

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 6, 2004

Mr. Ashok Solanki
Carriage Cleaner
365 Kapok Court
Longwood, Florida 32779

Re: Facility No.: 1170359-002

Dear Mr. Solanki:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 1, 2004.

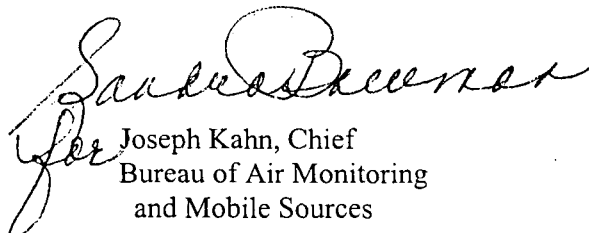
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Tom Mulligan, Central District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 1997-2002

NO ACTIVITY FOR FACILITY.....

SOC REPORTS 5.....

COMP. STATUS - SNC MNC (IN) 7/16/2003

Bowman, Sandy

From: Young, Michael
Sent: Monday, June 18, 2007 9:19 AM
To: Bowman, Sandy
Cc: Parker, Wanda
Subject: Dry Cleaner changed to Hrydocarbon

Carriage Cleaners (1170359) is not longer operating a Perk dry cleaning machine. As of June 15, 2006 the facility removed there perk dry cleaning unit. They installed a Hydrocarbon machine. Could You inactive this facility in Arms?

Michael Young
Department of Environmental Protection
Air Program - Compliance
Phone (407) 893-3333
Fax (407) 897-5963

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
JUN 1 2004

RECEIVED

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Ekta and Avni Entiprise</i>
2. Site Name (For example, plant name or number): <i>Carriage cleaner</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>967 W Hwy 434</i> Zip Code: <i>32750</i> City: <i>Longwood</i> County: <i>Seminole</i> Zip Code: <i>32750</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1170359-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Ashok Solanki</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Carriage cleaner</i> Street Address: <i>365 Kapok Ct</i> Zip Code: <i>32779</i> City: <i>Longwood</i> County: <i>SEMINOLE</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 389-8948</i> Fax: () - <i>407 682-7071</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Same as above</i>
10. Facility Contact Address: Street Address: <i>Same as Above.</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () - <i>Same as above.</i>

Facility Information

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

How many dry-to-dry machines do you have on-site? 1

*MACHINE IS EXISTING PER
CONVERSATION W/ ICA SOCANLI
6/8/04*

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")
1989	Existing	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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 1

How many dryers/reclaimers do you have on-site? 1

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")
Washer	Existing	RC/CA/None required	
D/machine	Existing	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?

120 gallons (You must fill this in)

(b) If less than 12 months, how many? months N/A

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

New store: New machine

Unopened store (date of expected opening _____)

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.

Tia Salanki
Print name of responsible official

[Signature]
Signature

5/17/04
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

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

OFFICIAL USE

7001 1140 0001 7556 3609

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

3203
Postmark
Here

Total Postage: AIKS ID # 1110559
Sent To: CARRIAGE CLEANERS
PATRICK SEBASTIAN
967 W HWY 434
Street, Apt. No. or PO Box No. LONGWOOD, FL 32750
City, State, Zip #1170359

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.

468851 FEB 9 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170359
PRTL INC
967 W HWY 434
LONGWOOD, FLORIDA 32750

Air Monitoring
& Mobile Sources

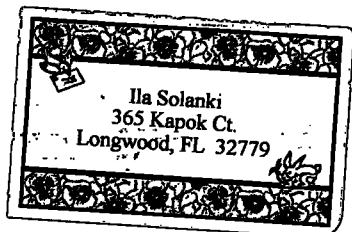
FEB 13 2007

VED

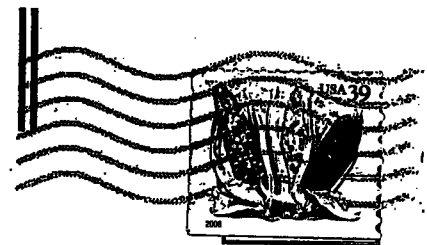
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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MID FLORIDA FDC
FL 327 1 T
07 FEB 2007 PM



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

3231533070 BOSS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER MAILING

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

457678 JAN 6 2006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

1170359 10
CARRIAGE CLEANERS
967 W HWY 434
LONGWOOD, FL 32750

RECEIVED
JAN 10 2006
Bureau of Air Monitoring
& Mobile Sources
FAIR 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.

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.

444317 JAN10 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170359 10
CARRIAGE CLEANERS
967 W HWY 434
LONGWOOD, FL 32750

Printed on recycled paper.

RECEIVED
JAN 11 2005
Bureau of Air Monitoring
& Mobile Sources
FOR GOVERNMENT USE ONLY
ORG.: 37550101000
FUND: 20-2-035000
OBJECT: 002273