

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 4, 2003

Mr. Gurmeet Kaur
Mr. Clean Dry Cleaners
3001 North Golden Road
Winter Park, Florida 32765

Re: Facility No.: 0951153-003

Dear Mr. Kaur:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 31, 2003.

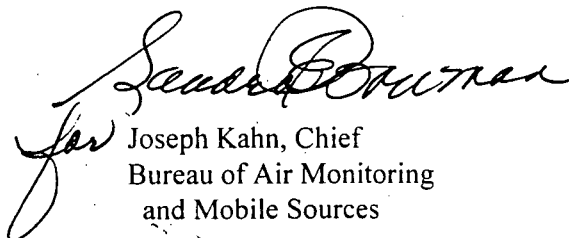
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

NEW OWNER

Grant, Patricia

From: Bowman, Sandy
Sent: Thursday, May 13, 2004 2:20 PM
To: Grant, Patricia
Subject: FW: Annual Operation Fees

Pat,

The following facilities will need to be inactivated. Thank you

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----

From: John.Parker@ocfl.net [mailto:John.Parker@ocfl.net]
Sent: Thursday, May 13, 2004 1:01 PM
To: Thomas, Bruce X.
Cc: Bowman, Sandy; Butler, Rick; Ilka.Bundy@ocfl.net; Jane.Heppner@ocfl.net; Marie.Driscoll@ocfl.net
Subject: Annual Operation Fees

Hi Bruce:

Here is an update regarding the four facilities in Orange County that have not paid their Annual Operating Fees:

0951256 Southside \$1.50 Cleaners is under new ownership. The new R.O is Ashley Freeman. I have sent him an application which he will be submitting soon. The facility name remains the same.

0951242 Magic Touch Dry Cleaners has a new owner, Amir Memon. This facility is currently a drop store. Please inactive this facility in ARMS.

0951153 Mr. Clean Dry Cleaners is under new ownership. The new R.O. is Vibhavari Pankhania. I have provided him with an application which he will be submitting soon. The facility name remains the same.

0950301 Peppermint Cleaners is no longer using perchloroethylene (landlord forbids it's use), this facility has switched to a petroleum based solvent. Please inactivate this facility in ARMS.

If you have any questions please let me know.

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

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
JAN 31 2005

RECEIVED

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. A completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BALRAJ INC
2. Site Name (For example, plant name or number):	MR CLEAN DRY CLEANERS 3001 N. GOLDEN ROD ROAD WINTER PARK 32792
3. Hazardous Waste Generator Identification Number:	HD351096513
4. Facility Location: Street Address: City: OVIDO FL County: SEMINOLE Zip Code: 32765	1069 ALVING LANE
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0951153-003

Responsible Official

6. Name and Title of Responsible Official: Name: GURMEET KAUR Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: BALRAJ INC/DBA - MR CLEAN DRY CLEANER Street Address: 3001 N. GOLDEN ROD ROAD City: WINTER PARK FL County: ORANGE Zip Code: 32792
8. Responsible Official Telephone Number: Telephone: (407) 678-2849 Fax: (407) 678-2849

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	HARJIT SINGHA : PLANT MANAGER
10. Facility Contact Address: Street Address: 3001 N. GOLDEN ROD ROAD City: WINTER PARK FL County: ORANGE Zip Code: 32792	
11. Facility Contact Telephone Number: Telephone: (407) 678-2849 Fax: (407) 678-2849	

Facility Information

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

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

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
9/5/97	Existing <input checked="" type="radio"/> New <input checked="" type="radio"/>	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

GURMEET KAUR
Print name of responsible official

Gurmeet Kaur
Signature

1/15/03
Date

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

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

OFFICIAL USE

Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	<div style="text-align: right; font-size: 2em; font-family: cursive;">2nd Cert.</div> <div style="text-align: center;"> Postmark Here <div style="font-size: 2em; font-family: cursive;">2003</div> </div> <div style="text-align: center;">AIRS ID #951153</div>
---	---

Sent To
GURMEET KAUR
MR. CLEAN DRY CLEANERS
 Street, Apt. No. or PO Box No. **3001 N GOLDENROD ROAD**
 City, State, Zip **WINTER PARK, FL 32792**

PS Form 3800, June 2002 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 the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID #951153

GURMEET KAUR
MR. CLEAN DRY CLEANERS
3001 N GOLDENROD ROAD
WINTER PARK, FL 32792

2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 8846

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

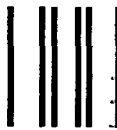
B. Received by (Printed Name) C. Date of Delivery
 3/0/04

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

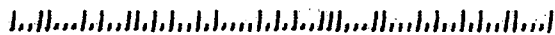
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 8 2004

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3+2400



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OFFICIAL USE

7003 2260 0003 5650 8786

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

ID# 951153

Sent To **GURMEET KAUR**
 Street, Apt. No. or PO Box No. **MR. CLEAN DRY CLEANERS**
 3001 N GOLDENROD ROAD
 City, State, ZIP **WINTER PARK, FL 32792**

Postmark Here

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 951153
 GURMEET KAUR
 MR. CLEAN DRY CLEANERS
 3001 N GOLDENROD ROAD
 WINTER PARK, FL 32792

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

7003 2260 0003 5650 8786

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
and Source

FEB 9 2004

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

7000 0520 0020 9372 7244

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

02
 3rd
 [Signature]
 Postmark
 Here

AIRS ID#0951153

Re	MR. CLEAN DRY CLEANERS	maller)
Sir	STEPHEN BAUMBACH	-----
City	3001 N GOLDENROD ROAD	-----
	WINTER PARK FL	-----
	32792	-----
PS		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 the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0951153

MR. CLEAN DRY CLEANERS
 STEPHEN BAUMBACH
 3001 N GOLDENROD ROAD
 WINTER PARK FL
 32792

2. Article Number
 (Transfer from service label)

7000 0520 0020 9372 7244

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 [Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 9/10/03

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 15 2003

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0951153	
Total MR. CLEAN DRY CLEANERS	
Sent to	STEPHEN BAUMBACH
Street or PO	3001 N GOLDENROD ROAD
City	WINTER PARK FL 32792
PS Form 3800, January 2001	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0951153

MR. CLEAN DRY CLEANERS
STEPHEN BAUMBACH
3001 N GOLDENROD ROAD
WINTER PARK FL
32792

COMPLETE THIS SECTION ON DELIVERY

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

3/12/93

C. Signature

x *Agent*

- Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express-Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. 7001 0320 0001 7975 7018

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLACK STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2003

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

428999 APR 28 2003

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

I am no longer the owner of Mr Clean Dry Cleaner. I sold the business on November 30, 2002 to Gurmeet Kaur of 1069 Alvina Ln. Oviedo FL 32765

TOTAL AMOUNT DUE: \$50.00

Please make further inquiries to Them Thank You

Do **NOT** Remove Label

AIRS ID#0951153
MR. CLEAN DRY CLEANERS STEPHEN BAUMBACH 3001 N GOLDENROD ROAD WINTER PARK FL 32792

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2035001
 Obj.: 002273

Bureau of Financial Monitoring & Analysis
 APR 30 2003
 RECEIVED