

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blairstone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary - Designee

January 5, 2007

Ms. Mahendra Kapadia Contemporary Cleaners 4882 Kirkman Road Orlando, Florida 32811

Re: Facility No.: 0950343-003

Dear Ms. Kapadia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 4, 2006.

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,

Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

anter Bowner

SV/pg

cc: Mr. Hamp Pridgen, Orange County

NO ACTIVITY FOR FACE TO LOOP.

EMISSION FEE DATES 96-2008.

SOC REPORTS 6...

COMP. STATUS-SNC. MNC (IN)

2/6/2006

INSPECTION

WALKIN rough,

INSP-DRANGECO- Hamp Pregen





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.

Fac	cility Name and Location
1.	
	& MAHENDRA KAPADIA
2.	Site Name (For example, plant name or number):
	CONTEMPORARY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FL D 0 73226193
4.	Facility Location: 4882 KIRKAAN Road, Street Address: City: ORLANDO County: F2 Zip Code: 32811
	Street Address: ONANGE
	City: OLGNDO County: 42 Zip Code: 3 2011
5	Facility Identification Number (DEP Use ONLY - do not fill in) 0950343-00
	075/1945-00
Res	sponsible Official
6.	Name and Title of Responsible Official:
Nar	me: MAHEN DRA KARDIA Title: SWEET
7.	
7.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Rood
7.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKMAN Resord Street Address: P. 3284
7.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Rood
	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAL Resolution/Firm: 4882 KIRKAAL Resolution/Firm: Street Address: City: Onlawo County: CRANGE Zip Code: Responsible Official Telephone Number:
	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Rood Street Address: City: Onlawo County: CRANGE Zip Code:
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8.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Rood Street Address: City: On LANDO County: CRANGE Zip Code: Responsible Official Telephone Number: Telephone: (49) 295-1414 Fax: ().
8.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAL Resolution/Firm: 4882 KIRKAAL Resolution/Firm: Street Address: City: Onlawo County: CRANGE Zip Code: Responsible Official Telephone Number:
8.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAL Resolution/Firm: 4882 KIRKAAL Resolution/Firm: 4882 KIRKAAL Resolution/Firm: 5treet Address: City: On LANDO County: CRANGE Zip Code: Responsible Official Telephone Number: Telephone: (49)295-1414 Fax: ()
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Rosed Street Address: City: On LANDO County: OR ANGE Zip Code: Responsible Official Telephone Number: Telephone: (49) 295 - 1414 Fax: () cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE Facility Contact Address:
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Rood Street Address: City: On LANDO County: CRANGE Zip Code: Responsible Official Telephone Number: Telephone: (49)295-1414 Fax: () cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE Facility Contact Address: GMC AS MOVE
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Rosed Street Address: City: On LANDO County: OR ANGE Zip Code: Responsible Official Telephone Number: Telephone: (49) 295 - 1414 Fax: () cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE Facility Contact Address:
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8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: 4882 KIRKAAD Road Street Address: City: ORLANDO County: ORANGE Zip Code: Responsible Official Telephone Number: Telephone: (49)295-1414 Fax: () Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE Facility Contact Address: Street Address: City: County: Zip Code:

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: Control Device Required* Date Initially Purchased Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Swno Existing/New RE/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser 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 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 Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? /グ] gallons (You must fill this in)

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

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

New store: [] New machine []

Unopened store [] (date of expected opening

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

	tis the facility's source classification based or bicate with an "X". Select one classification or	n the definitions found in section (3) of Part II? only.)
	Small Area Source	
	Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
	Large Area Source []	
	Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
	control technology is required on machines icate with an "X".)	pursuant 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 []
	Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
Rule 62		anits shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption and memo for the criteria).
	m and hot water generating units exempt units on-site	OR
How ma	any boilers do you have on-site?	
For each	h boiler, indicate its horsepower (HP) rating:	
What ty	pe of fuel do you use? propane No. 2 fue No. 6 fue	
6. Equip	pment Monitoring and Recordkeeping Inform	nation
Check a	all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purc	chase receipts and solvent purchases/solvent a	addition log
(b) Leal	k detection inspection and repair	
(c) Refr	rigerated condenser temperature monitoring	
(d) Carb	bon adsorber exhaust perc concentration mon	itoring []
(e) Star	rtup, shutdown, malfunction plan	[]

7. Surrender o	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 statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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. Imputly notify the Department of any changes to the information contained in this notification. I DRA KAPADIA The of responsible official
Signature	11/20/06 Date

FRSM-Contentions Clear CRS

488 MINIMUM MINIMUM

CREANDS, FL-3 LS 33

2006

To,

GENERAL PERMITS SEETION

BUREAU OF ENVIRONMENTAL PROTECTON.

2600 BLAIR STONE ROAD,

TALLAHASSEE, FL. 32399-2400

RECEIVED

BEST AVAILABLE COPY

RECEIVED

DEC 2 0 2006

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 2 0 2006

Purman an All Worldorin

Mobile Sources

Part III. Notification of Intent to Use General Permit & Mobile Sources

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 MAHEN
2.	Site Name (For example,	plant name or number):	カルでんっ		
3.	Hazardous Waste General	tor Identification Numbe			
4.	Facility Location: 4 Street Address: City: 624	882 KIRKI 100 County:	PAN NOGE	Zip Code: 328//	
1.4	Company (Control of the		do por fill in):		
Res	ponsible Official				
6. Nan	Name and Title of Respor	nsible Official: ORA KARADI.	A Title:	owner.	
7.	Responsible Official Mail Organization/Firm: Street Address: City: ORLA NOO	ing Address: 4882 K	IRKNAW R	Zip Code; 72-81	1
8.	Responsible Official Tele Telephone: (45)) 2		fax: () -	
Fec	ility Contact (If different	from Responsible Offic	nial)		
	Name and Title of Facility				
		SAME AS	ABOVE		
10.	Facility Contact Address:				
•	Street Address:	SAME AS	MOVE		
	City:	County:		Zip Code:	
11.	Facility Contact Telephon Telephone: (447)	e Number:	Fax: () -	

1.(a) DRY-TO-DRY MA	CHINES ONLY	Y		
How many dry-to-dry mac	hines do you hav	re on-site?		
For each dry-to-dry machi	ne 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/Ne	W (RIC/CA/None required	Suno	
	Existing/Ne	ew RC/CA/None required		
	Existing/No	ew RC/CA/None required		
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	u have on-site?			
How many dryers/reclaim	ers do you have o	on-site?		
		the manufacturer prior to or on Do		
unit. If the transfer machin 1993, it is a NEW unit (no	ne was purchased o units purchased		ecember 9, 1991 and September 22, wed to operate under this general	
unit. If the transfer maching 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	ne was purchased o units purchased r machine on-site Status	from the manufacturer between Doll after September 22, 1993 are allow, please provide the following info	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of	-
unit. If the transfer maching 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	ne was purchased o units purchased or machine on-site Status (circle one)	from the manufacturer between Doll after September 22, 1993 are allower, please provide the following info Control Device Required* (circle one)	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of	
unit. If the transfer maching 1993, it is a NEW unit (nepermit). For each transfer Date Initially Purchased	ne was purchased o units purchased r machine on-site Status (circle one) Existing/New	from the manufacturer between Doll after September 22, 1993 are allower, please provide the following info Control Device Required* (circle one) RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general rmation: Date Control Device Installed (if already included at time of	

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 [] 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 No such units on-site OR
How many boilers do you have on-site? []
For each boiler, indicate its horsepower (HP) rating: [O][Z][O] 20 H.P.
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 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
(a) Purchase receipts and solvent purchases/solvent addition log (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust pero agreement in the solution of t
(c) Refrigerated condenser temperature monitoring
the state of the s
(e) Startup, shutdown, malfunction plan

7. Surrender	of Existing DEP Air Permit(s)
Please indica	ate with an "X" the appropriate selection:
لـــا	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 for
Responsible	e Official Certification
statemei maintai comply	ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in 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. Tomptly notify the Department of any changes to the information contained in this notification.
i i	wend DRA KAIADIA ame of responsible official
	11/20/06
Signatur	Date
ì	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 463225. FEB14 207

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#950343 CONTEMPORARY CLEANERS 4882 Kirkman Road ORLANDO, FLORIDA 32811

4.50

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



ORLANDO FL 328 | 12 FE8 07 PM 3 T

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