

# Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

December 11, 2001

Mr. Satpal Singh Crest Cleaners and Valet 5800 Lake Underhill Road Orlando, Florida 32807

Re: Facility No.: 0950322-002

Dear Mr. Singh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 26, 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.

1/21 Called + Left Message

.



# Department of Environmental Protection

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

David B. Struhs Secretary

November 8, 2001

Mr. Satpal Singh Crest Cleaners and Valet 5800 Lake Underhill Road Orlando, Florida 32807

Dear Mr Singh:

Thank you for your Perchloroethylene Dry Cleaner Air General Permit Notification Form and \$50.00 check received on this date.

Your check is being returned to you under separate cover since it not due at this time.

The notification form package submitted to the Department consisted of only the first page. To adequately process your notification form for eligibility, we need the complete form.

For your convenience, I am enclosing another notification form for completion. If you have any questions concerning the form or eligibility for the Title V air general permit program, please contact Ms. Ilka Bundy at 407/836-1476 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ilka Bundy, Orange County

#### Bowman, Sandy

From:

John.Parker@ocfl.net

Sent:

Tuesday, December 09, 2003 3:39 PM

To:

Bowman, Sandy

Cc:

Butler, Rick; Ilka.Bundy@ocfl.net

Subject:

Crest Cleaners (0950322)

#### Sandy:

Please inactivate Crest Cleaners (0950322) from ARMS. During an inspection today I discovered that the facility went out of business. The doors were bolted shut, and the window were covered with paper.

Thank You and Happy Holidays : D

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

## BEST AVAILABLE COPY

## 0950322-002

11/29/01 Spoke to Satpel Singh and he stated FORM that Coxest Cleaners & Valet has one natural gas boiler operating at 15 HP

eral Permit



at the end of the form. Send copy of the form for your files.

RFC Fiall olyflette

MAR 1 9 2002

Bureau of Air Monitoring & Mobile Sources

5. Add # of boilers.

Page 16

add horsepower (HP) for each boiler.

Zip Code: 32807

0.322 - 002

DEC 13 2001 ORANGE COUNTY ENVIRONMENT PROTECTION DIVISION

ney

Zip Code: 32807

1) 275- 0336

10. Paciny Comaci Address.	SROO	Lape	Underhill	Road

Street Address: City: Oxlado

County:

Zip Code: 3280

11. Facility Contact Telephone Number:

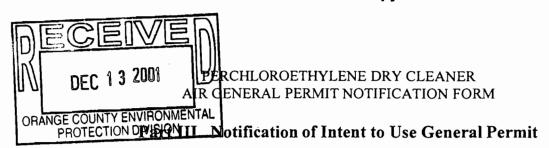
Telephone: (407) 275 0330

Fax: (407) 27 0336 3

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **Best Available Copy**



**Facility Name and Location** 

2. Site Name (For example, plant name or number): Crest Cleaners & Valet



JU FM

TI

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Chandan Cleaners and Valet LLC DBA Crest Cleaners & valet

3. Hazardous Waste Generator Identification Number:
4. Facility Location: 5800 Lake Underhill Road
Street Address: City: O vando County: Zip Code: 32807
15: Facility Identification Number (DEP Use ONLY: do not fill in):
1911 1911
Responsible Official
6. Name and Title of Responsible Official: Name: Satpal Singh. Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Crest Cleaners & Valet Street Address: 5800 Lake Underhill Road City: Orlando County: Orange. Zip Code: 32807
8. Responsible Official Telephone Number: Telephone: (407) 275-0330 Fax: (467) 275-0335
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):  Sat pal Singh Owner
10. Facility Contact Address: 5800 Lake Underhill Road.
Street Address: City: Orlads County: C
11. Facility Contact Telephone Number: Telephone: (407) 275-0330 Fax: (407) 275-0330
DEP Form No. 62-213.900(2)  Effective: 2/24/99

#### **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 Control Device Required\* Date Control Device Installed Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") 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 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 Control Device Installed Date Initially Purchased Status Control Device Required\* From Manufacturer (if already included at time of (circle one) (circle one) 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? [ US] gallons (You must fill this in)

DEP Form No. 62-213.900(2)

(b) If less than 12 months, how many? [9] months

Effective: 2/24/99

New store: New machine New store:

Unopened store [ ] (date of expected opening

3. What is the facility's source cla Indicate with an "X". Select			itions found in s	ection (3) o	f Part II?	. •
Small Area Source				· ·		. • *
Dry-to-dry mach Transfer only on Both machine ty		(used less	than 140 gallor than 200 gallor than 140 gallor	s of perc pe	er year)	
Large Area Source						
Dry-to-dry mach Transfer only of Both machine ty		(used 200	2,100 gallons 1,800 gallons 1,800 gallons	of perc per	year)	·
4. What control technology is required (Indicate with an "X".)	uired on machines	pursuant to	section (5) of I	Part II of thi	s notification	n form?
Existing machines at small (NONE REQUIRED)	all area source		New machines a Refrigerated con		source X	
Existing machines at large Carbon adsorber Refrigerated condenser	ge area source		New machines a Refrigerated con		source]	
5. A facility which contains non-Rule 62-213.300, F.A.C. Verify t exemption criteria or that no such	that all steam and h	ot water g	enerating units o	on-site meet		
All steam and hot water generating No such units on-site	g units exempt		OR			,
How many boilers do you have on	-site?					
For each boiler, indicate its horse	power (HP) rating:	<u> </u>				
What type of fuel do you use?	propane [] No. 2 fue [] No. 6 fue		No. 4 fue Other (pl	l oil		
6. Equipment Monitoring and Rec	cordkeeping Inform	nation				
Check all logs which are required	to be kept on-site	in accordai	nce with the req	uirements o	f this gener	al permit:
(a) Purchase receipts and solvent	purchases/solvent a	addition log	3			
(b) Leak detection inspection and	repair					٠
(c) Refrigerated condenser temper	rature monitoring					
(d) Carbon adsorber exhaust perc	concentration mon	itoring				
(e) Startup, shutdown, malfunction	on plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Sufferider (	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 facility. 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	mptly notify the Department of any changes to the information contained in this notification.
Print nam	se of responsible official
Signature	$\frac{1}{Date}$ Date $0                                      $

11/29/01
8 poke to Scalped Singh and he stated that Coxest Cleaners & Valet has one natural gas boiler operating at 15 HP
Page 16
5. Add # of boilers.

add hørsepower (HP) for each boiler.

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

## 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):
Chandan Cleaners and Valet LLC DBA Crest Cleaners & vel
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):  Crest Cleaners & Valet
Crest Teaners of vacco
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 5800 Lake Underhill Road
4. Facility Location: 5800 Lake Underhill Road Street Address:
Death 98
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0950322-002
Responsible Official
6. Name and Title of Responsible Official:
Name: Sathal Singh. Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm: Cxest Cleaner & Valet
Street Address: 5800   also Under hill Road
Organization/Firm: Crest Cleaners & Valet Street Address: 5800 Lake Under hill Road City: Orlando County: Orange. Zip Code: 32807
<u> </u>
8. Responsible Official Telephone Number:
Telephone: (407) 275-0330 Fax: (407) 275-0336
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Satbal Singh Owner
10 Facility Contact Address: According to the August Address:
10. Facility Contact Address: 5800 Lake Under hill Road
Street Address:
Street Address: City: Orlado County: Zip Code: 3280355555555555555555555555555555555555
- Courge
11. Facility Contact Telephone Number:
Telephone: (いって) 275 0336 Fax: (いい) 275 0336 夢文 N
Telephone: (いって) 275 0336 Fax: (いの) 275 0336 意义 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Telephone: (407) 275 0336  Fax: (407) 275 0336  DEP Form No. 62-213.900(2)  Effective: 2/24/99
DEP Form No. 62-213.900(2)
Effective: 2/24/99

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#### **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 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 RC/CA/None required Existing/New Existing/New RC/CA/None required RC = refrigerated condenser \*CONTROL DEVICE KEY: 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 Control Device Required\* Date Control Device Installed Status From Manufacturer (if already included at time of (circle one) (circle one) 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? [ US ] gallons (You must fill this in) (b) If less than 12 months, how many? [9] months Did not keep records: [ Check why it is less than 12 months: New owner: [ New store: [ ] New machine [ Unopened store [ ] (date of expected opening

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on the Indicate with an "X". Select one classification only.)	
Small Area Source	
Transfer only on-site (use	d less than 140 gallons of perc per year) d less than 200 gallons of perc per year) d less than 140 gallons of perc per year)
Large Area Source	•
Transfer only on-site (use	d 140 - 2,100 gallons of perc per year) d 200 - 1,800 gallons of perc per year) d 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursu (Indicate with an "X".)	ant 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 [X]
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 Rule 62-213.300, F.A.C. Verify that all steam and hot we exemption criteria or that no such units exist on-site (see	ater generating units on-site meet the following
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?  [] propane  [] No. 2 fuel oil  [] No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)
6. Equipment Monitoring and Recordkeeping Information	1
Check all logs which are required to be kept on-site in acc	cordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition	on log
(b) Leak detection inspection and repair	LX)
(c) Refrigerated condenser temperature monitoring	LXJ
(d) Carbon adsorber exhaust perc concentration monitoring	ng
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te 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 notij statemen maintain comply v I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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.  Somptly notify the Department of any changes to the information contained in this notification.  Date  Date



# Department of Environmental Protection

Jeb Bush Governor 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



(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

950322 SATPAL SINGH CREST CLEANERS & VALET 5800 LAKE UNDERHILL ROAD ORLANDO FL 32807

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

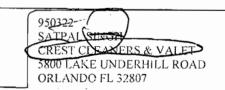
Obj.: 002273

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





RECEIVED SUND PED



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RETURN TO SENDER
CREST CLEANERS & VALET
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

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POSTAGE REQUIRED

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

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL-PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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SENDER: COMPLETE HIS SECTION	NIS 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.	A. Signature  Agent  Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front it space permits.	B: Received by (*Printed Name) C: Date of Delivery  D: Is delivery address different from item 12t 1.1 Yes
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ORLANDO, FL 32807	3: Service Type:  -
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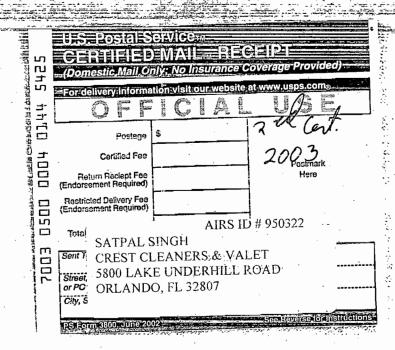
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7007	Street, Apt. Ms., or PO Box No. ORLANDO, FL 32807  City, State, ZIP+ 4 050322	
, !	PSForm 3800-January 2001s See Reverse for Instruction	9

\$510	ø521 <b>223</b>	e de de la company de la co				
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Department of Environmenta	al Protection					
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Tallahassee FL 32399-2400	A STATE OF THE STA	ilen ilitiina				70
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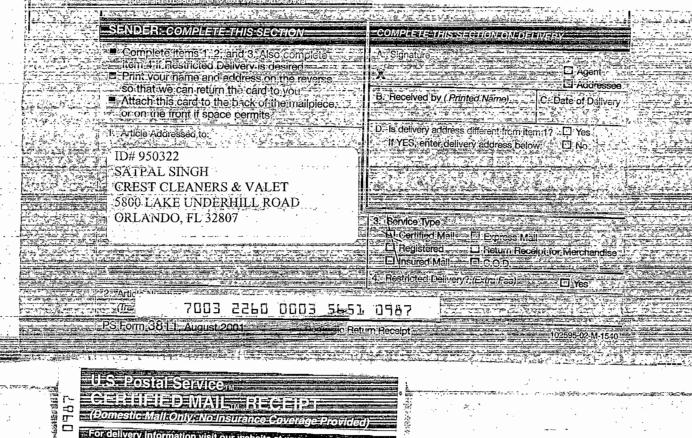
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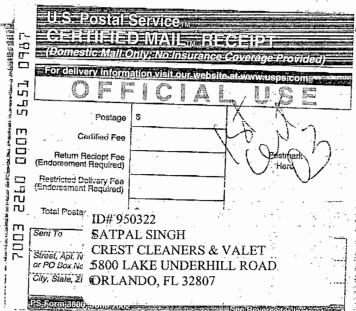
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired.	A Signature
so thatiwe can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from Item 1/2 \(\text{TYES}\), enter delivery address below: \(\text{U}\) No
SATPAL SINGHA  CREST CLEANERS & VALET	
5800 LAKE UNDERHILL ROAD ORLANDO, FL 32807	3. Service Type  De Certified Mail Depress Mail
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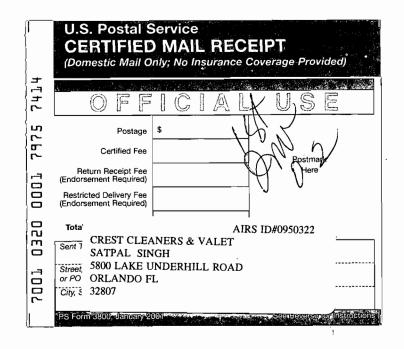
7003 0500 0004 0144 5425



MC Acct # Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399/2400 7003 2260 0003 5651 0987 🖸 insufficient Address -No Such Number Uncleimed D Refused ID# 950322 SATPAL SINGH CREST CLEANERS & WALET 5800 LAKE UNDERHILL ROAD ORLANDO, FE 32807 Bureau of Air Monitoring र्वतिकारिक वित्तितिक स्वतिक स्वतिक

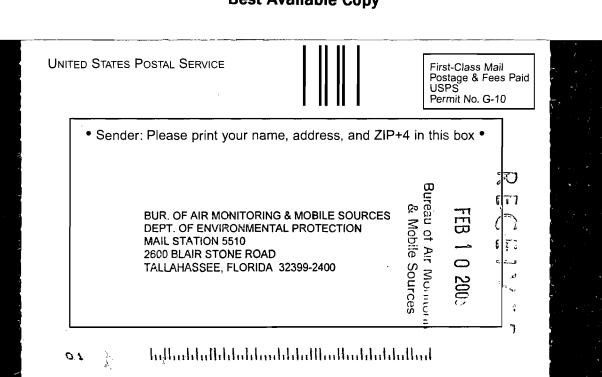






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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> AIRS ID#0950322 CREST CLEANERS & VALET SATPAL SINGH	A. Signature  WWW M. Bosch:  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Lut m. Bosch:  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
5800 LAKE UNDERHILL ROAD ORLANDO FL 32807	3. Service Type  Certified Mail
2. Article Number 7001 0320 (Transfer from service label)	0001 7975 7414
PS Form 3811 August 2001 Domestic Beti	urn Receipt 103505-03 M 1035

## **Best Available Copy**





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

420326 DEC20 2002

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 1D#0950332

MARRIOTT'S ORLANDO WORLD CENTER

DOUGLAS LOWELL

8701 WORLD CENTER DR

ORLANDO FL

32821

ORLANDO FL

32821

ORLANDO FL

32821

ORLANDO FL

ORLAND

2226288 MARRIOTT INTERNATIONAL, INC. REMITTANCE STATEMENT - DETACH BEFORE DEPOSITING WASHINGTON, D.C. 20058 Marriott Business Services VENDOR NO. CHECK DATE CHECK NO. HANDLING VENDOR NAME 0000041918 DEPT OF ENVIRONMENTAL PROTECT 12 12 2002 00969012 OR GROSS AMOUNT DISCOUNT AMOUNT 50.00 .00 NET AMOUNT 50.00 AIRS ID 0950332 TOTALS: 50.00 50.00 FORM 0208, 0209, 0832 REV 3/02



#### 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** 

2003 422748 FEB10 2003

Do NOT Remove Label

AIRS ID#0950322

CREST CLEANERS & VALET SATPAL SINGH 5800 LAKE UNDERHILL ROAD ORLANDO FL 32807 FOR GOVERNMENT USE ONLY
Org.: \$77550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Chandan Cleaners & Valet LLC 5800 Lake Underhill Road Orlando FL-32807.





Greneral Permit Section
Byreau of Air Monitoring and Mobil Sources, MSSS10
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

32399+2400

Infludidable blind bladbed by bullet blad by