



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

January 23, 2008

Mr. Patel Pankaj
Camelot Dry Cleaners
4907 South U.S. Highway #1
Fort Pierce, Florida 34982

Re: Facility No.: 1110077-004

Dear Mr. Pankaj:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 12, 2007.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

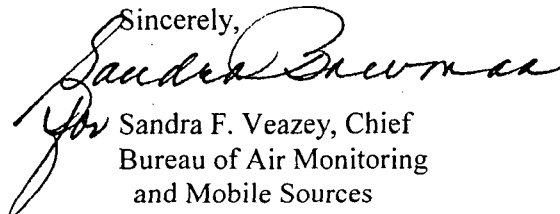
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,


Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Lee Hoefert, Southeast District

NO ACTIVITY FOR FACILITY.....
EMISSION FEE DATES *1/6-2006*.....
SOC REPORTS *5*.....
COMP. STATUS - SNC MNC IN

*TRPT - SOCR - Statement of Compliance Report
12/31/2007
Insp. St. Lucie Co - SED - Lee Hoberk*

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

DEC 12 2008

DEC 12 2007

Part III. Notification of Intent to Use General Permit & Mobile Source

Bureau of Air Quality & Mobile Source

Bureau of Air Monitoring & Mobile Source

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): JAY MAHARAJ L.L.C			
2. Site Name (For example, plant name or number): CAMELOT DRY CLEANERS			
3. Hazardous Waste Generator Identification Number: 66-8012710708-8			
4. Facility Location: 4907 S. U.S. 1.			
Street Address:			
City: FT. PIERCE.		County: ST. LUCIE	Zip Code: 34982
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1110077-004			

Responsible Official

6. Name and Title of Responsible Official:			
Name: PATEL PANKAJ		Title: OWNER	
7. Responsible Official Mailing Address:			
Organization/Firm: JAY MAHARAJ L.L.C			
Street Address: 4907 S. U.S. 1.			
City: FT. PIERCE		County: ST. LUCIE	Zip Code: 34982
8. Responsible Official Telephone Number:			
Telephone: (772) 466-9694		Fax: (772) 466-9694	

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? [01]

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")
BONE P.300	Existing/New	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".)

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

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.

Pankaj P. Sethi
Print name of responsible official

Pankaj P. Sethi
Signature

12-10-07
Date

CECILY TART
850 922 6979

ATTN: CECILY TART.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 14 2007
Bureau of Air Monitoring
& Mobile Sources

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):	JAY MAHARAJ L.L.C		
2. Site Name (For example, plant name or number):	CAMELOT DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	66-8012710708-8		
4. Facility Location:	4907 S. U.S. 1.		
Street Address:			
City:	County:	Zip Code:	
FT. PIERCE	ST. LUCIE	34982	
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:			
Name:	PATEL PANKAJ	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	JAY MAHARAJ L.L.C		
Street Address:	4907 S. U.S. 1.		
City:	County:	Zip Code:	
FT. PIERCE	ST. LUCIE	34982	
8. Responsible Official Telephone Number:			
Telephone:	(772) 466-9694	Fax:	(772) 466-9694

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:	()

FROM :

Facility Information

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

How many dry-to-dry machines do you have on-site? [0]

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")
BONE P-300 2-1994	Existing <input checked="" type="radio"/> / New <input 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? [N/A]

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

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 <input checked="" type="radio"/> / New <input type="radio"/>	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?

[30] 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

FROM :

FAX NO. :

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

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Responsible Official Certification

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

Pankaj P. Patel

Print name of responsible official

Pankaj P. Patel

Signature

12-10-07
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

011302008

RECEIVED

Part III. Notification of Intent to Use General Permit

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66-8012710708-8
4. Facility Location: Street Address: City: County: Zip Code:
4907 S. U.S. 1. FT. PIERCE ST. LUCIE 34982
5. Facility Identification Number (DEP Use ONLY - do not fill in):
1110077-004

Responsible Official

6. Name and Title of Responsible Official: Name: Title:
PATEL PANKAJ OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
JAY MAHARAJ LLC 4907 S. U.S. 1. FT. PIERCE ST. LUCIE 34982
8. Responsible Official Telephone Number: Telephone: Fax:
(772) 466 9694 (772) 466-9694

Facility Contact (If different from Responsible Official)

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() - () -

Facility Information

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2-1994	Existing/New	RC/CA/None required	
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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".)

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

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Responsible Official Certification

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

Panikaj P. Patel
Print name of responsible official

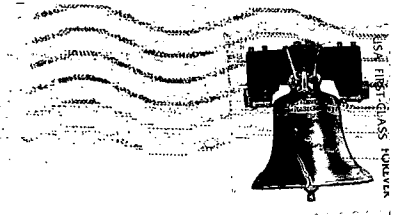
PANIKAJ P. PATEL
Signature

7/28/08
Date



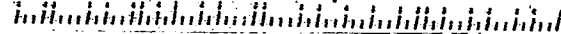
Camelot Dry Cleaners
 4907 S. US Highway 1
 Ft. Pierce, FL 34982

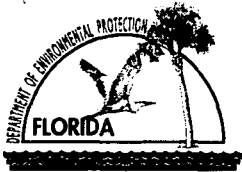
WEST PALM BEACH
 FL 334 5 L
 03 JUN 2009 10A



GENERAL PERMITS SECTION
 Bureau of Air Moni. & Mobiliz. Serv. MS 5510
 D. E. P.
 2600- BLAIR STONE ROAD
 TALLAHASSEE
 FL 32399-2400

32399946542 0001





Department of Environmental Protection

Division of Air Resource Management

STATEMENT OF COMPLIANCE - TITLE V SOURCE

REASON FOR SUBMISSION (Check one to indicate why this statement of compliance is being submitted)

<input type="checkbox"/> Annual Requirement	<input type="checkbox"/> Transfer of Permit	<input type="checkbox"/> Permanent Facility Shutdown
REPORTING PERIOD*		REPORT DEADLINE**
01 JAN through ³¹ DEC of 2008 (year)		

*The statement of compliance must cover all conditions that were in effect during the indicated reporting period, including any conditions that were added, deleted, or changed through permit revision.

**See Rule 62-213.440(3)(a)2., F.A.C.

Facility Owner/Company Name: PANKAJ PATEL

Site Name: CAMELOT DRY CLEANERS Facility ID No. 111 0077 County: P. S. L

COMPLIANCE STATEMENT (Check only one of the following three options)

- A. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, and there were no reportable incidents of deviations from applicable requirements associated with any malfunction or breakdown of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above.
- B. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part; however, there were one or more reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each incident of deviation, the following information is included:
1. Date of report previously submitted identifying the incident of deviation.
 2. Description of the incident.
- C. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, EXCEPT those identified in the pages attached to this report and any reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each item of noncompliance, the following information is included:
1. Emissions unit identification number.
 2. Specific permit condition number (note whether the permit condition has been added, deleted, or changed during certification period).
 3. Description of the requirement of the permit condition.
 4. Basis for the determination of noncompliance (for monitored parameters, indicate whether monitoring was continuous, i.e., recorded at least every 15 minutes, or intermittent).
 5. Beginning and ending dates of periods of noncompliance.
 6. Identification of the probable cause of noncompliance and description of corrective action or preventative measures implemented.
 7. Dates of any reports previously submitted identifying this incident of noncompliance.

For each incident of deviation, as described in paragraph B. above, the following information is included:

1. Date of report previously submitted identifying the incident of deviation.
2. Description of the incident.

RECEIVED
 2008 AUG 22 PM 3:27
 FRANCISCO

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF AIR RESOURCE MANAGEMENT

**JAY MAHARAJ, L.L.C.
D/B/A CAMELOT DRY CLEANERS**

4907 S US HWY 1
FORT PIERCE FL 34982-7079

485229 AUG 21 2008 2716

DATE 8/11/08

PAY
TO THE
ORDER OF

DEPT. OF E.P.A

\$ 50.00

FIFTY DOLLARS only

DOLLARS Security
Features
Details on
Back.



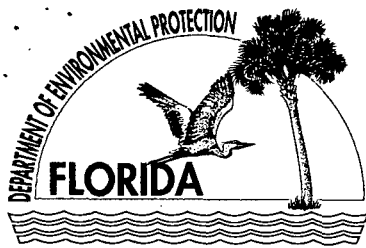
Florida's Most Convenient Bank

Ft. Pierce #177
1050 Virginia Avenue
Ft. Pierce, FL 34982
1-888-7-DAY-BANK

Paul J. P. P. P.

FOR I.D. - 111 0077

MP



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

485229 AUG21 2008

August 4, 2008

Jay Maharaj LLC
4907 S US Hwy 1
Fort Pierce, FL 34982

Your check #2705 is being returned to you for the following reason:

- Not Signed. Please sign check and return package to:
FDEP, P.O. Box 3070, Tallahassee, FL 32315
- Wrong Payee.
- Other-

If you have any questions, please contact Jennifer Peddicord at (850) 245-2456.

Sincerely,

Jennifer Peddicord
Accounting Services Supervisor I
Bureau of Finance and Accounting

JP/mm

cc: Reading File
Cashier
Attachments

Florida Department of Environmental Protection
 Cash Receiving Application (CRA)
 Cashlisting by Deposit #: 291104 thru 291104
 Printed: 8/22/2008 4:05:47 PM - Page 1

RECEIVED

AUG 25 2008

Cashlisting: 70506 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
 Deposit No: 291104 Date Deposited: 08/21/2008 Contact: ~~E. WALKER~~

BUREAU OF AIR REGULATION

Barbara Friday MS-5505

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant	
002275	50140	485229	634701		JAY MAHARAJ LLC	2716	\$50.00	1110077	896768	793519	APCTF		
Object Code 002275 Subtotal:							\$50.00						
Cashlisting 70506 Total:							\$50.00						

REFUND
 REQUEST
 # 16766

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: JAY MAHARAJ LLC
ADDRESS: 4907 S US HWY 1
FORT PIERCE, FLORIDA 34982-7079
AMOUNT: \$50.00 CHECK #: 2716 DEPOSIT DATE: 08-21-2008 DEPOSIT: 291104
DOCUMENT NUMBER: 485229 SYS RECEIPT#: 634701 PAYMENT#: 896768 REMIT#: 793519
REV OBJECT CODE: 002272 NON-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
3720252600137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000002200000

CERTIFIED TRUE AND CORRECT this 10th day of September, 2008.


Signature and Title of Authorized Person

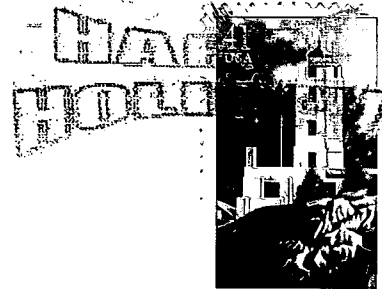
SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.



Camelot Dry Cleaners
 4907 S. US 1
 Ft. Pierce, FL 34982
 Tel: 772-466-9694

WEST PALM BEACH
 FL 334
 10 DEC 2007 PM 7 T



GENERAL PERMITS SECTION
 BUREAU OF AIR MONITORING & METEOROLOGICAL SERVICES
 DEPT. OF ENVIRONMENTAL PROTECTION
 2600 BLAIR ROAD
 TALLAHASSEE -
 FL-32399-2400

323: +6782

