

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

February 1, 2000

Mr. Jagdeep Nanpatee
Sunrise Cleaner
1504 West Vine Street
Kissimmee, Florida 34741

Re: Facility No.: 0970067-002

Dear Mr. Nanpatee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 27, 1999.

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

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

Printed on recycled paper.

0970067-002

p14
1(c) Control Device Required - None required for existing small area source.

p15
5. All steam and hot water... exempt should be marked.

6.(c) not required mark out and initial

(d) not required mark out and initial

p16
7. No DEP air permit... should be marked.

Responsible Official sign and date for changes made.

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): | Jagdeep or Raidai Nanpatee | | |
| 2. Site Name (For example, plant name or number): | Sunrise Cleaner | | |
| 3. Hazardous Waste Generator Identification Number: | * | | |
| 4. Facility Location: Street Address: | 1504 W Vine St | City: | Kissimmee |
| | | County: | Osceola |
| | | Zip Code: | 34741 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 09170067-002 | | |

Responsible Official

| | | | |
|--|------------------|---------|-----------|
| 6. Name and Title of Responsible Official: Name: | Jagdeep Nanpatee | Title: | Treasurer |
| 7. Responsible Official Mailing Address: Organization/Firm: | Same as above | | |
| Street Address: | | | |
| City: | Same as above | County: | |
| Zip Code: | | | |
| 8. Responsible Official Telephone Number: Telephone: | (407) 870-8747 | 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: | |
| 11. Facility Contact Telephone Number: Telephone: | () - | Fax: | () - |

RECEIVED
DEC 27 1999
Bureau of Air Monitoring
& Mobile Sources

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") |
|--|---------------------|---------------------------------------|---|
| 1985 | 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 = 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) *Approx 40 gals as per previous owner*

(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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u> (NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u> Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> Carbon adsorber <input type="checkbox"/> Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u> Refrigerated condenser <input type="checkbox"/> |

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 | <input checked="" type="checkbox"/> |
| (b) Leak detection inspection and repair | <input checked="" type="checkbox"/> |
| (c) Refrigerated condenser temperature monitoring | <input checked="" type="checkbox"/> — NOT applied |
| (d) Carbon adsorber exhaust perc concentration monitoring | <input checked="" type="checkbox"/> |
| (e) Startup, shutdown, malfunction plan | <input checked="" type="checkbox"/> |

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 on file.
- 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.

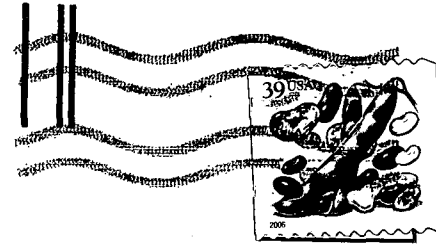
JAGDEEP NANPATEE
Print name of responsible official

Jagdeep Nanpatee
Signature

12-8-99
Date

ORLANDO FL 328

16 JAN 2007 PM 7 T



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

32315+3070-70 B099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467351 JAN182007

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

TOTAL AMOUNT DUE: \$50.00

*RADAI
MANPATEE*

Do NOT Remove Label

*EXPIRED
PERMIT
1/27/07*

Bureau of Air Monitoring
& Mobile Sources

JAN 23 2007

AIRS ID# 970067
SUNRISE CLEANERS
1504 West Vine Street
KISSIMMEE, FLORIDA 34741



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

(407) 846-1250 1/25/07
Printed on recycled paper.
MAILED FORMS FOR BOTH #0970067 & #0970049

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458584 FEB 1 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

RECEIVED

FEB 02 2006

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

970067 10
SUNRISE CLEANERS
1504 West Vine Street
KISSIMMEE, FL 34741

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.

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448818 MAR 10 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

RECEIVED

MAR 11 2005

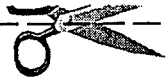
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#0970067.....2nd Cert 05
SUNRISE CLEANERS
1504 W Vine ST
KISSIMMEE, FL 34741

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

435970 FEB 4 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

970067
 JAGDEEP NANPATEE
 SUNRISE CLEANERS
 1504 WEST VINE STREET
 KISSIMMEE FL 34741

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

RECEIVED
 FEB 12 2004
 Bureau of Air Monitoring
 & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413908 FEB 8 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 # 0970067
 SUNRISE CLEANERS
 JAGDEEP NANPATEE
 1504 WEST VINE STREET
 KISSIMMEE FL
 34741

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

RECEIVED
 FEB 12 2002
 Bureau of Air Monitoring
 & Mobile Sources



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. 421571 JAN 10 2003

TOTAL AMOUNT DUE: \$50.00

X

Do **NOT** Remove Label

AIRS ID#0970067
SUNRISE CLEANERS
JAGDEEP NANPATEE
1504 WEST VINE STREET
KISSIMMEE FL
34741

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

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

7000 0520 0000 0200 0200 0200 0200 0200 0200 0200

| | | |
|---|-------------------|------------------|
| Postage \$ | | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total | AIRS ID # 0970067 | |

Recip SUNRISE CLEANERS
 JAGDEEP NANPATEE
 1504 WEST VINE STREET
Street KISSIMMEE FL
 34741
City, State, ZIP

PS Form 3800, February 2000 Instructions

PLACE STICKER AT TOP OF ENVELOPE

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0970067</p> <p>SUNRISE CLEANERS JAGDEEP NANPATEE 1504 WEST VINE STREET KISSIMMEE FL 34741</p> | <p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="font-size: large; font-family: cursive;">Houder Allen 2/902</p> <p>C. Signature</p> <p style="font-size: large; font-family: cursive;">x Houder Allen</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number (Copy from service label)</p> <p style="font-size: large; font-family: cursive;">70000520002093731272</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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OFFICIAL USE

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |

AIRS ID#0970067.....2nd Cert 05

Sent To: SUNRISE CLEANERS
 1504 W Vine ST
 KISSIMMEE, FL 34741

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

7004 2510 0002 3939 4940

VERY

Agent
 Addressee

B. Received by (Printed Name): Jordan Allen
 C. Date of Delivery: 3-4-08

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

1. Article Addressed to:
 AIRS ID#0970067.....2nd Cert 05
 SUNRISE CLEANERS
 1504 W Vine ST
 KISSIMMEE, FL 34741

2. Article Number
 (Transfer from service label) 7004 2510 0002 3939 4940

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAY 28 2005

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

OFFICIAL USE

7001 0320 0001 7976 3460

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

relected
 Postmark
 Here

Total Postage: 10 AIRS ID # 0970067001AG
 Sent To: MANILAL J KHATRI
 Street, Apt. No.; SUNRISE CLEANERS
 or PO Box No. 1504 WEST VINE STREET
 City, State, ZIP+ KISSIMMEE FL 34741

PS Form 3800, January 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

 10 AIRS ID # 0970067001AG
 MANILAL J KHATRI
 SUNRISE CLEANERS
 1504 WEST VINE STREET
 KISSIMMEE FL 34741

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Lourdes Allen Addressee

B. Received by (Printed Name) C. Date of Delivery
Lourdes Allen 6-6-03

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

7001 0320 0001 7976 3460

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 Monitoring
& Mobile Sources

JUN 9 2003

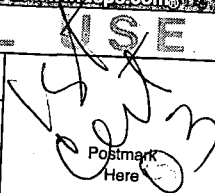
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OFFICIAL USE

| | | |
|---|----|--|
| Postage | \$ |  |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | ¢ | |

ID# 970067

Sent To
 Street, Apt. 1
 or PO Box N
 City, State, Z

JAGDEEP NANPATEE
 SUNRISE CLEANERS
 11504 WEST VINE STREET
 KISSIMMEE, FL 34741

PS Form 3811

7003 2260 0003 5650 9035

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ID# 970067 JAGDEEP NANPATEE SUNRISE CLEANERS 1504 WEST VINE STREET KISSIMMEE, FL 34741 </div> <p>2. Article Number <i>(Transfer from service label)</i></p> | <p>A. Signature <i>x [Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>[Signature]</i></p> <p>C. Date of Delivery <i>2-6-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> |
| <p>7003 2260 0003 5650 9035</p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

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 •

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
EPM
Bureau of Air Monitoring
& Mobile Sources
9 2004

