



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 18, 2001.

Mr. Jayesh Khatri  
Valore Dry Cleaners  
10707 East Colonial Drive  
Orlando, Florida 32817

Re: Facility No.: 0950318-002

Dear Mr. Khatri:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 13, 2001.

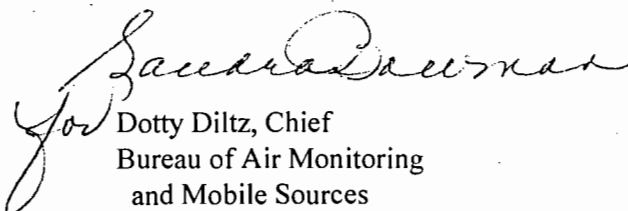
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

4/26 Called & spoke with Mr. Khatris and he will  
call back with information 157

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

RECEIVED

JAN 24 2005

From:


Valore Dry Cleaners  
10707 E. Colonial Dr.  
Orlando, FL 32817  
Ph. #407-380-5218

Bureau of Air Monitoring  
& Mobile Sources

Reference permit #: 0950318

I JAYESH KHATRI / MEENA KHATRI will be surrendering my Air Permit for the above referenced facility. Please update your records accordingly.

Reason: Sold Business (Sold on 12-31-04)



12-30-04

(Signature)

(Date)

JAYESH KHATRI

(Print Name)

## Grant, Patricia

---

**From:** Bowman, Sandy  
**Sent:** Tuesday, February 08, 2005 7:10 AM  
**To:** Grant, Patricia  
**Cc:** Thomas, Bruce X.  
**Subject:** FW: Perfection Cleaners (0950297)

Pat,

Please inactivate the most recent project for this facility. Thank you. Sandy Bowman Environmental Administrator Division of Air Resource Management 850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----

**From:** John.Parker@ocfl.net [mailto:John.Parker@ocfl.net]  
**Sent:** Monday, February 07, 2005 4:52 PM  
**To:** Thomas, Bruce X.  
**Cc:** Bowman, Sandy  
**Subject:** Perfection Cleaners (0950297)

Hi Bruce:

Perfection Cleaners (0950297) is under new ownership. The new Responsible Official will be Ignacio Totorica (previous manager). He was provided an application for a Title V GP which will be forthcoming.

John X. Parker  
Environmental Specialist  
Orange County Air Quality  
Phone: (407) 836-1445  
Fax: (407) 836-1498  
<mailto:John.Parker@ocfl.net>

**Grant, Patricia**

---

**From:** Thomas, Bruce X.

**Sent:** Tuesday, February 01, 2005 2:21 PM

**To:** 'John.Parker@ocfl.net'; 'Ilka.Bundy@ocfl.net'

**Cc:** Bowman, Sandy; Grant, Patricia

John,

Valore Dry Cleaners (AIRS ID# 0950318) has notified us that the facility has been sold. The facility status has been changed to inactive. Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

0950318-002

Page 15

2(a) Add number of gallons of perchloroethylene purchased in past 12 months.

RECEIVED

MAR 19 2002

end files.

Prior complete

Page 16

Bureau of Air Monitoring & Mobile Sources

Facility No.

1. Facility

4. New machines at small area source should be marked. Mark out "X" under Existing machines at small area source.

2. Site No.

3. Hazard

4. Facility Street City

6.(c) Required for all sources. Should be marked.

5. Facility

Responsible

6. Name Name

Page 17 Responsible official sign and date for changes made.

7. Respon Organi Street City

12/5/01 Spoke to Mr. Khatri and he stated that he has purchased 157 lbs of perchloroethylene in the past 12 months.

8. Respon Telephone

Facility Co

9. Name a

157 lbs of perc = 11.5 gallons

13.6 lbs = Weight/gallon @ 60°F

10. Facility

Street Address: City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: ( )

Fax:

RECEIVED DEC 21 2001 ORANGE COUNTY ENVIRONMENTAL PROTECTION DIVISION

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 13 2001  
Bureau of Air Monitoring  
& Mobile Services

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):	VALORE DRY CLEANERS.
2. Site Name (For example, plant name or number):	—
3. Hazardous Waste Generator Identification Number:	0950318001 AG.
4. Facility Location: <del>10707</del> 10707 E. Colonial Dr Street Address: Orlando, FL 32817 City: Orlando County: Orange	Zip Code: 32817
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950318-002

RECEIVED  
DEC 21 2001  
ORANGE COUNTY ENVIRONMENTAL  
PROTECTION DIVISION

Responsible Official

6. Name and Title of Responsible Official: Name: JAYESH KHATRI	Title: Owner/manager
7. Responsible Official Mailing Address: Organization/Firm: Same as above Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (407) 380-5218	Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	—
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) -	Fax: ( ) -

**Facility Information**

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

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

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Feb 1987 Feb 1996	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	Same
_____	Existing / New	RC / CA / None required	_____
_____	Existing / New	RC / CA / None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing / New	RC / CA / None required	_____
_____	Existing / New	RC / CA / None required	_____
_____	Existing / New	RC / CA / None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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".)

Existing machines at small area source  
 (NONE REQUIRED)

New machines at small area source  
 Refrigerated condenser

*machine originally bought in 1987 so it is still an existing machine. JB*

Existing machines at large area source  
 Carbon adsorber   
 Refrigerated condenser

New machines at large area source  
 Refrigerated condenser

5. A facility which contains non-exempt 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  JB
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan  JB

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**

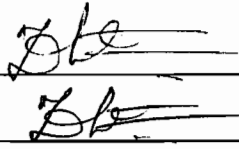
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.*

~~JANE~~ JAYESH KHATRI

Print name of responsible official

Signature



Date

11-04-01  
11-2-15-02

0950318-002

page 15

2(a) Add number of gallons of perchloroethylene purchased in past 12 months.

page 16

4. New machines at small area source should be marked. Mark out "X" under Existing machines at small area source.

6.(c) Required for all sources. Should be marked.

Page 17

Responsible official sign and date for changes made.

12/5/01

Spoke to Mr. Khatri and he stated that he has purchased 157 lbs of perchloroethylene in the past 12 months.

157 lbs of perc = 11.5 gallons

13.6 lbs = Weight/gallon @ 60°F

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 13 2004  
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): <i>VALORE DRY CLEANERS.</i>
2. Site Name (For example, plant name or number): <i>/</i>
3. Hazardous Waste Generator Identification Number: <i>0950318001 AG.</i>
4. Facility Location: <del>10707</del> <i>10707 E-Colonial Dr.</i> Street Address: <i>Orlando, FL 32817</i> City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32817</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950318-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>JAYESH KHARRI</i> Title: <i>Owner/manager</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Same as above</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 380-5218</i> Fax: <i>( )</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>/</i>
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: 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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Feb 1996	Existing	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

N/A

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

gallons (You must fill this in)

(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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt 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
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- (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:

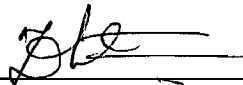
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

~~JAY~~ JAYESH KHATRI  
Print name of responsible official

  
Signature

11-04-01  
Date



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

*Handwritten note in a circle:*  
Chk # 4312  
12-20-02  
\$50.00



(cut here)

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

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

VALORE DRY CLEANER  
JAYESH D KHATRI  
10707 E COLONIAL DRIVE  
ORLANDO FL  
32817

AIRS ID#0950318

Bureau of Air Monitoring  
& Mobile Sources

FEB 14 2003

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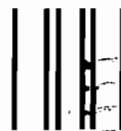
422716 FEB 10 2003

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 202-035001  
Obj.: 002273





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

BUR. OF AIR MONITORING  
& MOBILE SOURCES

FEB 10 2003

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2399/2400



7003 2260 0003 5651 1175

**U.S. Postal Service™**  
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*[Handwritten Signature]*  
Postmark Here

Total Po ID# 950318  
JAYESH KHATRI

Sent To VALORE DRY CLEANER  
10707 E COLONIAL DRIVE  
ORLANDO, FL 32817

Street, Apt. or PO Bo.  
City, State

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:

ID# 950318  
JAYESH KHATRI  
VALORE DRY CLEANER  
10707 E COLONIAL DRIVE  
ORLANDO, FL 32817

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *[Signature]*  Agent  
 Addressee

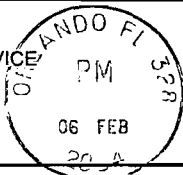
B. Received by (Printed Name) *M. KHATRI* C. Date of Delivery *2/6/04*

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 •

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

RECEIVED



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To: AIRS ID# 950318 1stC  
 VALORE DRY CLEANER  
 Street, or PO: 10707 E Colonial Drive  
 City, St: UNION PARK, FL 32817

PS Form 3811, August 2001

7004 2510 0002 3938 6563

**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# 950318 1stC  
 VALORE DRY CLEANER  
 10707 E Colonial Drive  
 UNION PARK, FL 32817

2. Article Number  
 (Transfer from service label)

||||||| 7004 2510 0002 3938 6563

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
 C. Date of Delivery: 2/7

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 •

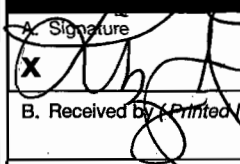
DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION #810  
2600 BLANK STONE ROAD  
TALLAHASSEE, FLORIDA 32300-2600

Air Monitor  
& Mobile Source

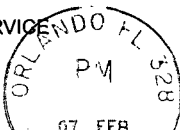
FEB 21 2005

RECEIVED

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here
AIRS ID# 950315 1stC MITCHELL'S FORMAL WEAR 14748 W Colonial Dr WINTER GARDEN, FL 34787	
PS Form 3800, August 2001	

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">         AIRS ID# 950315 1stC          MITCHELL'S FORMAL WEAR          14748 W Colonial Dr          WINTER GARDEN, FL 34787       </div> <p>2. Article Number  <i>(Transfer from service label)</i> <span style="float: right; border: 1px solid black; padding: 2px;">7004 2510 0002 3938 6556</span> </p>	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature  <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <span style="float: right;">2/7</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.       </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-107

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air  
& Mobile Sources

FEB 21 2005

RECEIVED



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To: AIRS ID# 950318 3<sup>rd</sup> Cert04  
 VALORE DRY CLEANER  
 Street, Apt. No., or PO Box No. 10707 E Colonial Drive  
 City, State, ZIP+4 UNION PARK, FL 32817

PS Form 3800

7004 2510 0002 3939 9631

**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# 950318 3<sup>rd</sup> Cert04  
 VALORE DRY CLEANER  
 10707 E Colonial Drive  
 UNION PARK, FL 32817

**2. Article Number**  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**  Agent  
   Addressee

**B. Received by (Printed Name)** **C. Date of Delivery**  
 Caroni Caballen 4/13/05

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

**3. Service Type**

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

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

7004 2510 0002 3939 9631

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 •

RECEIVED  
APR 15 2005

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  
& Mobile Sources

01



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

451850 APR 27 2005

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

**TOTAL AMOUNT DUE: \$75.00**

RECEIVED

APR 29 2005

Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID# 950318 3<sup>rd</sup> Cert04  
VALORE DRY CLEANER  
10707 E Colonial Drive  
UNION PARK, FL 32817

**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 can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Bureau of Air  
& Mobile Sources  
FEB 18 2004

RECEIVED  
436252 FEB 11 2004

Do **NOT** Remove Label

950318  
JAYESH KHATRI  
VALORE DRY CLEANER  
10707 E COLONIAL DRIVE  
ORLANDO FL 32817

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412796 JAN 9 2002

X

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0950318  
 VALORE DRY CLEANER  
 JAYESH D KHATRI  
 10707 E COLONIAL DRIVE  
 ORLANDO FL  
 32817

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

7004 2510 0004 6986 5609

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

Postmark Here

Total AIRS ID#0950318...2nd Cert 05  
 Sent VALORE DRY CLEANER  
 Street 10707 E Colonial Drive  
 or PO UNION PARK, FL 32817  
 City:

PS Form 3800, June 2002 See Reverse for instructions