

# Department of Environmental Protection

Jeb Büsh Governor 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"

Feesland 96-00 SOC 4 Compliance IN

.

# 1050288-002

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

AC should be sincled 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" 

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                     | A CONTRACTOR OF THE STATE OF TH |  |  |
| 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

## 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 of Lau   | ndry   |
| 3. Hazardous Waste Generator Identification Number:  | 7  |
| 105 0288001 AG   |  |
| 4. Facility Location: 225 West Highland DR   |  |
| City: Lakeland County: Polk Fl Zip Code: 33  | 813  |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):   | an Asiang ta   |
| 1050288 - 00   | 2  |
|  |  |
| Responsible Official   |  |
| 6. Name and Title of Responsible Official:   |  |
| Name: RAZENDRA DYANAND OWNER PO  | TI 9/129   |
| 7. Responsible Official Mailing Address:   |  |
| Organization/Firm: 46-16 Luce Rd Street Address:   |  |
| City: \ County: \ Zip Code:  | 0.   |
| hAkeland FI POIK 33  | 013  |
| 8. Responsible Official Telephone Number: Telephone: ( )   |  |
| Telephone: (863) 644 5481 Fax: ( )   |  |
|  |  |
| Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): |  |
| 7. Name and The of Facility Contact (For example, plant manager).  |  |
| 10. Facility Contact Addition  |  |
| 10. Facility Contact Address:  | د د  |
| Street Address:  | TEON WONE  |
| City: County: Zip Code:  | 18 14 15 18  |
| 11. Facility Contact Telephone Number:   | 20,  |
| Telephone: ( ) - Fax: ( ) -  | To Selection of the sel |
|  |  |

DEP Form No. 62-213.900(2)

## **Facility Information**

| 1.(a) DRY-TO-DRY M                         | ACHINES ONL                             | .Y                                    |   |
|--|---|---------------------------------------|---|
| How many dry-to-dry ma                     | nchines do you ha                       | ve on-site?                           |   |
| For each dry-to-dry mach                   | nine on-site, pleas                     | e provide the following information   | on:   |
| Date Initially Purchased From Manufacturer | Status<br>(circle one)                  | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME")   |
| 11/2/21                                    | Existing/N                              | ew RC/CA/None required                | ·   |
| · ·  | Existing/N                              | ew RC/CA/None required                | ·   |
|  | Existing/N                              | ew RC/CA/None required                | ·   |
| *CONTROL DEVICE K                          | EY: RC = r                              | refrigerated condenser CA =           | carbon adsorber   |
| 1.(b) TRANSFER MAC                         | HINES ONLY                              |                                       |   |
| How many washers do yo                     | ou have on-site?                        |                                       |   |
| How many dryers/reclain                    | ners do you have                        | on-site? []                           |   |
| unit. If the transfer mach                 | ine was purchased<br>no units purchased | d from the manufacturer between I     | December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:  Date Control Device Installed |
| From Manufacturer                          | (circle one)                            | (circle one)                          | (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 K                          | EY: $RC = r$                            | refrigerated condenser CA =           | carbon adsorber   |
|  | roethylene (perc)                       | have you used within the last 12 n    | nonths?   |
| (b) If less than 12 mor                    | nths, how many?                         | months                                |   |
| Check why it is les                        | ss than 12 months                       | s: New owner: [] Did not kee          | p records: []   |
| •  |   | New store: New machin                 | e []  |
|  |   | Unopened store [ ] (date of           | expected opening )  |

DEP Form No. 62-213.900(2) Effective: 2/24/99

| 3. What is the facility's source classification based on the Indicate with an "X". Select one classification only  |  |
|--|--|
| Small Area Source  |  |
| Transfer only on-site (us  | ed less than 140 gallons of perc per year) ed less than 200 gallons of perc per year) ed less than 140 gallons of perc per year) |
| Large Area Source  |  |
| Transfer only on-site (us  | ed 140 - 2,100 gallons of perc per year) ed 200 - 1,800 gallons of perc per year) ed 140 - 1,800 gallons of perc per year)       |
| 4. What control technology is required on machines purs (Indicate with an "X".)  | suant to section (5) of Part II of this notification form?   |
| 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 Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site (see   | vater generating units on-site meet the following  |
| All steam and hot water generating units exempt No such units on-site  | OR<br>≈  |
| How many boilers do you have on-site?  |  |
| For each boiler, indicate its horsepower (HP) rating:  |  |
| What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 6 fuel oil  | natural gas No. 4 fuel oil Other (please list)   |
| 6. Equipment Monitoring and Recordkeeping Information  | n  |
| Check all logs which are required to be kept on-site in a  | ccordance with the requirements of this general permit:  |
| (a) Purchase receipts and solvent purchases/solvent additional additional control of the control | tion log   |
| (b) Leak detection inspection and repair   | ( <del></del> )  |
| (c) Refrigerated condenser temperature monitoring  | [4]  |
| (d) Carbon adsorber exhaust perc concentration monitor   | ing []   |
| (e) Startup, shutdown, malfunction plan  |  |

DEP Form No. 62-213.900(2) Effective: 2/24/99

#### 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.

(will promptly notify the Department of any changes to the information contained in this notification.

Print name of responsible official

Signatur

Date

DEP Form No. 62-213.900(2)

#### **BEST AVAILABLE COPY**

Bureau the Mache Cleanup

CCT UB 2001

RECEIVED OCT 02 2001

Mastrious Latels RECEIV El Drup Section

PERCHLOROETHYLENE DRY CLEANER PERCHLOROETHY LENE DATA CELL MARCHA PERMIT NOTIFICATION FORM Hazardous Waste Regulation

OCT - 9 2001

#### Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
Prior to filling out this form, please read the instructions provided at the end of the form. Send & Mobile Sources 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):  Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Facility Agency (Name (For example, plant name or number):  2. Site Name (For example, plant name or number):  1. Site Name (For example, plant name or number):  2. Site Name (For example, plant name or number):  1. Site Name (For example, plant name or number):  1. Site Name (For example, plant name or number):  1. Site Name (For example, plant name or number):  1. Site Name (Name of Number):  1. Site Name (N |  |         |
|--|--|---------|
| 2. Site Name (For example, Plant name or number):  Talm Ni Tidy Cleaneds Alaundry  3. Hazardous Waste Generator Identification Numbers  1050288001 AG  4. Facility Location: 225 West Highland DR City: Akeland County: Plk Fl Zip Code: 33813  5. Facility Identification Number (DEP Use ONLY, 2do not fill in):  1050288-0000  Responsible Official  6. Name and Title of Responsible Official: Name: Alendra Dyamma Title:  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Akeland County: Fax: ()  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: City: County: Zip Code: Sstreet Address: City: County: City Code: City County: City Code: City City City City Code: City City City City City City City City  |  | ,       |
| 2. Site Name (For example, plant name or number):  The many Cleaneds abounded to the content of  |  |         |
| 2. Site Name (For example, plant name or number):  The many Cleaneds abounded to the content of  | Fordulay Musket TNC  |         |
| 3. Hazardous Waste Generator Identification Number:    OS 0288001 A G  | 2. Site Name (For example, plant name or number):  | 1       |
| 3. Hazardous Waste Generator Identification Number:    OS O28800   A G-  |  |         |
| 4. Facility Location: 225 West Highland DR Street Address: City: Akeland DR Zip Code: 33813  5. Facility Identification Number (DEP Use ONLY edo not fill in):  1050286-000  Responsible Official  6. Name and Title of Responsible Official: Name: ALENDRA DYAMAN Owner Preside  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Akeland County: Fax: ()  8. Responsible Official Telephone Number: Telephone: (813) GY 548 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: 35813  |  | 1       |
| 4. Facility Location: Street Address: City: Poly Fight and DR County: Poly Fight and DR City: Akeland County: Poly Fight and DR County: Title: |  |         |
| Street Address: City:   Akeland   County: Polk   Fip Code: 33813    S. Facility Identification Number (DEP Use ONLY do not fill in):   | 1050288001 AG  |         |
| City: A Keland County: Palk F Zip Code: 33813  5. Facility Identification Number (DEP Use ONLY 2do not fill in):    DSODEB - DOOD   DSODEB - D |  |         |
| 5. Facility Identification Number (DEP Use ONLY = do not fill in):    Color  | $\sim$   |         |
| Responsible Official  6. Name and Title of Responsible Official: Name:  Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Telephone:  (813) GY 54 8 Fax:  Fax:  Par:  Fax:  Par:  Fax:  10. 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:   | City. Lakeland county. Polk Fl zipcode. 33813  | į       |
| Responsible Official  6. Name and Title of Responsible Official: Name:  Responsible Official Mailing Address: Organization/Firm: Street Address: City:  County:  Title:  Title: Title: Title: Title | 5. Facility Identification Number (DEP Use ONLY do not fill in):   |         |
| Responsible Official  6. Name and Title of Responsible Official: Name:  Responsible Official Mailing Address: Organization/Firm: Street Address: City:  County:  Title:  Title: Title: Title: Title | 1050298-1002   |         |
| 6. Name and Title of Responsible Official: Name:    Name   |  | l .     |
| Name: Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Park Zip Code: 3383  8. Responsible Official Telephone Number: Telephone: (813) 644 54 8 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:   | Responsible Official   |         |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Telephone: Telephone:  (863) GHH 548  Fax:  County:  Fax:  Fax:  County:  Fax:  Fax:  Fax:  County:  Fax:  Fax:  County:  Fax:  Fax:  County:  Fax:  County:  Fax:  Fax:  County:  Coun |  | 1       |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: County: Telephone Official Telephone Number: Telephone: ( \$\frac{1}{3}\) Cuy 54 \ 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:  | Name: Title:   |         |
| Organization/Firm: Street Address: City: County: County: Telephone Official Telephone Number: Telephone: Telephone: Telephone: Telephone: Telephone Official Telephone Official  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: County: Zip Code:  |  | 15      |
| Street Address: City: County: County: Telephone Official Telephone Number: Telephone:  (813) 644 54 Fax:  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:  Zip Code:   |  |         |
| 8. Responsible Official Telephone Number: Telephone: (\$\frac{1}{3}\) (44 54 \$\frac{1}{3}\) 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:   | Street Address:  | İ       |
| 8. Responsible Official Telephone Number: Telephone: (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | City: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |         |
| Telephone: (\$13) 644 54 8 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:   | VIRTORIENT   |         |
| 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:   | Telephone: ( \( \) | İ       |
| 9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address:  Street Address: City:  County:  Zip Code:  | 1845 620   | ĺ       |
| 9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address:  Street Address: City: County: Zip Code:  | Facility Contact (If different from Pesnonsible Official)  |         |
| 10. Facility Contact Address:  Street Address: City: County: Zip Code:   |  |         |
| Street Address: City: County: Zip Code:  | ,  | İ       |
| Street Address: City: County: Zip Code:  |  | :<br>!  |
| City: Zip Code:  | 10. Facility Contact Address:  |         |
| City: Zip Code:  | Street Address:  | 276,7   |
|  |  | Z/S     |
|  | 11. Facility Contact Telephone Number:   | ري<br>ا |
| Telephone: ( ) - Fax: ( ) -  | Telephone: ( ) - Fax: ( ) -  |         |
|  |  | 13.     |
|  |  | •       |

DEP Form No. 62-213.900(2)

| Facility Information  |   |  | Subjection of the state of the |
|---|---|--|---|
| 1.(a) DRY-TO-DRY M  | ACHINES ONL   | Y State page 15 15 18  | grande de la companya de la companya de la companya de la companya de la companya de la companya de la companya   |
| How many dry-to-dry ma  | -   | ,  |   |
| For each dry-to-dry mach  | nine on-site, pleas   | e provide the following informat                                   | tion:   |
| Date Initially Purchased From Manufacturer  | Status<br>(circle one)  | Control Device Required* (circle one)                              | Date Control Device Installed (if already included at time of purchase, write "SAME")   |
| 11/2/16   | Existing/No   |  |   |
|   | Existing/No   |  |   |
| *CONTROL DEVICE K   | EY: RC = r  | refrigerated condenser CA  | = carbon adsorber   |
| 1.(b) TRANSFER MAC  | HINES ONLY  |  |   |
| How many washers do yo  | ou have on-site?  |  |   |
| How many dryers/reclain   |   |  | substitution of the first section   |
| If the transfer machine w<br>unit. If the transfer mach<br>1993, it is a <b>NEW</b> unit (r | as purchased, fror<br>ine was purchased<br>no units purchased | n the manufacturer prior to or or or from the manufacturer between | December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general information:  Date Control Device Installed (if already included at time of   |
| Trom Manufacturer   | (circle one)  | (encic one)  | purchase, write "SAME")   |
|   | Existing/New  | RC/CA/None required  | ·   |
|   | Existing/New  | RC/CA/None required  |   |
|   | Existing/New  | RC/CA/None required  |   |
| *CONTROL DEVICE K   | EY: RC = r  | efrigerated condenser CA   | = carbon adsorber   |
|   |   | have you used within the last 12                                   | months?   |
|   | ns (You must fill   | this in)   | en april 1900 en en en en en en en en en en en en en  |
| (b) If less than 12 more  |   | •  | parking a superior to   |
| Check why it is le  | aa than 12 maatha   | Manual Did not be  |   |
|   | ss man 12 monuis  | :: New owner: [] Did not k   |   |
|   | ss than 12 months   | New store: New machi Unopened store ( ) (date o                    | ine []  |

DEP Form No. 62-213.900(2) Effective: 2/24/99

12.0

| 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 notific (Indicate with an "X".)   | cation form?   |
| Existing machines at small area source  New machines at small area source   | •              |
| (NONE REQUIRED) Refrigerated condenser  |                |
| Existing machines at large area source Carbon adsorber Refrigerated condenser  [] Refrigerated condenser []   |                |
| 5. A facility which contains non-exempt emissions units shall not be eligible to use the general per Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the follower period criteria or that no such units exist on-site (see attached memo for the criteria). | owing          |
| All steam and hot water generating units exempt  No such units on-site  OR  |                |
| 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. 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 go   | eneral 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   |                |

DEP Form No. 62-213.900(2)

#### 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.

(will promptly notify the Department of any changes to the information contained in this notification.

Print name of responsible official

DEP Form No. 62-213.900(2) Effective: 2/24/99



412601 JAN 42002

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 Obi.: 002273



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

421815 JAN15 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



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 Europe Source So

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 JAN182885

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 RECEIVE

JAN 2 0 200

Bureau of Air Monitorit
& Mobile Sources

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

457679 JAN 6 2008 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

BENIFITTING OBJECT CODE 002000 **△BENIFITTING CATEGORY 000200** 

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273** 

Printed on recycled paper.

Andonie Sources

466494 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

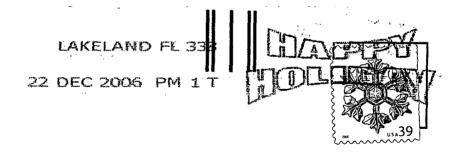
AIRS ID# 1050288
FOODWAY MARKET OF LAKE.
ALFRED INC
225 West Highland Drive
LAKELAND, FLORIDA 33813

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