



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 1, 2005

Chetan Vankani
Union Park Dry Cleaners
10511 East Colonial Drive
Orlando, Florida 32817

Re: Facility No.: 0950336-004

Dear Vankani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 15, 2004.

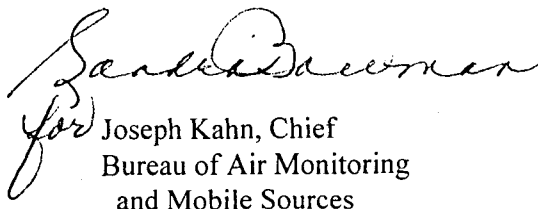
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

EMISSION FEE DATES ...196-2003
NO ACTIVITY FOR FACILITY.....
SOC REPORTS...6.....

COMPLIANCE STATUS...T.N.
1/22/2004

AIRS F.D. 0950336-003

VED INC.
D.B.A. UNION PARK DRY CLEANERS

RECEIVED
DEC 28 2004
Bureau of Air Monitoring
& Mobile Sources

TO:
GENERAL PERMITS SEC.
BUREAU OF AIR MONITORING & MOBILE SOURCES MS 5516
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

TO WHOM IT MAY CONCERN

I undersigned MR. DHIRENKUMAR R. METTA, PRESIDENT OF VED INC. UNION PARK DRY CLEANERS, have sold said business ON 12/10/04 - FRIDAY. Herewith I am surrendering my Permit AIRS ID # 0950336-003; which is effective date is 12/10/04 - FRIDAY. If you have any questions or any further procedure to be done please feel free to contact me on (407) 810-6610.

Hereunder all information of the new owner

Name of Business → MURLIDHAR ENTERPRISE LLC.

RESPONSIBLE OFFICIAL → MR. CHETAN VANKANI

BUSINESS ADDRESS → 10511 E. COLONIAL DR
ORLANDO FL 32817

TELEPHONE NO → (407) 658-2641 - (BUSINESS)
(407) 462-1435 - [CELL]

Thuren, Jr


DHIREN KUMAR R. METTA PRES. VED INC.

10511 EAST COLONIAL DR. ORLANDO, FL. 32817

T NO: (407) 658-2641



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
 DEC 15 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):	MURLIDHAR ENTERPRISE
2. Site Name (For example, plant name or number):	UNION PARK DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	APPLIED FOR
4. Facility Location: Street Address: 10511, EAST COLONIAL DRIVE City: ORLANDO County: ORANGE Zip Code: 32817	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0950336-004

Responsible Official

6. Name and Title of Responsible Official: Name: CHETAN YANKANI Title: PARTNER	
7. Responsible Official Mailing Address: Organization/Firm: MURLIDHAR ENTERPRISE LLC DBA: UNION PARK DRY CLEANERS Street Address: 10511, EAST COLONIAL DRIVE City: ORLANDO County: ORANGE Zip Code: 32817	
8. Responsible Official Telephone Number: Telephone: (407) 658-2641 Fax: () - -	

Facility Contact (If different from Responsible Official)

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

Facility Information

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

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

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")
06/15/1996	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> 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

How many washers do you have on-site? [7]

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?

[95] 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: [X] 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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | → <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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
- (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.

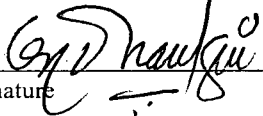
Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part I 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.

CHETAN YANKANI

Print name of responsible official


Signature

12/09/2004
Date

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

9999 4444 0000 0500 0000 7003

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

Postmark
Here

Sent To AIRS ID# 950336 1stC
 UNION PARK DRY CLEANERS
 Street, Apt. No., or PO Box No. 10511 E Colonial Drive
 City, State, ZIP+4 ORLANDO, FL 32817

PS Form 3800, JUN 03

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# 950336 1stC
 UNION PARK DRY CLEANERS
 10511 E Colonial Drive
 ORLANDO, FL 32817

2. Article Number

(Transfer from service label)

1111 1117003 10500 000410444 66681111

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

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

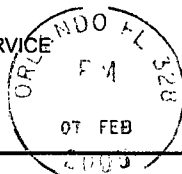
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail[®] DM
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 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of
Air Quality
& Mobile
Sources
Monitoring

RECEIVED
FEB 9 2005

+2400

