. Add horsepower (HP) for natural gas fired boiler.

PROTECTION DIVISION

2002 NUA 20 WH II: 2



# 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):	
RAMBARACK Cleaners Inc.	
2. Site Name (For example, plant name or number):	
96 Community Cleaners	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address: 2744 S. Chickasaw Trail	
City: OffANDO County: OrAncre Zip Code: 32829	- iv
S. Facility Identification Number (DEP Use ONLY =do not fill in):	
JEST MEST CREEK	
Responsible Official	
6. Name and Title of Responsible Official:	
7. Responsible Official Mailing Address:  Title: Owner / Managen	/
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: 2744 South Chickasaw Irai I	
Street Address: 2744 South Chickasaw Trail City: ORLANDO County: ORANGE Zip Code: 32829	
8. Responsible Official Telephone Number:	
Telephone: (407) 658-2011 Fax: (407)306-0516	
Facility Contact (If different from Demonsible Official)	
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):	
· SAME As Above	_
10. Facility Contact Address:	
Street Address:	
City: County: Same As Alone Zip Code:	
	_
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	
	- 1

DEP Form No. 62-213.900(2)

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Effective: 2/24/99

•			•
Facility Information			
1.(a) DRY-TO-DRY	MACHINES O	NLY	
How many dry-to-dry	machines do you	ı have on-site?	<u>ן</u>
For each dry-to-dry m	achine on-site, pl	lease provide the following inform	nation:
Date Initially Purchase From Manufacturer	ed Status (circle o	_	<ul> <li>Date Control Device Installed (if already included at time of purchase, write "SAME")</li> </ul>
Used	Existing/	/New RC/CA/None required	Same
	Existing/	New RC/CA/None required	
	Existing/	New RC/CA/None required	
*CONTROL DEVICE	KEY: RC =	= refrigerated condenser CA	A = carbon adsorber
			d e
1.(b) TRANSFER MA	CHINES ONLY	.0	
How many washers do y	ou have on-site?		
How many dryers/reclai	et.		n December 0 1001 it is an EVISTING
If the transfer machine vunit. If the transfer mach 1993, it is a NEW unit (	vas purchased fro nine was purchase no units purchase fer machine on-si	om the manufacturer prior to or or ed from the manufacturer between	Date Control Device Installed (if already included at time of
If the transfer machine value. If the transfer mach 1993, it is a NEW unit (permit). For each transport transport to the second	vas purchased fro nine was purchase no units purchase fer machine on-si Status	om the manufacturer prior to or oned from the manufacturer between ed after September 22, 1993 are alite, please provide the following in Control Device Required*	llowed to operate under this general nformation:  Date Control Device Installed
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If the transfer machine value. If the transfer mach 1993, it is a NEW unit (permit). For each transport transport to the second	vas purchased fro nine was purchase no units purchase fer machine on-si Status (circle one)	om the manufacturer prior to or or ed from the manufacturer between ed after September 22, 1993 are al ite, please provide the following in Control Device Required* (circle one)	Date Control Device Installed (if already included at time of
If the transfer machine value. If the transfer mach 1993, it is a NEW unit (permit). For each transport transport to the second	vas purchased fromine was purchase no units purchase fer machine on-si  Status (circle one)	om the manufacturer prior to or or ed from the manufacturer between ed after September 22, 1993 are al ite, please provide the following in Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
If the transfer machine value. If the transfer mach 1993, it is a NEW unit (permit). For each transport transport to the second	vas purchased fromine was purchased no units purchase fer machine on-sistatus (circle one)  Existing/New	om the manufacturer prior to or or ed from the manufacturer between ed after September 22, 1993 are al ite, please provide the following in Control Device Required* (circle one)  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
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Effective: 2/24/99

15

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.
Doomoneible (	Official Certification
Kesponsible	Ancial Certification
this notifice statements maintain the comply with	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.  Aprily notify the Department of any changes to the information contained in this notification.  Of responsible official
Signature	Date 10/11/01

### 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**

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.

Effective: 2/24/99

# **IMPORTANT**

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.

Community Cleaners 2744 South Chickasaw Trail Orlando Fl-32829





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

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### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434706 DEC26 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

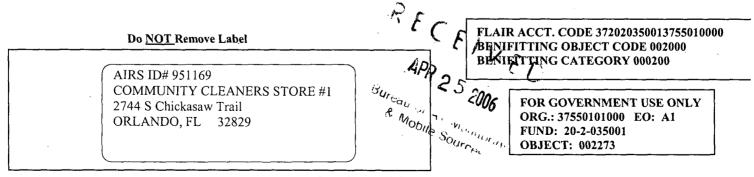
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HEMCHAND SOOKDEC
COMMUNITY CLEANERS STORE #1
2744 SOUTH CHICKASAW TRAIL
ORLANDO FL 32829

FOR GOVERNMENT USE ONLY Org.: 37550101000 (EO: A1 Fund: 20-2035001 S) Obj.: 002273

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

461021 APR24 206 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

#### **TOTAL AMOUNT DUE: \$75.00**



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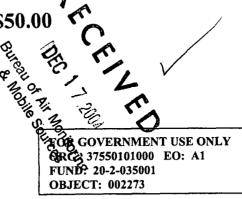
Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

#### Do NOT Remove Label

AIRS ID# 951169 10 COMMUNITY CLEANERS STORE #1 2744 S Chickasaw Trail ORLANDO, FL 32829

Printed on recycled paper.





#### 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

AIRS ID#0951169 COMMUNITY CLEANERS STORE #1 HEMCHAND SOOKDEO 2744 SOUTH CHICKASAW TRAIL ORLANDO FL 32829

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

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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#0951169  COMMUNITY CLEANERS STORE #1  HEMCHAND SOOKDEO	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Space are  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If VES, enter delivery address below:
2744 SOUTH CHICKASAW TRAIL ORLANDO FL 32829	3. Service Type  ☐ Certified Mail ☐ Express Mail
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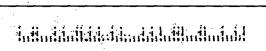


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2600 BLAIR STONE ROAD TALLAHASSEE, FEORIDA 32399-2400

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2600 BLAIR STONE ROAD TALLAHASSEE, FEORIDA 32399-2400