

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 4, 2001

Mr. Jayshree Solay
BVL Drycleaners
5428 Bay Lagoon Circle
Orlando, Florida 32819

Re: Facility No.: 0970047-002

Dear Mr. Solay:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 9, 2001.

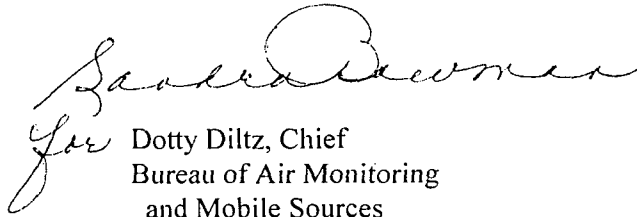
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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July 18th
(Sold Closing)
\$50.00



Department of Environmental Protection

Jeb Bush
Governor

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

Coileen M. Castille
Secretary

March 30, 2004

RECEIVED
APR 26 2004
Bureau of Air Monitoring
& Mobile Sources

Mr. Jaysitree Solay
5428 Bay Lagoon Circle
Orlando, Florida 32819

Dear Mr. Solay:

Thank you for your note notifying the department your business, BVL DryCleaners (AIRS ID #0970047), has been sold. The department received your note on March 29.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that the responsible official shall notify the department in writing of any changes requiring corrections to information contained in the notification form. As a result of your note, the facility status for BVL DryCleaners has been changed to *inactive* in the database.

In addition, Rule 62-213.300, F.A.C., stipulates that an annual emission fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that BVL DryCleaners operated as a Title V general permit facility in 2003. Therefore, the annual operation fee for which you were recently invoiced is now due.

If you have any additional questions or need additional information, please contact Bruce Thomas at 850/921-7744.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

cc: Marie Driscoll, Orange County

0970047-002

P15

(a) A 1988 machine is classified as an Existing machine.

Existing should be circled under Status.

Date Control Device Installed should be blank for Existing small sources

P17

Responsible Official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL - 9 2001

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. 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): BVL DRYCLEANERS
2. Site Name (For example, plant name or number): BVL DRYCLEANERS
3. Hazardous Waste Generator Identification Number: FLD 982081358
4. Facility Location: Street Address: 2545 BOGGY CREEK RD. City: KISSIMMEE County: OSCEOLA Zip Code: 34744
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0910007-002

Responsible Official

6. Name and Title of Responsible Official: Name: JAYSHREE SOLAY Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: BVL DRYCLEANER INC Street Address: 5428 BAY LAGOON CR. City: ORLANDO County: ORANGE Zip Code: 32819
8. Responsible Official Telephone Number: Telephone: (407) 348-7888 Fax: () -

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? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
11, AUG, 88	Existing <u>New</u>	RC/CA/ <u>None required</u>	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 N/A

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?

[90] gallons (You must fill this in) PURCHASED THIS AMOUNT.

(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.

JAYSHREE M SOLAY
Print name of responsible official

J. Solay
Signature

7/1/01
Date

IMPORTANT

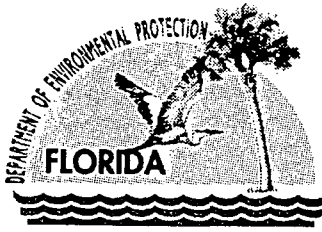
A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 30, 2004

Mr. Jayshree Solay
5428 Bay Lagoon Circle
Orlando, Florida 32819

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If you have any additional questions or need additional information, please contact Bruce Thomas at 850/921-7744.

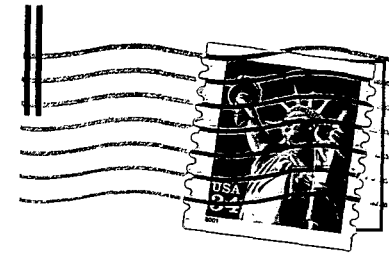
Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

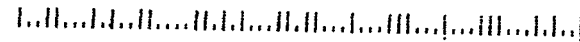
cc: Marie Driscoll, Orange County

BVL DRY CLEANERS
2545, Boggy Creek Rd.
KISSIMMEE, FL 34744
(407) 348 7888



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

412010 DEC21 2001

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 # 0970047
BVL DRYCLEANERS
JAYSHREE SOLAY
5428 BAY LAGOON CIRCLE
ORLANDO FL
32819

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420606 DEC13 2002

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

X

Bureau of Air Monitoring
& Mobile Sources

DEC 17 2002

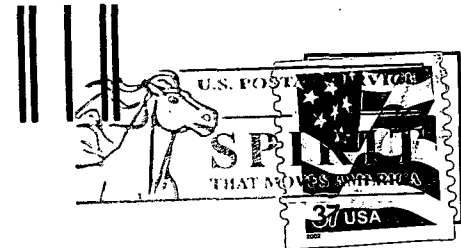
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Do NOT Remove Label

AIRS ID#0970047
BVL DRYCLEANERS JAYSHREE SOLAY 5428 BAY LAGOON CIRCLE ORLANDO FL 32819

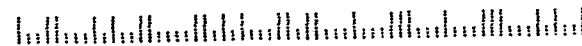
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

BVL DRYCLEANERS
2545 Boggy Crk Rd
KISS. FL 32744.



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

32315+3070 99



7003 2260 0003 5650 8977

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Restricted Delivery Fee (Endorsement Required)	
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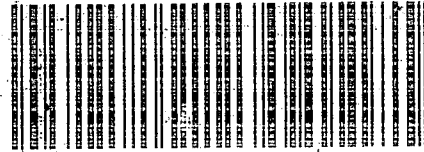
ID# 970047
Sent To **JAYSHREE SOLAY**
Street, Apt. or PO Box # **BVL DRYCLEANERS**
City, State, ZIP+4® **5428 BAY LAGOON CIRCLE**
ORLANDO, FL 32819

5510

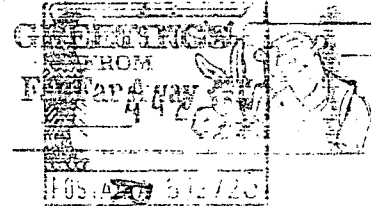
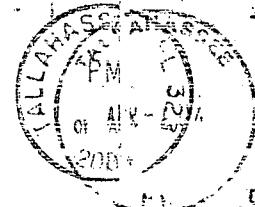
5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7001 1140 0001 7556 4613



AC5521

BAMMS/BCO
JOEY ROBERTS
5510

*Refused
to be
delivered*

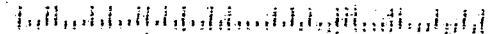
Bureau of Air Monitoring
& Mobile Sources

APR 7 2004

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MAILS-DIVISION
BVL DRYCLEANERS
JAYSHREE SOLAY
5428 BAY LAGOON CIRCLE
ORLANDO, FL 32819

52319-2400



BEST AVAILABLE COPY

INDICATE TOP OR BOTTOM OF THE MAILPIECE

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> _____</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</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>1. Article Addressed to:</p> <p>ATRS ID # 970047 BVL DRYCLEANERS JAYSHREE SOLAY 5428 BAY LAGOON CIRCLE ORLANDO, FL 32819</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.G.D.</p>
<p>2. Article Identification</p> <p>(Transit) 7001 1140 0001 7556 4613</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7001 1140 0001 7556 4613

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$	303 Postmark Here <i>[Signature]</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	ATRS ID # 970047	

Sent To: BVL DRYCLEANERS
JAYSHREE SOLAY
Street, A or PO Box: 5428 BAY LAGOON CIRCLE
City, State: ORLANDO, FL 32819
City, State: # 0970047

PS Form 3811, August 2001 See Reverse for Instructions