

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 20, 2001

Mr. Antonio Fraden, Jr.
El Dorado \$1.50 Cleaners
4473 South Semoran Boulevard #4
Orlando, Florida 32822

Re: Facility No.: 0951161-002

Dear Mr. Fraden:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 15, 2001.

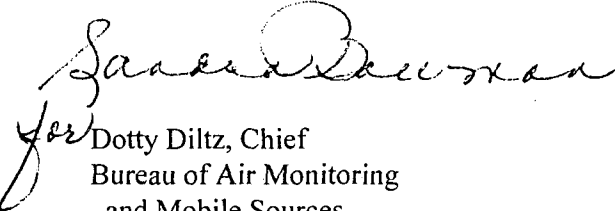
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

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

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Print-Formatted

DEP 14-081
DBF AA-4

REFUND REQUEST #: 141

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: EL DORADO \$1.75 CLEANERS INC. #0951161-002
ADDRESS: 4473 S. SEMORAN BLVD., SUITE 4 ORLANDO, FL 32822-
AMOUNT: \$50.00 CHECK #: 1089 DEPOSIT DATE: 07-13-2006 DEPOSIT: 271918
DOCUMENT NUMBER: SYS RECEIPT#: 550041 PAYMENT#: 761528 REMIT#: 686791
REV OBJECT CODE: 002273 TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$50.00 was originally deposited into the State Treasury, Receipt _____, dated _____.
NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720203500137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720203500137 _____ 0000002200000

CERTIFIED TRUE AND CORRECT this 22nd day of July, 2006.

Beth Pett *Rele J* *SM-A-II*
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3

RECI

0951161-002

BEST AVAILABLE COPY

OC

page 16

Bureau
21

4. New machines at small area source should be marked for 1996 machines. Mark out "X" under Existing machines at small area source.

RECEIVED
JAN - 7 2002
Bureau of Air Monitoring
& Mobile Sources

Prior to fill completed fi

Facility Name :

1. Facility Ow

GEM Q

2. Site Name

EL D

3. Hazardous

N/A

4. Facility Lo

Street Add

City: OR

5. Facility Id

NOV 26 2001

Responsible O

6. Name and Name:

ANT

7. Responsib

Organizat

Street Ad

City: OI

8. Responsit

Telephon

Facility Cont

9. Name an

10. Facility Contact Address:

Street Address:

City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: () -

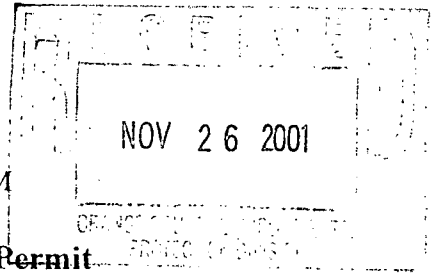
Fax: () -

RECEIVED

OCT 15 2001

Bureau of Air Management
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM



Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GEM QUEST ENTERPRISES, LLC.		
2. Site Name (For example, plant name or number):	EL DORADO \$1.50 CLEANERS		
3. Hazardous Waste Generator Identification Number:	N/A		
4. Facility Location:	Street Address: 4473 S. SEMORAN BLVD #4		
	City: ORLANDO, FL	County: ORANGE	Zip Code: 32822
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0951161 002		

Responsible Official

6. Name and Title of Responsible Official:	Name: ANTONIO FRAZEN JR. Title: VICE PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: EL DORADO \$1.50 CLEANERS		
	Street Address: 4473 S. SEMORAN BLVD #4		
	City: ORLANDO	County: ORANGE	Zip Code: 32822
8. Responsible Official Telephone Number:	Telephone: (407) 282-8666 Fax: (407) 282-7286		

Facility Contact (If different from Responsible Official)

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

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")
11/96	Existing <input checked="" type="radio"/> New	RC/CA/None required	SAME
11/96	Existing <input checked="" type="radio"/> New	RC/CA/None required	SAME
	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 _____)

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 AIRS ID 0951961.
- 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.

ANTONIO FRAZEN JR.
Print name of responsible official

Antonio Frazen Jr.
Signature
Arthur Jones (MGR)

10/11/01
Date
11/29/01

0951161-002

page 16

4. New machines at small area source should be marked for 1996 machines.

mark out "x" under Existing machines at small area source.

RECEIVED

OCT 15 2000

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): GEM QUEST ENTERPRISES, LLC.
2. Site Name (For example, plant name or number): EL DORADO \$1.50 CLEANERS
3. Hazardous Waste Generator Identification Number: N/A
4. Facility Location: Street Address: 4473 S. SEMORAN BLVD #4 City: ORLANDO, FL County: ORANGE Zip Code: 32822
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0957161-002

Responsible Official

6. Name and Title of Responsible Official: Name: ANTONIO FRAJEN JR. Title: VICE PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: EL DORADO \$1.50 CLEANERS Street Address: 4473 S. SEMORAN BLVD. #4 City: ORLANDO County: ORANGE Zip Code: 32822
8. Responsible Official Telephone Number: Telephone: (407) 282-8666 Fax: (407) 282-7286

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
11/96	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
11/96	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] months

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

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 AIRS ID 0951961.
- 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.

ANTONIO FRADEN JR.
Print name of responsible official

Antonio Fraden Jr.
Signature

10/11/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 951161 10
\$1.50 CLEANERS
4473 S Semoran Blvd #4
ORLANDO, FL 32822

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

445629 FEB 8 2005

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FEB 10 2005

Bureau of Air Mail
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 951161 1st
\$1.50 CLEANERS
4473 S Semoran Blvd #4
ORLANDO, FL 32822

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

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

459073 FEB 21 2006

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FEB 22 2006
Bureau of Air Mail
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435166 JAN122004

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

<p>951161 ANTONIO FRADEW \$.50 CLEANERS 4473 S SEMORAN BLVD ORLANDO FL 32822</p>
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RECEIVED
JAN 15 2004
Bureau of Air Monitoring
& Mobile Sources

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



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

<p>\$.50 CLEANERS ANTONIO FRADEW JR 4473 S SEMORAN BLVD ORLANDO FL 32822</p>	<p>AIRS ID#0951161</p>
--	------------------------

RECEIVED
DEC 18 2002
40728 DEC 16 2002
Bureau of Air Monitoring
& Mobile Sources

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



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


4122273 35023 2001

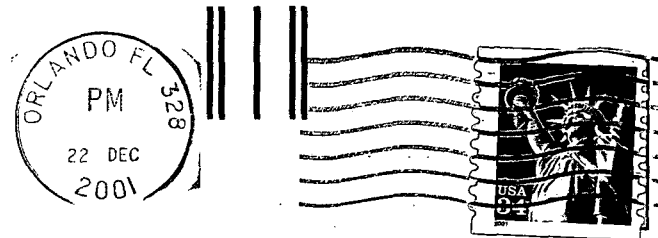
Do **NOT** Remove Label

AIRS ID # 0951161

\$1.50 CLEANERS
 ANTONIO FRADEW JR
 4473 S SEMORAN BLVD
 ORLANDO FL
 32822

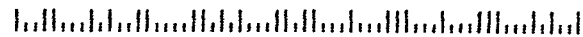
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

 Mr. Ron Benfield
 2223 Langley Circle
 Orlando, FL 32835-5945



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

32315+3070 99



Record of Payment**Check: 20090****El Dorado \$1.50 Cleaners**

Department of Environmental Protection

12/21/2001

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/05/2001	Bill		50.00	50.00		50.00
				Check Amount		50.00

Tips for Preventing Check Fraud

No service or feature can entirely eliminate check fraud. However, measures can be taken to greatly reduce the risk of check tampering or duplication. Following are suggestions for preventing check fraud.

1. Avoid leaving large blank spaces in the convenience dollar amount or legal dollar amount lines on the checks you write. Additionally, avoid leaving large blank spaces on the "Pay to the Order of" line.
2. Immediately report to your bank if checks payable to you are stolen.
3. Protect your account records and any documents containing personal identification information.
4. Close unnecessary accounts and destroy any checks for closed accounts.
5. Inform your bank about the status of your accounts.
6. Store your unused checks in a secured area.
7. Security features contained in this laser check stock deter counterfeiters and forgers.

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CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7000 1670 3100 6977

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

Postmark Here
Receipt
02

10 AIRS ID # 0951161001AG
 § MICHAEL DUNN
 § \$1.50 CLEANERS
 § 4473 S SEMORAN BLVD #4
 § ORLANDO FL
 § 32822

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 the 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 # 0951161001AG
 MICHAEL DUNN
 \$1.50 CLEANERS
 4473 S SEMORAN BLVD #4
 ORLANDO FL
 32822

2. Article Number
 (Transfer from service label) 700016703100697711111

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *JILL DUNN* B. Date of Delivery *8-1*

C. Signature *Jill Dunn* Agent Addressee

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

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

PM

01 AUG



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

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

AUG 08 2009

Bureau of Air Monitoring
& Mobile Sources

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

AIRS ID# 951161 1stC
 \$1.50 CLEANERS

Sent To 4473 S Semoran Blvd #4
 ORLANDO, FL 32822

*Street, Apt. No.,
 or PO Box No.*

City, State, ZIP+4

PS Form 3800, July 2003

2899 4470 4000 0050 7003

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p>AIRS ID# 951161 1stC \$1.50 CLEANERS 4473 S Semoran Blvd #4 ORLANDO, FL 32822</p> <p>2. Article Number (Transfer from service label) 7003 0500 0004 0144 6682</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) _____ C. Date of Delivery 2/7/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 10 2005

