



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

November 19, 1996

Mr. Arvinder Singh Chada  
Rainbow Cleaners  
675 South Semoran Boulevard  
Orlando, Florida 32807

Re: Facility I.D. No. 0950319

Dear Mr. Chada:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KHALSA INC.
2. Site Name (For example, plant name or number):	RAINBOW CLEANERS
3. Hazardous Waste Generator Identification Number:	PENDING.
4. Facility Location: Street Address: City:                      County:                      Zip Code:	675 S. SEMORAN BLVD ORLANDO                      ORANGE                      32807
5. Facility Identification Number (DEP Use):	0950319

## Responsible Official

6. Name and Title of Responsible Official:	ARVINDER SINGH GHADA.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:                      County:                      Zip Code:	675 S. SEMORAN BLVD ORLANDO                      ORANGE                      32807
8. Responsible Official Telephone Number: Telephone:                      Fax: (                      )                      -	(407) 277-3704                      (                      )                      -

## Facility Contact (If different from Responsible Official)

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

RECEIVED

SEP 3 1996

Bureau of Air Monitoring  
& Mobile Sources

BEST AVAILABLE COPY

# 0950319

10-1-96

Spoke to Arvinder Chada  
he is the owner, and  
will not be using  
more than 140 sal/yr  
of perc.

P.13

G, add title - owner

P.14

I. (c) should be marked

P.15

(f) should be marked

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	<i>1</i>	<i>13<sup>th</sup> JAN '80</i>							
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

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

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

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.)

Existing small area source       New small area source

Existing large area source       New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

NATURAL GAS

### 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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

No 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.*

Signature AS Chada

Date 8/28/96

10-1-96

Spoke to Arvinder Chada  
he is the owner, and  
will not be using  
more than 140 gal/yr  
of perc.

ion

1. Facility	
2. Site Name	P.13
3. Hazard	6. add title - owner
4. Facility Street City:	P.14 1. (c) should be marked
5. Facility	P.15 (f) should be marked

Code: 32807

0319

6. Name	
7. Responsible Official Mailing Address. Organization/Firm: Street Address: City:	675 S. SEMORAN BLVD ORLANDO County: ORANGE Zip Code: 32807
8. Responsible Official Telephone Number: Telephone:	(407) 277-3704 Fax: ( ) -

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RECEIVED

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

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4. Facility Location:	675 S. SEMORAN BLVD		
Street Address:			
City:	ORLANDO	County:	ORANGE Zip Code: 32807
5. Facility Identification Number (DEP Use):	0950319		

#### Responsible Official

6. Name and Title of Responsible Official:	ARVINDER SINGH CHADA.		
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Organization/Firm:			
Street Address:			
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8. Responsible Official Telephone Number:			
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RECEIVED  
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NATURAL GAS

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*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

AS Chada

Date

8/28/96

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:30 TIME OUT: 11:30 AIRS ID#: 0950319  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Rainbow Cleaners DATE: \_\_\_\_\_  
 FACILITY LOCATION: 675 S. Semoran Blvd  
Orlando FL  
 RESPONSIBLE OFFICIAL: Arvinder Chada PHONE NUMBER: (407)277-3704

*N/A* Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

*N/A* Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>SOLD</i>	

COMMENTS:

*Mr Chada sold his facility to Robert Hopkins sometime in Oct/Nov. 97. Mr Hopkins filled out a permit notification form with me on this date.*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: \_\_\_\_\_  
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 8369524

262316

3755

2273



**KHALSA INC DBA** 123196  
**RAINBOW CLEANERS**  
(407) 277-3704  
675 S Semoran Blvd  
Orlando, Fl 32807

0131

PAY  
TO THE  
ORDER OF

*DEPT. OF ENVIRONMENTAL PRO.*

*2-24* 19 *97*

\$ *50.00*

*Fifty & 00/100*

DOLLARS

Security features included. Details on back.

**SUNTRUST**

SunTrust Bank, Central Florida, N.A.  
South 436 Office (407) 299-4786  
Orlando, FL

*#0950319*

*Robert Hopkins*

FOR *AIR PERMIT*



RECEIVED  
MAIL ROOM  
MAR -3 97

675 S.A. 34 Blvd  
ORLANDO, FL. 32807



#

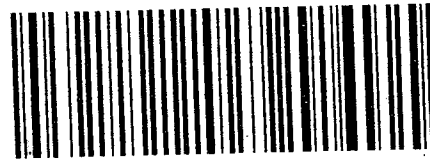
TWIN TOWERS OFFICE BUILD.  
2600 BLAIR STONE RD.  
TALL, FL. 32399-2400

32399/2400

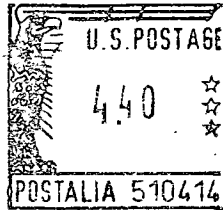


580076

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400



7000 0600 0026 4130 2492



- Insufficient Address
  - No Such Number
  - Unclaimed  Refused
  - Attempted - Not Known
  - No Such Street
  - Vacant
  - No Mail Receptacle
  - Not Deliverable
- As Addressed  
Unable To Forward  
Route No. 11 8/17  
Carr/Initials

*Inactive*

IRCES  
AIRS ID # 0950319001AG  
10  
ARVINDER SINGH CHADA  
RAINBOW CLEANERS  
675 S SEMORAN BLVD  
ORLANDO FL 32807  
Price for two years  
In First-Class Mail or Prior  
of International mail.  
DIVIDED with Certified  
istered Mail.  
by be requested to provid

RECEIVED  
AUG 24 2001  
3ur-24 of Air Monitoring  
& Mobile Sources

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

7000 0600 0026 4130 2492

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

Postmark  
Here

10 AIRS ID # 0950319001AG  
 ARVINDER SINGH CHADA  
 RAINBOW CLEANERS  
 675 S SEMORAN BLVD  
 ORLANDO FL 32807

*Arvinder Singh Chada*

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

**THIS SECTION ON DELIVERY**

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

1. Article Addressed to:

10 AIRS ID # 0950319001AG  
 ARVINDER SINGH CHADA  
 RAINBOW CLEANERS  
 675 S SEMORAN BLVD  
 ORLANDO FL 32807

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

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

2. Article Number (Copy from service label)  
 7000 0600 0026 4130 2492



P- 265.302 207

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

AIRS ID#: 0950319

KHALSA INC  
ARVINDER SINGH CHADA  
675 S SEMORAN BLVD  
ORLANDO FL 32807

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0950319

KHALSA INC  
ARVINDER SINGH CHADA  
675 S SEMORAN BLVD  
ORLANDO FL 32807

4a. Article Number  
**D265 302 207**

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery  
**2-20-97**

5. Received By: (Print Name)  
**Arvind**

6. Signature: (Addressee or Agent)  
**X**

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.