

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 22, 2001

Mr. Rajendra Dyanand
Trim-N-Tidy Cleaners & Laundry
46-16 Luce Road
Lakeland, Florida 33813

Re: Facility No.: 1050288-002

Dear Mr. Dyanand:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 2001.

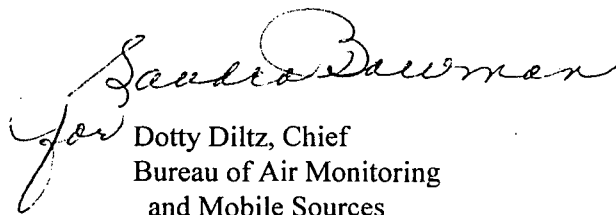
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Fees Paid 96-00
SOC 4
Compliance IN

1050288-002

Page 15

1(a) New should be circled under Status for 1996 machines.

R.C should be circled under Control Device Required for 1996 machines.
add Date Control Device Installed.

Page 16

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

Page 17

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:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

COMMENTS:

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

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):	Foodway Market INC		
2. Site Name (For example, plant name or number):	Trim-N-Tidy Cleaners & Laundry		
3. Hazardous Waste Generator Identification Number:	105 0288001 AG		
4. Facility Location: Street Address: City:	225 West Highland DR Lakeland	County: Polk FL	Zip Code: 33813
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1050288-0002		

Responsible Official

6. Name and Title of Responsible Official: Name:	RAJENDRA DYANAND	Title:	Owner/President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	46-16 Luce Rd Lakeland	County: FL Polk	Zip Code: 33813
8. Responsible Official Telephone Number: Telephone:	(863) 644 5481	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:	() -

RECEIVED
 SEP 20 2001
 Bureau of Air Management
 200 North S.W. 17th St.
 Tallahassee, FL 32310

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")
11/8/96	Existing	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

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? 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 _____



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

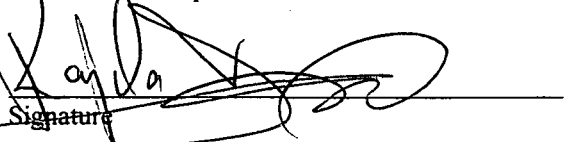
Responsible Official Certification

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.

RIATENDRA DYANAND

Print name of responsible official



Signature

9/19/2001

Date

Bureau of Air & Mobile Sources

OCT 03 2001

Hazardous Waste Cleanup Section

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM Hazardous Waste Regulation

RECEIVED
RCRA
OCT 02 2001

RECEIVED

OCT - 9 2001

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Foodway Market INC
2. Site Name (For example, plant name or number):	Trim-n-Tidy Cleaners & Laundry
3. Hazardous Waste Generator Identification Number:	1050288001 AG
4. Facility Location: Street Address: City: Lakeland County: Polk FL Zip Code: 33813	225 West Highland DR
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1050288-002

Responsible Official

6. Name and Title of Responsible Official: Name: RAJENDRA DYANAND Title: Owner/President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Lakeland County: FL Polk Zip Code: 33813
8. Responsible Official Telephone Number: Telephone: (813) 644 5481 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: () -

RECEIVED
SEP 21 2001

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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).

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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) _____

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- (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:

[Handwritten signature]

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.

KATENDRA DYANAND
Print name of responsible official

[Handwritten signature]
Signature

9/14/2001
Date

[Handwritten signature]

9/27/2001



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412601 JAN 4 2002 X

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 # 1050288
TRIM-N-TIDY CLEANER & LAUNDRY
RAJENDRA DYANAND
225 WEST HIGHLAND DRIVE
LAKELAND FL
33813

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421815 JAN 15 2003

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

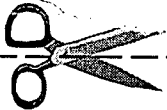
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1050288
TRIM-N-TIDY CLEANER & LAUNDRY
RAJENDRA DYANAND
225 WEST HIGHLAND DRIVE
LAKELAND FL
33813

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

RECEIVED
JAN 21 2003
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435184 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

1050288
 RAJENDRA DYANAND
 TRIM-N-TIDY CLEANER & LAUNDRY
 225 WEST HIGHLAND DRIVE
 LAKELAND FL 33813

RECEIVED
 JAN 15 2004
 Bureau of Air Monitoring
 & Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444658 JAN182005

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# 1050288 10
 TRIM-N-TIDY CLEANER & LAUNDRY
 225 West Highland Drive
 LAKELAND, FL 33813

Bureau of Air Monitoring
 & Mobile Sources

JAN 20 2005

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457679 JAN 6 2006

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

1050288 10
TRIM-N-TIDY CLEANER & LAUNDRY
225 West Highland Drive
LAKELAND, FL 33813

RECEIVED
MAIL
Bureau of Air Monitoring
& Mobile Sources
JAN 9 2006

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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456494 DEC26 2006

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# 1050288
FOODWAY MARKET OF LAKE
ALFRED INC
225 West Highland Drive
LAKELAND, FLORIDA 33813

Bureau of Air
& Mobile Services
DEC 20 2006

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.

LAKELAND FL 338

22 DEC 2006 PM 1 T



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