

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 3, 2001

Mr. Anil J. Rathod  
Casselton Cleaners, Inc.  
2054 Semoran Boulevard #132  
Winter Park, Florida 32792

Re: Facility No.: 1170069-002

Dear Mr. Rathod:

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

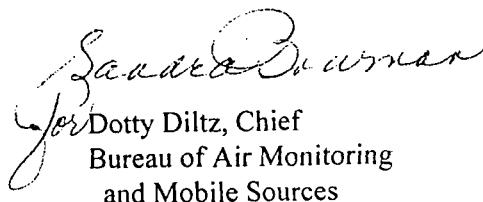
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid  
SOC 4  
Compliance IN

117 0069-002

P15

1(a) New should be circled under Status

RC should be circled under Control Device Required

Add Date Control Device Installed. If some as purchase date add "Some"

P16

3. Large Area Source should be marked.

Mark out "X" by Small Area Source.

4. Existing machines at small area source, should not be marked. Mark out and initial.

P17

Responsible official sign for changes made.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 25 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):<br>CASSELTON CLEANERS INC          |
| 2. Site Name (For example, plant name or number):<br>CASSELTON CLEANERS INC   |
| 3. Hazardous Waste Generator Identification Number:   |
| 4. Facility Location:<br>Street Address: 2054 SEMORAN BLVD #132<br>City: WINTER PARK County: SEMINOLE Zip Code: 32792 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):<br>1110069-002                                     |

Responsible Official

|  |
|--|
| 6. Name and Title of Responsible Official:<br>Name: ANIL J. RATHOD Title: V.P.   |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address: 2054 SEMORAN BLVD #132<br>City: WINTER PARK County: SEMINOLE Zip Code: 32792 |
| 8. Responsible Official Telephone Number:<br>Telephone: (407) 678-9356 Fax: (407) 678-6200   |

Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):         |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>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<br>From Manufacturer | Status<br>(circle one) | Control Device Required*<br>(circle one) | Date Control Device Installed<br>(if already included at time of<br>purchase, write "SAME") |
|---|------------------------|--|---|
| <u>12-15-1997</u>                             | Existing/New           | RC/CA/None required                      | <u>RC &amp; CA</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<br>From Manufacturer | Status<br>(circle one) | Control Device Required*<br>(circle one) | Date Control Device Installed<br>(if already included at time of<br>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".)

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

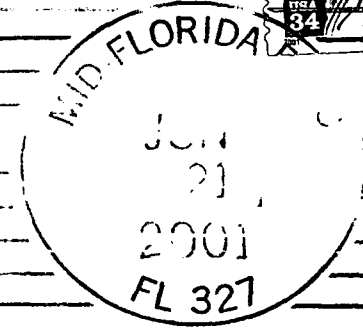
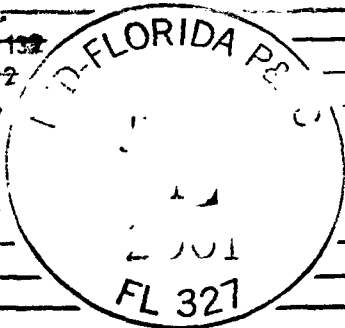
ANIL RATHOD  
Print name of responsible official

Anil S Rathod  
Signature

6.17.01  
Date

**CASSETON CLEANERS, INC.**

2054 Semoran Boulevard, #132  
Winter Park, Florida 32792  
Phone (407) 678-9356



GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING & MOBILE SOURCES  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL 32399-2600





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422369 JAN30 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**

X

Do NOT Remove Label

CASSELTON CLEANERS  
ANIL RATHOD  
2054 SEMORAN BLVD #132  
WINTER PARK FL  
32792

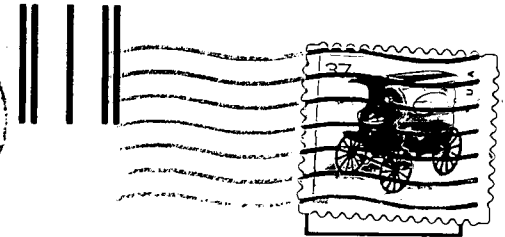
AIRS ID#1170069

Bureau of Air Monitoring  
& Mobile Sources

FEB 07 2003

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

**CASSELTON CLEANERS, INC.**  
2054 Semoran Boulevard, #132  
Winter Park, Florida 32792  
Phone (407) 678-9356



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



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

OFFICIAL USE

7001 0320 0001 7975 5816

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total</b>                                      |    |

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#1270145

**Sent** MONARCH DRY CLEANERS  
 EDWIN CANDELARIA  
 1382 HOWLAND BLVD  
 DELTONA FL  
 32738

PS: Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:  
 AIRS ID#1270145  
 MONARCH DRY CLEANERS  
 EDWIN CANDELARIA  
 1382 HOWLAND BLVD  
 DELTONA FL  
 32738

**COMPLETE THIS SECTION ON DELIVERY**

|   |  |
|---|--|
| A. Received by <i>(Please Print Clearly)</i>  | B. Date of Delivery<br>2-7-03  |
| C. Signature<br>X <i>[Handwritten Signature]</i>  |  |
|   | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |  |

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? *(Extra Fee)*     Yes

2 Article Number: 7001 0320 0001 7975 5816

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  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
FEB 24 2003  
Bureau of Air Monitoring  
& Mobile Sources



7001 0320 0001 7975 7285

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

**OFFICIAL USE**

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

AIRS ID#1170069

Sent to: CASSELTON CLEANERS  
ANIL RATHOD  
Street or PO: 2054 SEMORAN BLVD #132  
City: WINTER PARK FL  
32792

PS Form Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID#1170069

CASSELTON CLEANERS  
ANIL RATHOD  
2054 SEMORAN BLVD #132  
WINTER PARK FL  
32792

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Handwritten Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*[Handwritten Name]* *[Handwritten Date: 7/7/03]*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Transfer from service label) 7001 0320 0001 7975 7285

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 •

DIR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 15810  
2600 CLARK HAYNE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Dir of Air Monitorin  
& Mobile Sources

FEB 10 2003

0 1 3 0

32399-2400



7003 0500 0004 0144 7139

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

|   |    |                              |
|---|----|------------------------------|
| Postage   | \$ | Postmark<br>Here             |
| Certified Fee   |    |                              |
| Return Receipt Fee<br>(Endorsement Required)  |    |                              |
| Restricted Delivery Fee<br>(Endorsement Required)   |    |                              |
| To AIRS ID# 1170069 1stC<br>Cas<br>2054 Semoran Blvd #132<br>WINTER PARK, FL 32792<br>Cit |    |                              |
| PS Form 3800, June 2002   |    | See Reverse for Instructions |

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID# 1170069 1stC  
 CASSELTON CLEANERS  
 2054 Semoran Blvd #132  
 WINTER PARK, FL 32792

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Asha Rathod*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 2/7/05

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Transfer from service label) | 7003 0500 0004 0144 7139

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® on this box. •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

FEB 9 2005

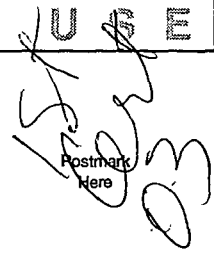
RECEIVED



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

7001 1140 0001 7556 3906

**OFFICIAL USE**

|   |  |  |
|---|--|--|
| Postage   | \$   | Postmark<br>Here<br> |
| Certified Fee                                     |  |  |
| Return Receipt Fee<br>(Endorsement Required)      |  |  |
| Restricted Delivery Fee<br>(Endorsement Required) |  |  |
| <b>Total P</b>                                    | ID# 1170069                                  |  |
| <b>Sent To</b>                                    | ANIL RATHOD                                  |  |
| <b>Street, /<br/>or PO B</b>                      | CASSELTON CLEANERS<br>2054 SEMORAN BLVD #132 |  |
| <b>City, Sta</b>                                  | WINTER PARK, FL 32792                        |  |

PS Form 3800, January 2001. See Reverse for Instructions.

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

ID# 1170069  
 ANIL RATHOD  
 CASSELTON CLEANERS  
 2054 SEMORAN BLVD #132  
 WINTER PARK, FL 32792

2 Article Number  
 (Transfer from service label)

7001 1140 0001 7556 3906

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Anil J Rathod*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ 2/6/04

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

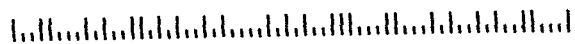
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION # 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
Tallahassee, Florida 32399-2400

FEB 9 2004

RECEIVED





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**

X

412401 DEC31 2001

Do **NOT** Remove Label

|                        |
|------------------------|
| AIRS ID # 1170069      |
| CASSELTON CLEANERS     |
| ANIL RATHOD            |
| 2054 SEMORAN BLVD #132 |
| WINTER PARK FL         |
| 32792                  |

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

446814 FEB17 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

|                        |
|------------------------|
| AIRS ID# 1170069 1stC  |
| CASSELTON CLEANERS     |
| 2054 Semoran Blvd #132 |
| WINTER PARK, FL 32792  |

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 21 2005

RECEIVED



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**

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 21 2003

423148 FEB18 2003

Do NOT Remove Label

|   |                 |
|---|-----------------|
| WYMORE CLEANERS<br>SUN MO HWANG<br>250 S WYMORE ROAD<br>ALTAMONTE SPRINGS FL<br>32714 | AIRS ID#1170070 |
|---|-----------------|

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



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**

435857 FEB 22 2004

Do NOT Remove Label

|  |
|--|
| 1170069<br>ANIL RATHOD<br>CASSELTON CLEANERS<br>2054 SEMORAN BLVD #132<br>WINTER PARK FL 32792 |
|--|

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

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FEB 6 2004  
Bureau of Air Monitoring  
& Mobile Sources

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

459244 FEB24 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

AIRS ID# 1170069 1st  
CASSELTON CLEANERS  
2054 Semoran Blvd #132  
WINTER PARK, FL 32792

Bureau of Air Monitoring  
& Mobile Sources

FEB 24 2006

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

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