

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

July 25, 2007

Mr. Dinesh Patel Frankies Cleaners 2108 South French Avenue Sanford, Florida 32771

Re: Facility No.: 1170074-004

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 2007.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Ms. Caroline Shine, Central District

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#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JUL 2 5 2007

#### Part III. Notification of Intent to Use General Permit

Rureau at Air	M: addom.
e. Monile	SouPrior 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.

Fac	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BAZUNI INC.
2.	Site Name (For example, plant name or number):
	FRANKIES CLEANERS
	Hazardous Waste Generator Identification Number:
4.	Facility Location: 2108 S. FRENCH AVE. Street Address: City: SANFORD County: FZ Zip Code: 32771.
	SECTIVE Identification Number (DECOSECIALLY) do not cit in)
Res	sponsible Official 170074-004
	Name and Title of Responsible Official:
Nat	ME: MR. DINESH PATEL Title: MANAGER
7.	Responsible Official Mailing Address: Organization/Firm: BAZUNI INC Street Address: 2108 S. FRENCH AVE. City: SANFORD County: SEMINDLE FL Zip Code: 3277!
8.	Responsible Official Telephone Number:
	Telephone: (407) 321 - 0690 Fax: (407) 321 - 0690
	cility 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: ( ) -

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MAY 2 2 2007

#### **Facility Information**

#### 1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

Bureau or Air, Monte is & Mobile Source

DEP Central Dist.

Date Initially Purchased rom Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1995	ExistingNe	w (RC/CA/None required	SAME
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	<del></del>
CONTROL DEVICE KE	EY: RC = re	efrigerated condenser CA =	carbon adsorber
.(b) TRANSFER MACI	HINES ONLY		
low many washers do you	ı have on-site?	[_ <b>2</b> ]	
low many dryers/reclaim	ers do you have o	n-site?	
ノノン, IL IS a 14E VV WIIIL (IIL		after September 22, 1993 are allow	med to operate under this general
ermit). For each transfe Pate Initially Purchased	r machine on-site, Status (circle one)	please provide the following info Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
ermit). For each transfe ate Initially Purchased	Status	Control Device Required*	Date Control Device Installed (if already included at time of
ermit). For each transfe Date Initially Purchased	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of
	Status (circle one)  Existing (New)	Control Device Required* (circle one)  RC/CA None required	Date Control Device Installed (if already included at time of
ermit). For each transfe Date Initially Purchased	Status (circle one)  Existing (New)  Existing/New  Existing/New	Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.  2007  Carbon adsorber
cermit). For each transference of the contract	Status (circle one)  Existing (New)  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  cfrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.  2007  Carbon adsorber
CONTROL DEVICE KE	Status (circle one)  Existing(New)  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  efrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.  Carbon adsorber  REVENUE OUNTING  p records: []
CONTROL DEVICE KE	Status (circle one)  Existing(New)  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  Prigerated condenser CA = nave you used within the last 12 m this in)  S months  New owner: Did not kee New store: New machine	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.  Carbon adsorber  REVENUE OUNTING  p records: []

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based on Indicate with an "X". Select one classification or	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 on-site Transfer only on-site Both machine types 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 machines p (Indicate with an "X".)	oursuant 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 []
	nits shall not be eligible to use the general permit pursuant to of water generating units on-site meet the following exemption d memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR 
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	[][1][ <u>5</u> ]
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	harden and the second
6. Equipment Monitoring and Recordkeeping Information	ation
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log Y
(b) Leak detection inspection and repair	[ <b>X</b> ]
(c) Refrigerated condenser temperature monitoring	[]
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Startup, shutdown, malfunction plan	<u>[×]</u>

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
	1 hereby surrender all existing DEP air permits authorizing operation of the facility indicated in the notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification for
Responsible	Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	DINESHKUMAR PATEL
Print nan	be of responsible official  S. 16.07.
Signature	

BAZUNI, INC.
14912 Faberge Dr.
Orlando, FL 32828

DATE 5.21.07.

PAY TO THE DEPARTMENT OF ENVIRONENTAL PROTECTION \$ 100-00
ORDER OF

ONE HUNDRED ONLY
DOLLARS

Wachovia Bank, NA,
Wach

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BAZUNI, INC. 14912 Faberge Dr. Orlando, FL 32828 1321

DATE 5.21.07.

DEPARTMENT

OF ENVIRONENTAL

PROTECTION

100-00

ONE

FOR

HUNDRED

ONLY-

**DOLLARS** 

Features
Details on
Back.

**VACHOVIA** 

•

Wachovia Bank, N.A. wachovia.com GTCM

161478 MAY 25'0

not stom

Soundy,

Per Party Adams request I've attached the original documents of a copy of the Check This fis currently in Stem eash list area + needs to be moved prior to June 30.

Thanks for your help!

Jenni Fer Peddiwa

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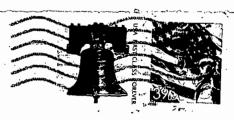
JUN 1 5 2007

Bureau n was in grann or & Mobile Sources

Jennifer Peddiard 245-3456 neide object coll

BAZUNI INC 2108 S. FRENCII AVC. SANFORD FL 32771.

MID FLORIDA PDC FL 3272 L 23 JUL 2007 PM



FLORIDA DEPT OF ENVIRONENTAL PROTECTIONS
ATT: S. BOWMAN.
2600 BLAIR STONE ROAD MS SSIO
TALLAHASSEE FL. 32399 - 2400.

32399+6542

إساما والمالولية ليجارا والمساما والمالية المجارية المالولية

MI, SANOY

I HOPE THESE ARCHARE

CORRECT FORMS YOU WERE TALKING ABOUT.

WELP IS BOTO-

MELP IS CHEATLY APPRECIATED.

THANKS AGAIN

O Jaim.

DINESH PATEL.

#### **Facility Information** 1.(a) DRY-TO-DRY MACHINES ONLY 17 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") SAME 1995 Existing/New RC/CA/None required Existing/New RC/CA/None required RC/CA/None required Existing/New CA = carbon adsorber RC = refrigerated condenser \*CONTROL DEVICE KEY: 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 Control Device Installed Control Device Required\* (if already included at time of Date Initially Purchased Status (circle one) (circle one) purchase, write "SAME") From Manufacturer RC/CA None required Existing/New 2006 RC/CA/None required Existing/New RC/CA/None required Existing/New CA = carbon adsorber RC = refrigerated condenser \*CONTROL DEVICE KEY: 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? [5] 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 o Indicate with an "X". Select one classification of	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 on-site Transfer only on-site Both machine types 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 machines (Indicate with an "X".)	pursuant to section (5) of Part 11 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  []
·	units shall not be eligible to use the general permit pursuant to not water generating units on-site meet the following exemption ed memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR 
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	
What type of fuel do you use?  [] No. 2 fue [] No. 6 fue	
6. Equipment Monitoring and Recordkeeping Inform	nation
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 [X]
(b) Leak detection inspection and repair	[ <u>×</u> ]
(c) Refrigerated condenser temperature monitoring	L]
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Startup, shutdown, malfunction plan	[ <u> </u>

7. Surrender o	of Existing DEP Air Permit(s)	
Please indicat	te with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air permit notification form; the permit number(s) are	its authorizing operation of the facility indicated in this
	No DEP air permits currently exist for the op	peration of the facility indicated in this notification form
Responsible	Official Certification	
statemen maintain comply w	ts made in this notification are true, accurate a the air pollutant emissions units and air pollut with all terms and conditions of this general per	tion control equipment described above so as to mit as set forth in Part II of this notification form.
	emptly notify the Department of any changes to  NESHKUMAR PATEL	the information contained in this notification.
	Daire Waise	5·08·07.
Signature	<del>-</del>	Date

# Best Available Copy Department of Environmental Protection

Central District

FLORIDA	Central Distr 3319 Maguire Bouleva Orlando, Florida 320	rd, Suite 232 803-3767	
	Multimedia Inspection Summary	7	~
Date: 4-27-07	Entry Time: 11:45	Exit Time: 12:40 = 5 8	
Facility Name: Foundation	Clanars	7	
Location: 2108 5, Fee	soly Are, Sunford There	\$ ( . ·	1
Phone: (407) 321-41121		Email:	
Responsible Official:	12 Pala / IMESH	PATEL.	
AIRS ID# 11 7 0 0 フリ	EPA ID# \$10984234450	DSCP ID#:	
Type of Inspection:	Annual	Discovery	
Program Areas Inspected:	Air (Ch. 62-213.300 F.A.C.), 🛮 HW (40 CFR F	Parts 260-268, as adopted in Ch. 62-730, FAC),	
<u>/</u> JI	Ory Cleaner Solvent Cleanup Program	m 🗆 Other	
<u> </u>			

Phone: (40) 321-41131	Fax:	Email:
Responsible Official:	12 Pala / IMIESH	
AIRS ID# 117 0 3 7 11	EPA ID # FL17984234450	DSCP ID#:
71 1	nnualComplaint/I	
Program Areas Inspected: 🗹 A	ir (Ch. 62-213.300 F.A.C.), 🗹 HW (40 CFR P	arts 260-268, as adopted in Ch. 62-730, FAC),
	ry Cleaner Solvent Cleanup Progran	n 🗆 Other
This inspection is designed to de	etermine compliance with state and	ity of Section 403.091, Florida Statutes. federal environmental regulations as itle 62, Florida Administrative Code.
Submit records for rev	evaluated at the time of this inspection. riew as directed by the inspector. ce Certification form has been properly	certified and submitted to the inspector.
-	each program inspected with one or more program(s) inspect	ed .
<ol> <li>A description of</li> <li>A schedule for</li> <li>A description of</li> <li>Submit these items to</li> </ol>	of all corrective actions taken, completion of corrective actions to of efforts to prevent recurrence of the the address listed above. The action	be taken and le non-compliance items listed on page 2. Instaken within 50 days of this notice including the assessment of penalties,
IF YOU HAVE QUESTIONS, pl	lease contact this inspector at (407) 89	4-7555.
INSPECTOR (signature)	J. MARCHARLES	Date: 4-27-07
The undersigned person hereby ac	knowledges that he/she received a copy	y of this notice.  Date: 4-27 - 7

IF YOU HAVE QUESTIONS, please contact this inspecto	r <sub>.</sub> at (407) <b>894-7555</b> .
INSPECTOR (signature)	Date: 4-27-07
	N .
The undersigned person hereby acknowledges that he/she re	ceived a conv of this notice
	corred a copy or ans notice.
FACILITY PERSONNEL	

62 213.300

Page of 2

# MULTIMEDIA COMPLIANCE INSPECTION - NOTICE OF POTENTIAL NON-COMPLIANCE

DEP inspecter(s) identified the following potential items of non-compliance. This is not a formal	
enforcement action and may not be a complete listing of all items of non-compliance which exi	
.ime of this inspection.	,

· Change Fitter on galaxy unit
· Seal The floor around the dry deaning marchine and
the spotting Bond - with a two-part epoxy water Resistan
· www.dep. state. fl. us/Air/forms/Trap. htm to optain
the Depictorning Air Greneral permit Form.
- Samole inter from prices veryon >
wow. invitorallownages.com
* CLILLIGAN WATER PRODUCTS
624 LOVEJOY RD NW
FORT WALTON BCH, FL 850-664-7771
407. 425. 6686 - ORLANDO - 800.311.7113
``
FLORIDA WATER TESTING
CLEAZINATER 727-799-1160
I 4 92 EXIT WILLIAMSON BLUD
NATER ANALYSIS SIDE
DEP Inspector:
Facility Personnel:

Page  $\frac{2}{2}$  of  $\frac{2}{2}$ 

#### RECEIVED

#### **Facility Information** MAY 2 2 2007 1.(a) DRY-TO-DRY MACHINES ONLY DEP Central Dist. 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") 1995 SAME Existing New RC/CA/None required RC/CA/None required Existing/New Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber1.(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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (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 CA = carbon adsorber \*CONTROL DEVICE KEY: RC = refrigerated condenser 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? 1 15 | gallons (You must fill this in)

DEP Form No. 62-213.900(2)

(b) If less than 12 months, how many? [ 5] months

Effective: 2/24/99

New store: New machine

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

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

<ol><li>What is the facility's source classification based on Indicate with an "X". Select one classification or</li></ol>	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 on-site Transfer only on-site Both machine types 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 machines p (Indicate with an "X".)	oursuant 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 []
	nits shall not be eligible to use the general permit pursuant to of water generating units on-site meet the following exemption d memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	[_][][5]
What type of fuel do you use?  [] propane  [] No. 2 fuel  [] No. 6 fuel	·
6. Equipment Monitoring and Recordkeeping Information	ation
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 a	ddition log [X]
(b) Leak detection inspection and repair	<u> </u>
(c) Refrigerated condenser temperature monitoring	·
(d) Carbon adsorber exhaust perc concentration monit	toring []
(e) Startup, shutdown, malfunction plan	[ × ]

er of Existing DEP Air Permit(s)
icate 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
le Official Certification
undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in otification. I hereby certify, based on information and belief formed after reasonable inquiry, that the tents made in this notification are true, accurate and complete. Further, I agree to operate and ain the air pollutant emissions units and air pollution control equipment described above so as to by with all terms and conditions of this general permit as set forth in Part II of this notification form.  Spromptly notify the Department of any changes to the information contained in this notification.
DINESHKUMAR PATEL
name of responsible official

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

# FILED Mar 27, 2007 8:00 am Secretary of State

DOCUMENT # 1. Entity Name	# P0600011853	1				03-27-2007 90009 (	)[3 ***	150.00
BAZUNI, INC								
DO N	OT WRITE	IN THIS S	PA	CE	. 40	042288		
2. Principal Place of		3. Mailing Address.						
2108 S FRENCH AVE Suite, Apt. #, etc.		2108 S FRENCH STR Suite, Apt. #, etc.	REET		,	DO NOT WRITE IN	THIS S	PACE
					4 55111			TALLIE TO
City & State SANFORD, FL		City & State SANFORD, FL			4. FEI Ni 20-554538		-	Applied For Not Applicable
Zip 32771	Country	Zip 32771	Co	ountry	5. Certific	ate of Status Desired		\$8.75 Additional Fee Required
					ne and Ad	dress of Current R	egister	ed Agent
F	O NOT W	DITE		Name				
	O NOT W			Street Addi	ress (P.O. I	Box Number is Not A	Accepta	ble)
I.	n this sp	AUE						
				City		F	L	Zip Code
8. The above named State of Florida. I	entity submits this st am familiar with, and	atement for the purpos accept the obligations	se of ch of regis	anging its registered agent.	stered offic	e or registered ager	nt, or bo	th, in the
SIGNATURE	ve hand as printed page o	f registered agent and title if a	nalicabla	(NOTE: Poolet	torod Agent sis	notive recilied when reli		DATE
January 1	- May 1 Fee is \$150.		ррисавіе	. (NOTE: Regist		gnature required when rein		
	ay 1, Fee is \$550.00 ded UBR is \$61.25 a to Florida Departm	ent of State				n Campaign Financing und Contribution.		\$5.00 May Be Added to Fees
10,	OFFICERS A	ND DIRECTORS	11.	m=energenististen				
TITLE NAME	PST PATEL, DINESHKUI	MAR		LE ME				
STREET ADDRESS CITY-ST-ZIP	14912 FABERGE DI ORLANDO, FL 3282		1111111111111	REET ADDRESS Y-ST-ZIP	S			
TITLE	ORLANDO, LE 3202	.0		LE				
NAME STREET ADDRESS			12:11:11:11:11	ME REET ADDRESS				
CITY-ST-ZIP			cn	Y-ST-ZIP				
TITLE NAME			4141414141	LE ME				
STREET ADDRESS CITY-ST-ZIP			100000000000000000000000000000000000000	REET ADDRESS 'Y-ST-ZIP		DO NOT	WR	ITE
TITLE			TIT	LE		IN THIS		************************
NAME STREET ADDRESS				ME REET ADDRESS	S			
CITY-ST-ZIP TITLE			CIT	Y-ST-ZIP				
NAMÉ			NA	ME				
STREET ADDRESS CITY-ST-ZIP			*********	REET ADDRESS Y-ST-ZIP	S			
TITLE			III	ÜE				
NAME STREET ADDRESS			111111111111	REET ADDRESS	3			
12. I hereby certify that t	he information supplied	with this filling does not qu		Y-ST-ZIP the exemption s	stated in Sec	tion 119.07(3)(i), Florid	da Statut	es. I further
certify that the inform	nation indicated on this r	eport or supplemental reprint of the corporation	oort is tn	ue and accurate	and that my	signature shall have th	ne same	legal effect
		appears in Block 10						
CICNATURE.	(E)	Pais				03.23.01.	401	·821.4484
SIGNATURE:	ATURE AND TYPED OF	R PRINTED NAME OF SIG	GNING	OFFICER OR DI	RECTOR	Date		ne Phone #

AREA Off	ice* CD	Cen: ORLANDO		Dunty* SEMI	NOLE	AIF	ARMINVO RS ID 1170074	
Owner/Comp.*	FRANKIE'S CLEA	NERS	<u> </u>		Site FI	RANKIE'S CLEANERS	3	
Directions								
Street	2108 S French	Ave				.;		-
City *	SANFORD				Zip 32771			
UTM Zoné	17 East	473.62 North	3185.01	Latitude 28	47 38.0	0000 Longitude	81 16 23	.0000
	CTIVE		re weight a representation		DEDCOUAL O			
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ÖR Req * N [▼	Ozor	ie SIP Facility* <u>N</u>	Typ	e 10 PCE	Drycleaning	Facilities		mmeranant
ompliance Tracki	ng 🔲	Armanan memeruman man		charterions was tarried to account		Current Pern	nit Indicator 🛛 🗚	; [+]
Title V TITLE	V	non-HAP Class M	INOR	HAP Cla	ss MINOR	F	Public Exempt	
# of Emis Uni	ts	ic	\	r [ ]	G	enerator Rating		N.

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엹	Permitting A	pplication - Permit Detail and Log Permit 1999/1999/1999 1999/1999 1999/1999/199	×
	ARE	ARMS Facility  ARMS ID 1170074 STATUS A OFFICE CD Cen: ORLANDO  SITE NAME FRANKIE'S CLEANERS COUNTY SEMINOLE	-
	OWNER	COMPANY FRANKIE'S CLEANERS	
	AIR Permi		
	Permit Off		1.5
	Project Nar	me FRANKIE'S CLEANERS Desc re-registration	
1	Type/Sub/D	es AG /01 Title V General Permit Logged 07/06/2006	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Receiv	ved 07/05/2006   Issued 08/05/2006   Expires 08/05/2011   OGC	
	, F	Fee 0.00 Fee Recd Dele Override NONE	
1	Role	Related Party  APPLICANT Begin 07/06/2006 End	
, in	Name [	PATEL, NITESH Company FRANKIE'S CLEANERS	
4	Address 2	2108 S FRENCH AVENUE	\
: 6	City	SANFORD State FL Zip 32771 - Country U.S.A.	
	Phone 4	407-321-4484 Fax	
14.	Processor	THOMAS_BX Y Active 07/06/2006 Inactive Events	

#### Facility Information

or each dry-to-dry machines do you have on-site?  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry machine on-site, please provide the following information:  Interpretation of each dry-to-dry	.(a) DRY-TO-DRY MA	ACHINES ONLY	,	•
or each dry-to-dry machine on-site, please provide the following information:  ate Initially Purchased from Manufacturer  (circle one)  (circl	• •			
Status (circle one) Control Device Required* (if already included at time of purchase, write "SAME")  Existing/New RC/CA/None required Status Control Device Required* (circle one) Existing/New RC/CA/None required Existing/New RC/CA	• • •	•		n:
Existing/New RC/CA/None required  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  (b) TRANSFER MACHINES ONLY  It was 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 for 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 sermit). For each transfer machine on-site, please provide the following information:  Control Device Required (circle one)  Existing/New RC/CA/None required  Existing/New RC/CA	Date Initially Purchased From Manufacturer	Status	Control Device Required*	Date Control Device Installed (if already included at time of
Existing/New RC/CA/None required  CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  (b) TRANSFER MACHINES ONLY  flow many washers do you have on-site?  [2]  fow many dryers/reclaimers do you have on-site?  [1]  fthe transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING nit. If the transfer machine was purchased after September 22, 1993 are allowed to operate under this general ermit). For each transfer machine on-site, please provide the following information:  Date Initially Purchased Status Control Device Required* (circle one)  Status Control Device Required* (circle one)  Existing/New RC/CA/None required  *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  *Control Device Required    CA = carbon adsorber	1995	Existing/Nev	RC/CA/None required	SAME
CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  (b) TRANSFER MACHINES ONLY  Iow many washers do you have on-site?  Iow 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 nit. If the transfer machine was purchased after September 22, 1993 are allowed to operate under this general ermit). For each transfer machine on-site, please provide the following information:  Date Initially Purchased Status Control Device Required* (circle one)  Orom Manufacturer (circle one)  Existing/New RC/CA/None required  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  *CONTROL DEVICE KEY: RC = refrigerated condenser  CA = carbon adsorber  Did not keep records:    15		Existing/Nev	w RC/CA/None required	
Solution   Control Device   Control De		Existing/Nev	w RC/CA/None required	
Solution   Control Device   Control De			CA :	- corbon adsorber
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Now many washers 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 nit. 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 ermit). For each transfer machine on-site, please provide the following information:  Oute Initially Purchased Status Control Device Required* Oute Initially Purchased (circle one)  Oute Initially Purchased (circle one)  Existing/New RC/CA/None required  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  *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  15 gallons (You must fill this in)  (b) If less than 12 months, how many? 5 months  Check why it is less than 12 months: New owner: Did not keep records: Did not keep records: Disput machine [ ]	(b) TRANSFER MACI	HINES ONLY		
fow 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 nit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general ermit). For each transfer machine on-site, please provide the following information:  Ontrol Device Required*  Ontrol Device Required*  (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 = carbon adsorber  *CONTROL DEVICE KEY:  RC = refrigerated condenser  CA = carbon adsorber  1.5 gallons (You must fill this in)  (b) If less than 12 months, how many?  Check why it is less than 12 months: New owner:  Did not keep records:    New machine	• •		2	
fithe transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING nit. 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 ermit). For each transfer machine on-site, please provide the following information:  Onter Initially Purchased Status Control Device Required* (circle one)  Onter Initially Purchased Status (circle one)  Existing New RC/CA/None required  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  **CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  1.5 gallons (You must fill this in)  (b) If less than 12 months, how many? 5 months: New owner: Did not keep records: Device Installed (Installed in the last 12 months) of the purchase in the last 12 months?  One of the purchased status of the purchased after September 22, 1993 are allowed to operate under this general end of the purchase information:  Date Control Device Installed (If already included at time of purchase, write "SAME")  **CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  **CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  **CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  **CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber			n-site?	
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?  [15] gallons (You must fill this in)  (b) If less than 12 months, how many? [5] months  Check why it is less than 12 months: New owner: Did not keep records:	f the transfer machine wa unit. If the transfer machin	ns purchased from	the manufacturer prior to or on D from the manufacturer between D	wed to operate under this general ormation:
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?  [15] gallons (You must fill this in)  (b) If less than 12 months, how many? [5] months  Check why it is less than 12 months: New owner: [1] Did not keep records: [1]	f the transfer machine wa unit. If the transfer machin	as purchased from ne was purchased to o units purchased to r machine on-site, Status	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required*	owed to operate under this general ormation:  Date Control Device Installed (if already included at time of
*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  2.(a) How much perchloroethylene (perc) have you used within the last 12 months?  [15] gallons (You must fill this in)  (b) If less than 12 months, how many? [5] months  Check why it is less than 12 months: New owner: Did not keep records:]	If the transfer machine wa unit. If the transfer machin 1993, it is a NEW unit (no permit). For each transfe Date Initially Purchased From Manufacturer	s purchased from ne was purchased to o units purchased to r machine on-site, Status (circle one)	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allowed please provide the following information (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
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*CONTROL DEVICE RET*  2.(a) How much perchloroethylene (perc) have you used within the last 12 months?  [15] gallons (You must fill this in)  (b) If less than 12 months, how many? [5] months  Check why it is less than 12 months: New owner: [1] Did not keep records: [1]	If the transfer machine wa unit. If the transfer machin 1993, it is a NEW unit (no permit). For each transfe Date Initially Purchased From Manufacturer	es purchased from the was purchased to units purchased to the machine on-site, Status (circle one)  Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.
(b) If less than 12 months, how many? [5] months  Check why it is less than 12 months: New owner: Did not keep records: []	If the transfer machine wa unit. If the transfer machin 1993, it is a NEW unit (no permit). For each transfe Date Initially Purchased From Manufacturer	s purchased from the was purchased to units purchased to units purchased the machine on-site,  Status (circle one)  Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following information (circle one)  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.
(b) If less than 12 months, how many? [5] months  Check why it is less than 12 months: New owner. Did not keep records: [1]	If the transfer machine wa unit. If the transfer machin 1993, it is a NEW unit (no permit). For each transfe Date Initially Purchased From Manufacturer	s purchased from the was purchased to units purchased to units purchased the machine on-site,  Status (circle one)  Existing/New Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.  = carbon adsorber
(date of expected opening	If the transfer machine wa unit. If the transfer machine 1993, it is a NEW unit (not permit). For each transfer Date Initially Purchased From Manufacturer  2006.  *CONTROL DEVICE K 2.(a) How much perchlo	s purchased from ne was purchased of units purchased of remachine on-site,  Status (circle one)  Existing/New  Existing/New  Existing/New  CEY: RC = remachine (perc)  lons (You must fill	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow please provide the following information of the control Device Required*  (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA/None required  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")  SAME.  = carbon adsorber
Unopened store L	If the transfer machine wa unit. If the transfer machine 1993, it is a NEW unit (not permit). For each transfer Date Initially Purchased From Manufacturer  2006.  *CONTROL DEVICE K 2.(a) How much perchlo	s purchased from the was purchased to units purchas	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow please provide the following information of the following in	wed to operate under this general primation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?  keep records:

3. What is the facility's source classification be Indicate with an "X". Select one classific		d in section (3) of Part II?
Small Area Source	<u>_</u> ] .	
Dry-to-dry machines only or Transfer only on-site Both machine types on-site	(used less than 200	gallons of perc per year) gallons of perc per year) gallons of perc per year)
Large Area Source [	]	
Dry-to-dry machines only of Transfer only on-site Both machine types on-site	(used 200 - 1,800 g	gallons of perc per year) gallons of perc per year) gallons of perc per year)
4. What control technology is required on made (Indicate with an "X".)	tines pursuant to section (5	5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED) []		nines at small area source ed condenser
Existing machines at large area source Carbon adsorber  Refrigerated condenser		nines at large area source ed condenser []
5. A facility which contains non-exempt emis Rule 62-213.300, F.A.C. Verify that all steam criteria or that no such units exist on-site (see	and hot water generating u	mits on-site meet the following exemption
All steam and hot water generating units exem No such units on-site	ot [] OR	
How many boilers do you have on-site?	<u>!</u> ]	
For each boiler, indicate its horsepower (HP)	nting: [] [] []	] -
No	2 fuel oil No	tural gas  b. 4 fuel oil  ther (please list)
6. Equipment Monitoring and Recordkeeping	nformation	
Check all logs which are required to be kept o	-site in accordance with th	e requirements of this general permit:
(a) Purchase receipts and solvent purchases/so	vent addition log	<u> </u>
(b) Leak detection inspection and repair		[ <u>×</u> ]
(c) Refrigerated condenser temperature monitor	ring	
(d) Carbon adsorber exhaust perc concentration	monitoring	
(e) Startup, shutdown, malfunction plan		[_ <b>X</b> _]

7. Surrender o	of Existing DEP Air Permit(s)		
Please indicat	te with an "X" the appropriate selection:		
	I hereby surrender all existing DEP air penotification form; the permit number(s) as	ermits authorizing operation of the facility indicated in tre	1 this
	No DEP air permits currently exist for the	e operation of the facility indicated in this notification	form
Responsible	Official Certification		
statemen maintain comply w	ts made in this notification are true, accura the air pollutant emissions units and air po with all terms and conditions of this general	tion and belief formed after reasonable inquiry, that the teate and complete. Further, I agree to operate and collution control equipment described above so as to permit as set forth in Part II of this notification form to the information contained in this notification.	
	ne of responsible official  Dair  Dair	<u>ら、03、0よ。</u> Date	
Signature	,	Date	

# Best Available Copy Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232

### Multimedia Insp

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Orlando, Florida 32803-3767	•	ాప	
Ollando, Florida 32003-3707	7	$\subset$	
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pection Summary – Dry Cleaner Industry	, 's		
decilon Summary – Dry Cleaner midustry		'E	

Date: 4-27-07   Entry Time: 11:45	Exit Time: 12110 # 6 8
Facility Name: Founds of Classics	7.6
Location: 2108 S. Fresch Nuc. Susface Floor	
Phone: (46) 321-4484 Fax:	Email:
Responsible Official: N. To. N. Pala / LIMESH	PATEL.
AIRS ID# 11 700つ11 EPA ID # チレのつどり234450	DSCP ID#:
Type of Inspection:  Annual  Complaint	Discovery
Program Areas Inspected: Air (Ch. 62-213.300 F.A.C.), HW (40 CFR	Parts 260-268, as adopted in Ch. 62-730, FAC),
Dry Cleaner Solvent Cleanup Progra	m 🖫 Other
A Multimedia Inspection was conducted this date, under the author This inspection is designed to determine compliance with state and authorized and implemented in Chapter 403, Florida Statutes and Tecords Review:	federal environmental regulations as
Not applicable Facility records were evaluated at the time of this inspection Submit records for review as directed by the inspector. The Annual Compliance Certification form has been properly	
Inspection Summary:  In Compliance with each program inspected  Out of Compliance with one or more program(s) inspection  To be determined	eted
Corrective Action:  The owner/operator is hereby requested to submit in writing 1) A description of all corrective actions taken,  2) A schedule for completion of corrective actions to 3) A description of efforts to prevent recurrence of the Submit these items to the address listed above. The action will be considered in determining whether enforcement, it should be initiated.	be taken and he non-compliance items listed on page 2. ons taken within 30 days of this notice
IF YOU HAVE QUESTIONS, please contact this inspector at (407) 8	
INSPECTOR (signature)	Date: 11-27-07
The undersigned person hereby acknowledges that he/she received a cop	ov of this notice.
FACILITY PERSONNEL	Date: 4/ 27 67
Printed Name/Title MIC DINISH PRINTEL	Date.
FORM,	· · · · · · · · · · · · · · · · · · ·
1' 10 000	p 1 .c 7

62 213.300

#### **Best Available Copy**

### MULTIMEDIA COMPLIANCE INSPECTION - NOTICE OF POTENTIAL NON-COMPLIANCE

DEP inspector(s) identified the following potential items of non-compliance. This is not a formal enforcement action and may not be a complete listing of all items of non-compliance which exist at the time of this inspection.

· Change Fitter on galaxy and
· Seed The floor around the dry deaning madrice al
the spotting bond - with a two -part epaxytheter Resistan's
· www.dep. state. fl. us/Air/Farms/Typo.htm to optain
the Doyclanning A General point form.
South mater - com orces viceum >
mond, environthomages, com
* CULLIGAN WATER PRODUCTS
624 LOVEJOY RD NIN
FORT INALTON BCH, FL 850-664-7771
407. 425. 6686 - ORLANDO - 800.311. 7113
· · · · · · · · · · · · · · · · · · ·
FLORIDA WATER TESTING
CLEAZIMATER 727-799-1160
I 4 92 EXIT WILLIAMSON BLUD LEFT 2/2 MILES DOWN RIGHT DUNN 1557 HOME
WATER ANALYSIS SIDE.
DEP Inspector:  Facility Personnel:
racinty reisonner.

Page  $\rightarrow$  of 2

## RECEIVED

Facility Information	A CULTAINE CANAX	,	MAY	2 2 2007
1.(a) DRY-TO-DRY M			DEP Co	ntral Dist
How many dry-to-dry ma	-	•	•	illiai Dist.
		provide the following information		1
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Dev (if already include purchase, write "S	d at time of
1995	Existing	w RC/CA/None required	SAME	
	Existing/Ne	w RC/CA/None required		_
	Existing/Ne	w RC/CA/None required		-
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA	= carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?	_2		
How many dryers/reclain	ners do you have o	n-site?		
1993, it is a NEW unit (n	o units purchased	from the manufacturer between I after September 22, 1993 are allowing information of the following information of the Control Device Required* (circle one)	owed to operate under t	his general ice Installed d at time of
	Existing New New	RC/CA/None required	SAME.	
	Existing/New	RC/CA/None required		
<u> </u>	Existing/New	RC/CA/None required		2007, FINAN
(b) If less than 12 mor	roethylene (perc) has (You must fill this, how many? [	nave you used within the last 12 rethis in)		MAY 25 PH 2: 39 CE & CCOUNTING REVENUE
Check why it is les	s than 12 months:	New owner: Did not kee  New store: New machi	ne []	, ,
		Unopened store [] (date of	expected opening	

	ity's source classificat n "X". Select one cla			nitions found in section	a (3) of Part II?
Small Are	a Source				
T	Ory-to-dry machines of Transfer only on-site Both machine types on		(used le	ss than 140 gallons of ss than 200 gallons of ss than 140 gallons of	perc per year)
Large Are	a Source				
Т	Ory-to-dry machines of ransfer only on-site Both machine types on		(used 20	40 - 2,100 gallons of p 00 - 1,800 gallons of p 40 - 1,800 gallons of p	erc per year)
4. What control tec (Indicate with a		n machines j	pursuant t	to section (5) of Part II	of this notification form?
	nachines at small area EQUIRED)	source		New machines at sma Refrigerated condens	
Carbon ad	nachines at large area sorber [ed condenser [	source		New machines at larg Refrigerated condens	
Rule 62-213.300, F		steam and h	ot water g	generating units on-site	he general permit pursuant to meet the following exemptio
All steam and hot w No such units on-si	vater generating units	exempt		OR	·
How many boilers	do you have on-site?				
For each boiler, ind	licate its horsepower (	HP) rating:		1)[5]	
What type of fuel d	o you use?	_] propane _] No. 2 fue _] No. 6 fue		natural gas No. 4 fuel oil Other (please	list)
6. Equipment Moni	toring and Recordkee	ping Inform	ation		
Check all logs which	ch are required to be k	ept on-site i	n accorda	ince with the requirem	ents of this general permit:
(a) Purchase receipt	ts and solvent purchas	ses/solvent a	ddition lo	og [_ <del>`</del>	
(b) Leak detection i	inspection and repair			[2	<u> </u>
(c) Refrigerated cor	ndenser temperature n	nonitoring		[	_]
(d) Carbon adsorbe	r exhaust perc concen	tration mon	itoring	[	_]
(e) Startup, shutdo	wn, malfunction plan			[2	<u>( )</u>

	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	moth notify the Department of any changes to the information contained in this notification
	mptly notify the Department of any changes to the information contained in this notification.

#### FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

# FILED Mar 27, 2007 8:00 am Secretary of State

DOCUMENT # 1. Entity Name	# P060001185	31				03-27-2007 90009 0	13(30	J.00
BAZUNI, INC DO N	OT WRITE	E IN THIS S	PA	SE .	41	042288		
2. Principal Place of		3. Mailing Address			1			
2108 S FRENCH AVE Suite, Apt. #, etc.		2108 S FRENCH STR Suite, Apt. #, etc.	EET_		'	DO NOT WRITE IN	THIS SPA	CE
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WINITE IN	11110 31 7	.02
City & State SANFORD, FL		City & State SANFORD, FL			4. FEI N 20-55453			pplied For lot Applicable
Zip	Country	Zip	Co	untry		cate of Status Desired	\$8	8.75 Additional ee Required
32771		32771		7 Nam	l ne and Ad	dress of Current Re		
				Name	ile dila 71a	<u> </u>	giotoica	Agont
	O NOT W			Street Addr	ress (P.O.	Box Number is Not A	cceptable	<del>;</del> )
I	N THIS SF	PACE					···	
				City		F	<u> </u>	ip Code
		tatement for the purpos accept the obligations			stered offic	e or registered agent	t, or both,	in the
SIGNATURE				_				
	ere, typed or printed name of May 1 Fee is \$150	of registered agent and title If a	pplicable	. (NOTE: Regist	tered Agent si	gnature required when rein:	stating)	DATE
After M	ay 1, Fee is \$550.00 ded UBR is \$61,25					n Campaign Financing Fund Contribution.	_	5.00 May Be dded to Fees
10	OFFICERS A	ND DIRECTORS	11.					
TITLE NAME	PST PATEL, DINESHKU	IMAD	TIT NA					
STREET ADDRESS CITY-ST-ZIP	14912 FABERGE D ORLANDO, FL 328	RIVE	ST	REET ADDRESS Y-ST-ZIP	3			
TITLE			TIT					
NAME STREET ADDRESS				REET ADDRESS	5			
CITY-ST-ZIP TITLE			CIT	Y-ST-ZIP				
NAME			NA					
STREET ADDRESS _CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP	5	DO NOT	WRI	TE
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TITLE	-		TIT	** ***************************				
NAME			NA					
STREET ADDRESS CITY-ST-ZIP			100000000000000000000000000000000000000	REET ADDRESS Y-ST-ZIP				
12. I hereby certify that t		with this filing does not qu	ualify for	the exemption s				
as if made under oa	th; that I am an officer of	report or supplemental report director of the corporation of the corporation arms appears in Block 10	n or the	receiver or trust	ee empowe	red to execute this repo	rt as requir	
·		Poiso				03.23.07.		21.44866
SIGNATURE:		R PRINTED NAME OF SI	GNING	OFFICER OR DI	RECTOR	Date	Daytime	

December 100				to start in	- Jakan 1967 - 4	ANT GERE		" mand
Office *  CB	Cen: ORLANDO		ounty *  SEMI	HOLE	<u> </u>	AIRS ÎD 1	170074	
* FRANKIE'S CLE	ANERS			Site FR	ANKIE'S CLEA	NERS	PARAMETER, PROBABL	
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ACTIVE	F. Sanda San	Maj Grou	Ip SIC * 72	PERSONAL SE	RVICES		**************************************	
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LEV	non-HAP Class	MINOR	HAP CI	ss MINOR		Public Ex	empt	÷
Units	c 🗀	A		Ger	nerator Ratin	g (	WM	
	S 2108 S French A SANFORD  RE 17 East ACTIVE Shidwin Di NOT OWNED OR C	S   2108 S French Ave   SANFORD	SANFORD  E 17 East 473.62 North 3185.01  ACTIVE Maj Grou  Shidwn Dt Stri Dt  NOT OWNED OR OPERATED BY A FEDERAL, STATE, OF  Cking  LE V non-HAP Class MINOR	SET 2108 S French Ave  SANFORD  E 17 East 473.62 North 3185.01 Latitude 28  ACTIVE Maj Group SIC 72  Shidwn Dt Sin Dt  HOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE  OZONE SIP Facility N Type 10 PCE  cking  LE V non-HAP Class MINOR HAP Class	SANFORD  E 17 East 473.62 North 3185.01 Latitude 28 47 38.00  ACTIVE Maj Group SIC 72 PERSONAL SE Shitdwin Dt Stri Dt  NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE HAZ Wash Ozone SIP Facility N Type 10 PCE Drycleaning Ficking  LEV non-HAP Class MINOR HAP Class MINOR	SANFORD  SANFORD  SANFORD  Typ 32771  E 17 East 473.62 North 3185.01 Latitude 28 47 38.0000 Longitude 17 East 473.62 North 3185.01 Latitude 28 47 38.0000 Longitude 18 17 East 473.62 North 5185.01 Latitude 28 47 38.0000 Longitude 19 17 East 473.62 North 5185.01 Latitude 28 47 38.0000 Longitude 19 17 East 473.62 North 5185.01 Latitude 28 47 38.0000 Longitude 19 18 18 18 18 18 18 18 18 18 18 18 18 18	Et 2108 S French Ave  SANFORD  E 17 East 473.62 North 3185.01 Latitude 28 47 38.0000 Longitude 81  ACTIVE Maj Group SiC 72 PERSONAL SERVICES  Shidwn Dt Stri Dt Final Shidwn Dt  HOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE. HAZ Waste Generator ID: FLD  Ozone SIP Facility N Type 10 PCE Drycleaning Facilities  cking Current Permit Indicates  CLIVE Maj Group SiC 72 PERSONAL SERVICES  Final Shidwn Dt  Final Shidwn Dt  Final Shidwn Dt  ACTIVE Maj Group SiC 72 PERSONAL SERVICES  CLIVE Maj Group SiC 72 PERSONAL SERVICES  Final Shidwn Dt  Final Shidwn Dt  Final Shidwn Dt  HOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE. HAZ Waste Generator ID: FLD  Type 10 PCE Drycleaning Facilities  Current Permit Indicates  CHAP Class MINOR Public Ex	SANFORD  SANFORD  E 17 East 473.62 North 3185.01 Latitude 28 47 38.0000 Longitude 81 16 23.0  ACTIVE Maj Group SiC 72 PERSONAL SERVICES  Shidwn Dt Sin Dt Final Shidwn Dt  NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE HAZ Waste Generator ID: FLD  Ozone SiP Facility N Type 10 PCE Drycleaning Facilities  cking Current Permit Indicator AG  LE V Non-HAP Class MINOR HAP Class MINOR Public Exempt

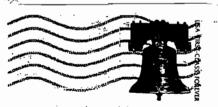
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AREA	ation - Permit Detail and Log Permit :	ARMS Facility	CD Cen: ORLANDO	
SITE		JOB 123, 3 011402.1	COUNTY SEMINOLE	
OWNER/COM				ji.
AIR Permit#	1170074 - 003 - AG	Project # 003	CRA Reference #	
Permit Office	TAL (HEADQUARTERS)		Agency Action Effective	
Project Name	FRANKIE'S CLEANERS	Desc re-registration		
Type/Sub/Des	AG / 01 Title V General Permit		»Logge	od 07/06/2006
Received	07.05/2006 Issued 0	8/05/2006 Expires	08/05/2011	ic 🔲
Fee	0.00 Fee Recd	Dele	The second secon	NE j
Role APPL	ICANT	Related Party Begin 07/06/2006		nd [
Name PATE	L, HITESH		ompany FRANKIE'S CLEANERS	
Address 2108	S FRENCH AVENUE			
City SANF	ORB	State FL	Zip 32771 Cou	intry U.S.A.
Phone 407.3	21-4484 Fax	Processors		
Processor THO	MAS_BX Y	Active 07/06/2006	Inactive	Events

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BAZUNI INC DBA FRANKIES CLEANEIS 2108 S. FRENCH AUE: SANFORD FL 32871.

MID FLORIDA PDC FL 327 1 L 19 JUN 2007 PM



SANDY BOWMAN 2600 BLAIRSTONE ROAD MS 55100 TALLAHA SSEE 32399-2400

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