



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

March 14, 1997

Mr. Kishor Patel  
Manager  
Majestic Cleaners and Laundry  
12177 Apopka Vineland Road  
Orlando, Florida 32836

Re: Facility No. 0950365

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 17, 1997.

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,

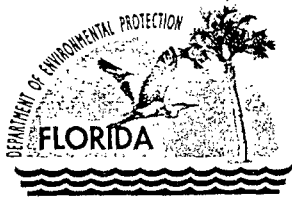
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Dennis Nester, Orange County

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

*Sandy forumer*



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

February 4, 1997

Mr. Kishor Patel  
Majestic Cleaners & Laundry  
12177 Apopka Vineland Road  
Orlando, Florida 32836

Dear Mr. Patel:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaners Notification Form.

We appreciate your submittal. However, the form you obtained, completed, and submitted to us is not the currently valid notification form. DEP Form No. 62-213.900(5), effective 6-25-96 is the valid Title V General Permit Notification Form.

For your convenience, I am enclosing a copy of the current valid notification form. Please complete this form and submit it to us. I am returning the notification form that you submitted to us since we cannot accept this copy.

We certainly appreciate your efforts to comply with the new requirements, and apologize for this inconvenience. If I can be of further assistance, please call me at 904/488-6140.

Sincerely,

Sandra Bowman  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

/SB

Enclosures

cc: Todd Fletcher, Orange County

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0950365 DATE: 6/4/98 TIME IN: 1045 TIME OUT: 1115  
FACILITY NAME: Majestic Cleaners & Laundry  
FACILITY LOCATION: 12177 Apopka Vineland Rd  
Orlando FL 32836  
RESPONSIBLE OFFICIAL: Kishor Patel PHONE: 407 239-6883  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RECEIVED  
JUN 29 1998  
Bureau of Air Monitoring  
& Mobile Sources

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |   |
|--|---|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/>  |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/> |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 150 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

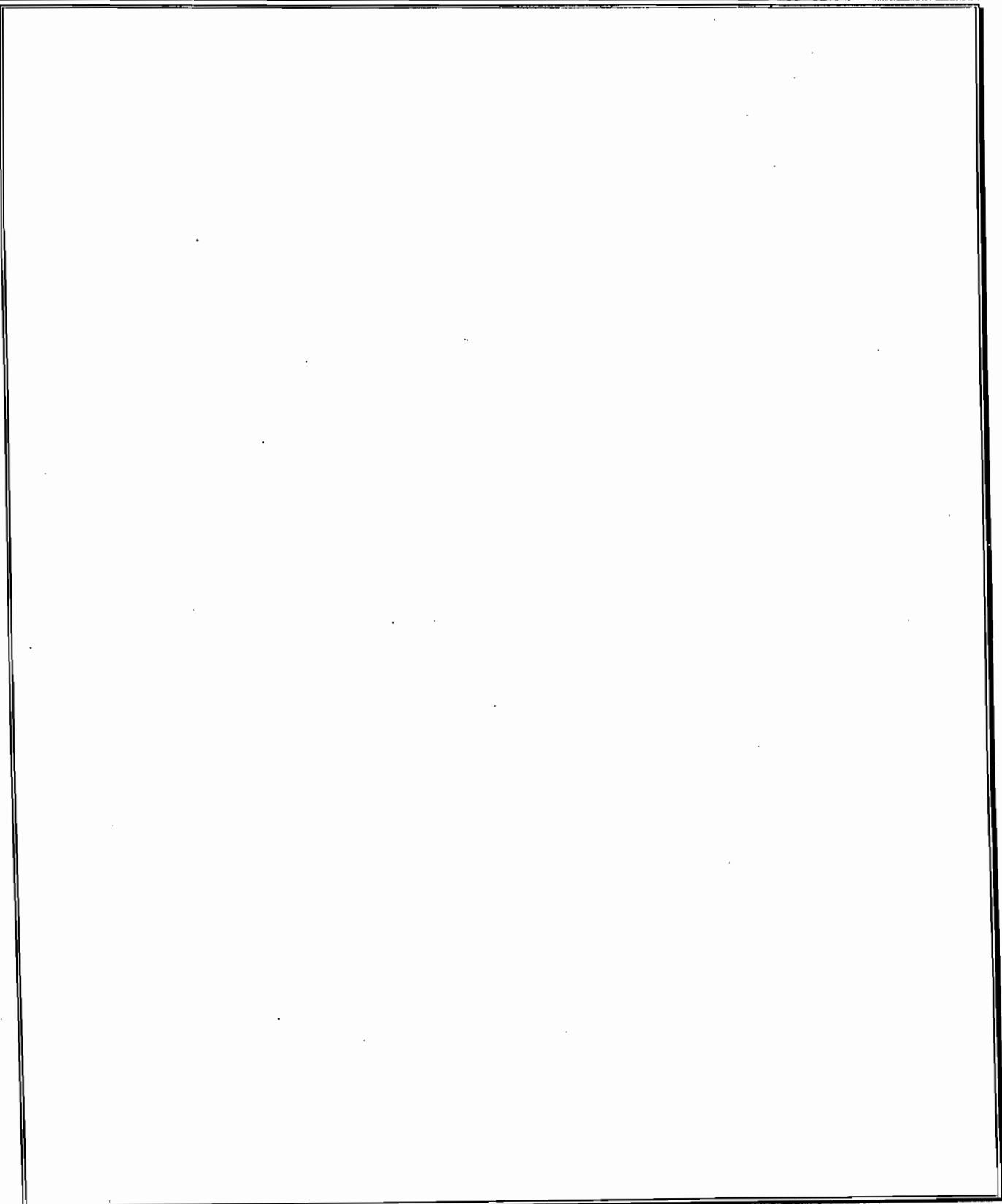
Tom Fletcher  
Inspector's Name (Please Print)

6/4/98  
Date of Inspection

[Signature]  
Inspector's Signature

6/4/99  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**



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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:45 TIME OUT: 11:15 AIRS ID#: 0950365  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Majestic Cleaners & Laundry DATE: 6/4/98  
 FACILITY LOCATION: 12177 Apple Vineland Rd  
Ovlande FL 32836  
 RESPONSIBLE OFFICIAL: Kishor Patel PHONE NUMBER: 407-239-0883

- 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.).
- 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

**RECEIVED**  
 JUN 29 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: Facility in Compliance

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

DATE OF NEXT INSPECTION: 6/4/99  
 (Approximate)

INSPECTION CONDUCTED BY: Tom Fletcher  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 826-9524



Majestic Cleaners  
12177 South Apopka Vineland Rd.  
Orlando, Fl 32836

Dept. of Envir. Proct.  
Tallahassee, Fl 32399-2400

RECEIVED  
MAR 1 2002  
Bureau of Air Monitoring  
& Mobile Sources

Dear Sandy,

I am herely writing with reference to the conversation we had today.

Effective from 2nd week of March 2002, we shall be changing our perc solvent machine to hydro carbon.

We shall not be using perc solvent in the plant once the hydor machines are installed.

Please let me know if you need any futher information.

Thank You,  
Sincerly,

(manager)

*File*

**Butler, Rick**

---

**From:** Parker, John [John.Parker@ocfl.net]  
**Sent:** Friday, June 07, 2002 4:55 PM  
**To:** Butler, Rick  
**Cc:** Bowman, Sandy  
**Subject:** Majestic Cleaners airs# 0950365

Hi Rick and Sandy:

I inspected Majestic Cleaners ( airs # 0950365 ) today, and found that they had inactivated their Perc dry cleaning machine as of May 17th. They are now using a petroleum based solvent in two newly purchased machines. The responsible official: Kishor Patel said he had sent written notification to the Department of Environmental Protection in Tallahassee regarding this change. I just wanted to update you on this facility's change in status.

John X Parker  
Environmental Specialist  
Phone: 407-836-1445  
Fax: 407-836-1498

## **Bowman, Sandy**

---

**From:** Parker, John [John.Parker@ocfl.net]  
**Sent:** Friday, June 07, 2002 4:55 PM  
**To:** Butler, Rick  
**Cc:** Bowman, Sandy  
**Subject:** Majestic Cleaners airs# 0950365

Hi Rick and Sandy:

I inspected Majestic Cleaners ( airs # 0950365 ) today, and found that they had inactivated their Perc dry cleaning machine as of May 17th. They are now using a petroleum based solvent in two newly purchased machines. The responsible official: Kishor Patel said he had sent written notification to the Department of Environmental Protection in Tallahassee regarding this change. I just wanted to update you on this facility's change in status.

John X Parker  
Environmental Specialist  
Phone: 407-836-1445  
Fax: 407-836-1498

#0950365

3/12/97

Spoke to Kishor Patel,  
Excel Properties is  
Incorporated. He is in  
charge of all operation  
of the facility at all  
times.

P. 14

1. (c) should not be marked  
3. new large should be  
marked

P. 15

4. new large r. c.  
should be marked

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

FEB 17 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	EXCEL PROPERTIES		
2. Site Name (For example, plant name or number):	MAJESTIC CLEANERS & LAUNDRY		
3. Hazardous Waste Generator Identification Number:	FLR 000025254		
4. Facility Location: MAJESTIC CLEANERS & LAUNDRY			
Street Address: 12177 APOPLA VINEYARD Rd			
City: ORLANDO -FL	County: ORANGE	Zip Code: 32836	
5. Facility Identification Number (DEP Use):	0950365		

Responsible Official

6. Name and Title of Responsible Official:	KISHOR PATEL MANAGER		
7. Responsible Official Mailing Address:			
Organization/Firm: AS-ABOVE			
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone: (904) 239-0883	Fax: ( )	-	

Facility Contact (If different from Responsible Official)

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

**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</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>#1</i>	<i>10-20-91</i>	<i>1-1-97</i>						
(2) w/ carbon adsorber	<i>#1</i>	<i>"</i>	<i>1-1-97</i>						
(3) w/ no controls									
<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

### 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

2-12-97  
\_\_\_\_\_  
Date





Perchloroethylene Dry Cleaning Facility Notification

FEB 17 1997

Facility Name and Location

Bureau of Air Monitoring  
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	EACEL PROPERTIES		
2. Site Name (For example, plant name or number):	MAJESTIC CLEANERS & LAUNDRY		
3. Hazardous Waste Generator Identification Number:	FLR 000025254		
4. Facility Location: MAJESTIC CLEANERS & LAUNDRY			
Street Address:	12127 ADOPKA VINELAND RD		
City:	ORLANDO -FL	County:	ORANGE
		Zip Code:	32836
5. Facility Identification Number (DEP Use):	0950365		

Responsible Official

6. Name and Title of Responsible Official:	KISHOR PATEL MANAGER		
7. Responsible Official Mailing Address:			
Organization/Firm:	AS ABOVE		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(407) 234-0883	Fax:	( ) -

Facility Contact (If different from Responsible Official)

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

**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</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>#1</i>	<i>10-20-97</i>	<i>1-1-97</i>						
(2) w/ carbon adsorber	<i>#1</i>	<i>"</i>	<i>1-1-97</i>						
(3) w/ no controls									
<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~~  *fw.*

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~~  *fw.*

Existing large area source

New large area source  *fw.*

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  req.~~

New large area source

Refrigerated condenser  req.

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

**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

2-12-97  
Date



5-22-97

64 ✓

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:00 TIME OUT: 12:00 AIRS ID#: 0950365  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Majestic Cleaners & Laundry DATE: 5/22/97  
 FACILITY LOCATION: 12177 Apopka Vineland Rd  
Orlando FL 32836  
 RESPONSIBLE OFFICIAL: Kishor Patel PHONE NUMBER: 234-0883

- 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.).
- 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
No weekly leak. Detection taken (Done on a monthly Bases)	N/A
No weekly Condenser temp taken (Done on a monthly Bases)	N/A

COMMENTS:

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

DATE OF NEXT INSPECTION: 5/22/98  
(Approximate)

INSPECTION CONDUCTED BY: TODD Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 836-9524



# Orange County Environmental Protection Department

## PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: 0950365    DATE: 5/22/97    TIME IN: 11:00    TIME OUT: 12:00  
 FACILITY NAME: Majestic Cleaners and Laundry  
 FACILITY LOCATION: 12177 Apopka Vineland Rd  
Orlando FL 32836

#### PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

#### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

- A.
- |  |   |
|--|---|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                         | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                                    |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input checked="" type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) |

This is a correct facility classification                       Y       N

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 150 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |   |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |



**BEST AVAILABLE COPY**

**B. Has the responsible official of an existing large or new large area source also:**

- |  |  |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |  |
|--|--|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following:  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Maintained calibration data? (for direct reading instruments only)  | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Problem corrected?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |

**PART VI: LEAK DETECTION AND REPAIRS**

- |   |  |
|---|--|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
|---|--|

**BEST AVAILABLE COPY**

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

Kisha Patel

Name of Responsible Official

**Todd Fletcher**

Inspector's Name (Please Print)

Todd Fletcher

Inspector's Signature

5/22/97

Date of Inspection

5/22/98

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

*ace* ✓

AIRS ID#0950365
EXCEL PROPERTIES KISHOR PATEL 12177 APOPKA VINELAND ROAD ORLANDO FL 32836

Do NOT Remove Label

Annual Reporting Period: 1/1 1997 TO 1/13 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECEIVED

JAN 22 1998

Bureau of Air Monitoring & Mobile Sources

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: KISHOR PATEL *K. Patel* 1/13/98  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300388 ✓

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

RECEIVED  
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 20 98

Do NOT Remove Label

AIRS ID#0950365

EXCEL PROPERTIES  
KISHOR PATEL  
12177 APOPKA VINELAND ROAD  
ORLANDO FL 32836

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

11/20/98 *th* ✓  
RE-INSPECTION

TYPE OF INSPECTION: ANNUAL  11/20/98 *th* COMPLAINT/DISCOVERY

TIME IN: 10:45 TIME OUT: 11:15 AIRS ID#: 0950365  
 TYPE OF FACILITY: Dry Cleaners  
 FACILITY NAME: Majestic Cleaners & Laundry DATE: 6/4/98  
 FACILITY LOCATION: 12177 Apopka Vineland Rd  
Ovlandia FL 32836  
 RESPONSIBLE OFFICIAL: Kisher Peter PHONE NUMBER: 407-239-0883

- 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.).
- 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

RECEIVED  
 Bureau of Air Monitoring & Mobile Sources  
 NOV 20 1:50

RECEIVED  
 Bureau of Air Monitoring & Mobile Sources  
 JUN 29 1998

COMMENTS: Facility in Compliance

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

DATE OF NEXT INSPECTION: 6/4/99  
(Approximate)

INSPECTION CONDUCTED BY: Tony Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 826-9524

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION   
*11/20/98 Ah.* *11/20/98 Ah.*

AIRS ID#: 0950365 DATE: 6/4/98 TIME IN: 1045 TIME OUT: 1115  
FACILITY NAME: Majestic Cleaners & Laundry  
FACILITY LOCATION: 12177 Apopka Vineland Rd  
Orlando FL 32836  
RESPONSIBLE OFFICIAL: Kishor Patel PHONE: 407 239-6883  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PART I: NOTIFICATION

- (check appropriate box)
1. New facility notified DARM 30 days prior to startup
  2. Facility failed to notify DARM to use general permit

RECEIVED  
NOV 30 1998  
Bureau of Air Monitoring & Mobile Sources  
RECEIVED  
JUN 29 1998  
Bureau of Air Monitoring & Mobile Sources

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)  No notification form  
 Drop store/out of business/petroleum

- A.
- |  |   |
|--|---|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/>  |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/> |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 150 gallons.

**PERCHLOROETHYLENE DRY CLEANERS** ✓

JB 6-15-99  
+ SOCR

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>0950365</u>	DATE:	<u>6-7-99</u>	TIME IN:	<u>1040</u>	TIME OUT:	<u>1110</u>
FACILITY NAME:	<u>Majestic Cleaners &amp; Laundry</u>						
FACILITY LOCATION:	<u>12177 Apopka - Vineland Rd Orlando, FL 32836</u>						
RESPONSIBLE OFFICIAL:	<u>Kishor Patel</u>	PHONE:	<u>407-239-0883</u>				
CONTACT NAME:	_____			PHONE:	_____		

**RECEIVED**  
JUN 21 1999  
Bureau of Air Monitoring  
& Mobile Sources

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

**A.**

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)	<input checked="" type="checkbox"/>

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

<input checked="" type="checkbox"/> facility qualified for a general permit as number <u>2</u> above
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N



**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or,  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

**If using direct-reading instrumentation, is the equipment:**  N/A

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*Ilka Bundy*

Inspector's Name (Please Print)

6-7-99

Date of Inspection

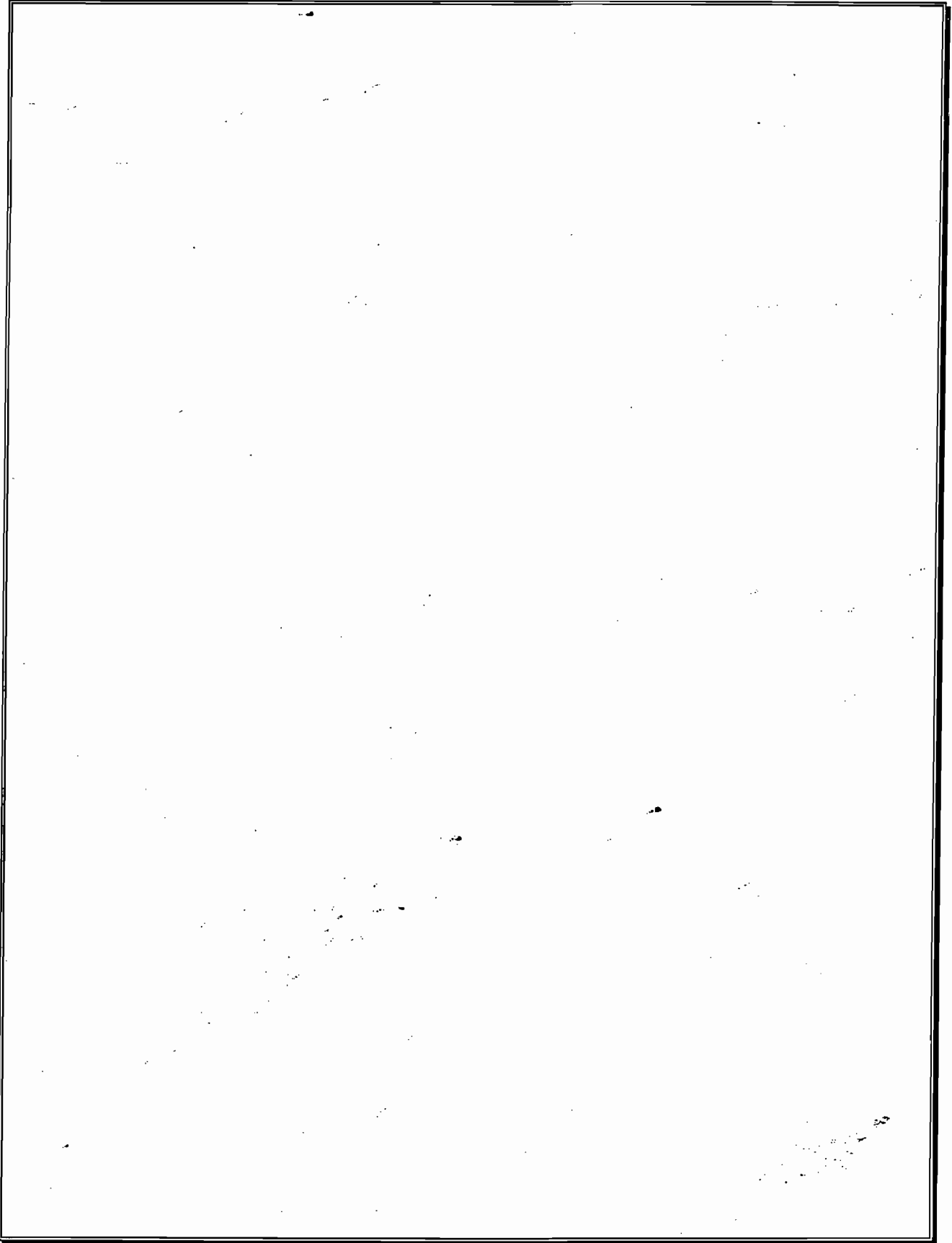
*Ilka Bundy*

Inspector's Signature

6-7-2000

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**



# Orange County Environmental Protection Department

AIRS ID#: 0950365

ALL ✓

Revised 10/10/96

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majestic Cleaners & Laundry DATE: 6/7/99  
FACILITY LOCATION: 12177 Apopka - Vineland Rd.  
Orlando, FL 32836

Annual Reporting Period: June 7 19 98 TO June 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: MISHOR PATEL [Signature] 6/7/99  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1040 TIME OUT: 1110 AIRS ID#: 0950365  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Majestic Cleaners & Laundry DATE: 6-7-99  
 FACILITY LOCATION: 12177 Apopka - Vineland Rd.  
Orlando, FL 32836  
 RESPONSIBLE OFFICIAL: Kishor Patel PHONE NUMBER: 407-239-0883

- 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.).
- 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
	/
	/

COMMENTS:  
Facility in compliance.

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

DATE OF NEXT INSPECTION: 6-7-2000  
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy  
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

3755

389103



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

2273



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 # 0950365  
 MAJESTIC CLEANERS & LAUNDRY  
 KISHOR PATEL  
 12177 APOPKA VINELAND ROAD  
 ORLANDO FL 32836

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273

Majestic  
 Cleaners and Laundry

1325



Phone (407) 239-0883  
 12177 S. Apopka Vineland Road  
 Orlando, FL 32836-6802

Date 12/4/99

To The Order Of Dept. of Environmental & Protection \$ 50.00

Forty dollars & 00/100 only

Dollars Security features included. Details on back.

SUNTRUST

SunTrust Bank, Central Florida, N.A.  
 Lake Buena Vista Office  
 Lake Buena Vista, FL (407) 839-4786

For [Signature]

RECEIVED  
 MAIL ROOM  
 DEC - 7 00

RECEIVED  
 DEC - 9 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

RECEIVED



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

AIRS ID # 0950365  
MAJESTIC CLEANERS & LAUNDRY  
KISHOR PATEL  
12177 APOPKA VINELAND ROAD  
ORLANDO FL 32836

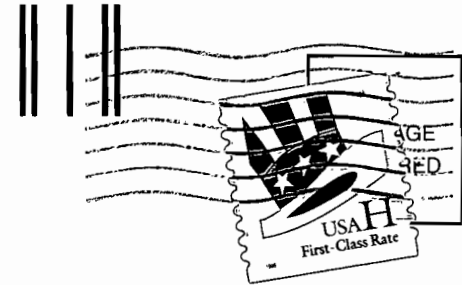
Bureau of Air Monitoring  
& Mobile Sources

DEC - 9 1999

R  
E  
C  
E  
I  
V  
E  
D

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

MAJESTIC CLEANERS & LAUNDRY  
12177 APOPKA VINELAND RD  
ORLANDO, FL 32836  
(407) 239-0883



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

3231543070





# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS 6-12-00 JB  
Thera 5 6-12-00 JB  
B.T.

✓ TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0950365 DATE: 6-12-00 TIME IN: 1010 TIME OUT: 1035  
FACILITY NAME: Majestic Cleaners & Laundry  
FACILITY LOCATION: 12177 Apopka - Vineland Rd.  
Orlando, FL 32836  
RESPONSIBLE OFFICIAL: Kishor Patel PHONE: 407-239-0883  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RECEIVED  
JUN 21 2000  
Bureau of Air Monitoring  
& Mobile Sources

**PART I: NOTIFICATION**  
(check appropriate box)  
1. New facility notified DARM 30 days prior to startup  
2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**  
Facility indicated on notification form that it is:  
(check appropriate box)  No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 77 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

**Is the responsible official of the dry cleaning facility:**  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*Ilka Bundy*

Inspector's Name (Please Print)

6-12-00

Date of Inspection

*Ilka Bundy*

Inspector's Signature

6-12-01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

2-21-00 19.5

4-14-00 19.5

Temperatures for condenser over  
45°F due to overloading machine (wt.)

IRS ID#: 0950365

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 6-12-00 JB  
Thora S. 6-12-00 JB  
B.T.

Facility Name: Majestic Cleaners & Laundry DATE: 6/12/2000  
 Facility Location: 12177 Apopka Vineland Rd.  
Orlando, FL 32836

Annual Reporting Period: June 7, 1999 ~~2000~~ TO June 12 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: KISHOR PATEL [Signature] 6/12/2000  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1010 TIME OUT: 1035 AIRS ID#: 0950365  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Majestic Cleaners & Laundry DATE: 6-12-00  
 FACILITY LOCATION: 12177 Apopka Vineland Rd.  
Orlando, FL 32836  
 RESPONSIBLE OFFICIAL: Kishor Patel PHONE NUMBER: 407-239-0883

- 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.).
- 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

COMMENTS: Facility in compliance.

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

DATE OF NEXT INSPECTION: 6-12-01  
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy  
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

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

7000 2870 0000 7027 4282

**OFFICIAL USE**

Postage	\$	<i>receipt</i> Postmark here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
10		AIRS ID # 0950365001AG
Sent To	KISHOR PATEL	
Street, Apt. No.	MAJESTIC CLEANERS & LAUNDRY 12177 APOPKA VINELAND ROAD	
City, State, ZIP	ORLANDO FL 32836	

PS Form 3800, May 2000

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 this 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 # 0950365001AG  
 KISHOR PATEL  
 MAJESTIC CLEANERS & LAUNDRY  
 12177 APOPKA VINELAND ROAD  
 ORLANDO FL 32836

7000287000070274282

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

*2/4/02*

C. Signature

*X Kishor Patel*

- 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





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**

412253 01023 2001

Do **NOT** Remove Label

AIRS ID # 0950365  
MAJESTIC CLEANERS & LAUNDRY  
KISHOR PATEL  
12177 APOPKA VINELAND ROAD  
ORLANDO FL  
32836

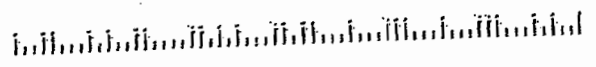
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273



POSTAGE  
REQUIRED

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

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360918

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

RECEIVED  
MAIL ROOM

FEB 18 99

**TOTAL AMOUNT DUE: \$50.00**



Do **NOT** Remove Label

AIRS ID # 0950365  
MAJESTIC CLEANERS & LAUNDRY  
KISHOR PATEL  
12177 APOPKA VINELAND ROAD  
ORLANDO FL 32836

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

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

0360930

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 # 0990536  
ONE HOUR MARTINIZING  
PETER C AVERITZ  
4133 N FEDERAL HWY  
BOCA RATON FL 33431

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
FEB 18 99

Z 333 660 327 1999

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0950365  
MAJESTIC CLEANERS & LAUNDRY  
KISHOR PATEL  
12177 APOPKA VINELAND ROAD  
ORLANDO FL 32836

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

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

**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 # 0950365

MAJESTIC CLEANERS & LAUNDRY  
KISHOR PATEL  
12177 APOPKA VINELAND ROAD  
ORLANDO FL 32836

4a. Article Number  
Z 333 660 327

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)

7. Date of Delivery  
2/13/99

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

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

Thank you for using Return Receipt Service.



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400073

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 # 0950365  
MAJESTIC CLEANERS & LAUNDRY  
KISHOR PATEL  
12177 APOPKA VINELAND ROAD  
ORLANDO FL 32836

Bureau of Air Monitoring  
& Mobile Sources

DEC 20 2000

RECEIVED

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

12-16-00  
DEC 18 00  
RECEIVED  
MAIL ROOM