

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 28, 2003

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

Re: Facility No.: 1110077-003

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 23, 2002.

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,

Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Tom Tittle, Southeast District

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

Printed on recycled paper.

New Owner

1/6/2003

Rick Butler spoke with Mr. Pakaj Patel and he stated that he is the duly authorized person to act as the responsible official for Camelot Dry Cleaners owned by Jay Maharaj LLC. He stated that the RO information is correct.

Page 15

1. (a) New should be circled under Status for 1993 dry-to-dry machine.
RC or CA should be circled for Control Device Required on 1993 dry-to-dry machine.
Add Date Control Device Installed for 1993 dry-to-dry machine.

Page 16

4. New Machines at Small Area Source Refrigerated Condenser should be marked for 1993 machines.
6. (e) Required for all sources. Should be marked.

RECEIVED

DEC 23 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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 LLC
2. Site Name (For example, plant name or number):	CAMELOT DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 981480221.
4. Facility Location: Street Address: City: FORT PIERCE County: ST. LUCIE Zip Code: 34982	4907 S. US 1.
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1110077-003

Responsible Official

6. Name and Title of Responsible Official: Name: PANKAJ PATEL Title: MANAGER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (772) 466-9694 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: SAME 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")
1993	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

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 _____
- 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 PATEL
Print name of responsible official

Pankaj Patel
Signature

12-20-02
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

Thomas, Bruce X.

From: Sullivan, Ann
Sent: Wednesday, February 18, 2004 10:33 AM
To: Thomas, Bruce X.
Cc: Bowman, Sandy; Benefield, Jackie
Subject: RE: Cash list # 41298

We do not keep copies of checks. The check number is listed on the cash listing. The mail room listed the checks onto a transmittal and brought to Revenue for processing and deposit. The company sent two checks and one invoice. That is why the mail room placed two DDN's on one invoice.

Ann R. Sullivan
Accounting Services Supervisor 1
FDEP - Administration/Revenue, MS-77
Room #276, Carr Building
Phone# 850-245-2458, SC 205-2458
Fax# 850-245-2464, SC 205-2464

-----Original Message-----

From: Thomas, Bruce X.
Sent: Wednesday, February 18, 2004 10:16 AM
To: Sullivan, Ann
Subject: RE: Cash list # 41298

Ann,

Thank you for your help on this. I would appreciate it if you would send us a copy of the checks they sent for our files. Thanks again.

-----Original Message-----

From: Sullivan, Ann
Sent: Tuesday, February 17, 2004 4:47 PM
To: Thomas, Bruce X.
Cc: Whiting, Dorothy; Benefield, Jackie
Subject: Cash list # 41298

Dorothy researched this cash listing and it looks like the processor was off by one when entering the reference numbers on a string of DDN's. She has made the corrections and will drop a copy of the corrected cash listing in the mail for you tomorrow. It does appear that Camelot Dry Cleaners sent two checks for the same invoice and may require a refund. Call me at 245-2458 in the morning if you need to discuss the changes.

Ann R. Sullivan
Accounting Services Supervisor 1
FDEP - Administration/Revenue, MS-77
Room #276, Carr Building
Phone# 850-245-2458, SC 205-2458
Fax# 850-245-2464, SC 205-2464

2/18/2004

-----Original Message-----

From: Thomas, Bruce X.

Sent: Tuesday, February 17, 2004 1:49 PM

To: Whiting, Dorothy

Cc: Sullivan, Ann; Darby, Marie; Bowman, Sandy

Subject:

Importance: High

Dorothy,

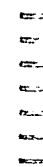
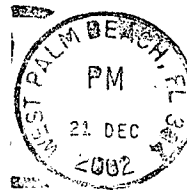
On a recently received cash listing application (cashlist area 3755, cashlisting 41298), Camelot Dry Cleaners (DDN 436129 and 436130) is listed as making two payments. We received one remittance slip that was stamped with both DDN 436129 and 436130. In addition, our database only shows one facility under this name at this location. Can you shed some light on this for me? Thanks, Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

Camelot Dry Cleaners,
4907 S. US 1,
FT. PIERCE,
FL-34982



DEPT. OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFF. BLDG.
2600-BLAIR STONE RD,
MS-5510
TALLAHASSEE.
FL-32399-2400.

3239946342



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.

436129 FEB 9 2004

436130 FEB 29 2004

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 1110077
DILIP PATEL
CAMELOT DRY CLEANERS
4907 S US HWY 1
FT PIERCE, FL 34982

RECEIVED
FEB 13 2004
Bureau of Air Monitoring
& Mobile Source Control

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443612 DEC21 2004

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# 1110077 10 CAMELOT DRY CLEANERS 4907 S US Hwy 1 FT PIERCE, FL 34982

Printed on recycled paper.

RECEIVED

DEC 22 2004

Bureau of Air Monitoring
& Mobile Sources

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

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443611 DEC21 2004

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# 1110077 10 CAMELOT DRY CLEANERS 4907 S US Hwy 1 FT PIERCE, FL 34982

Printed on recycled paper.

RECEIVED

DEC 22 2004

Bureau of Air Monitoring
& Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458942 FEB15 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# 1110077 1st
CAMELOT DRY CLEANERS
4907 S US Hwy 1
FT PIERCE, FL 34982

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

466229 DEC18 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# 1110077
PUSHP ENTERPRISES
4907 S US Hwy 1
FT PIERCE, FLORIDA 34982

Bureau of Air Monitoring
& Mobile Sources

DEC 19 2006

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

V E D

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

Printed on recycled paper.

471520 MAR 26 2007

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.

Duplicate Payment

1st REC'D 12/18/06

TOTAL AMOUNT DUE: \$50.00

*REC'D
MAR 30 2007
Bureau of Motor Vehicle Titling*

Do NOT Remove Label

1110077	10
CAMELOT DRY CLEANERS	
4907 S US Hwy 1	
FT PIERCE, FL	34982

*4/3/07
ISSUED
REFUND
REQUEST #
15079*

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

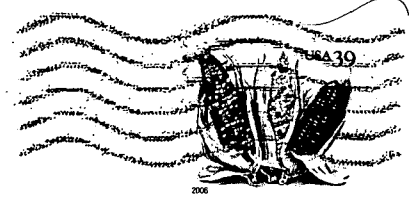
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.



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

WEST PALM BEACH
FL 334 6 L
23 MAR 2007 PM



*TITLE V. AIR GENERAL PERMITS
RECEIPTS
P.O. Box 3070
TALLAHASSEE
FL-32315-3070*

32315+3070



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

699E 9552 T000 04TT T002
 7001 1140 0001 7556 3869

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

Postmark
 Here

To: ID# 1110077

DILIP PATEL
 CAMELOT DRY CLEANERS

Street or P.O. Box
 4907 S US HWY 1

City, State, and ZIP+4[®]
 FT PIERCE, FL 34982

PS Form 3800, January 2001 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:

ID# 1110077
 DILIP PATEL
 CAMELOT DRY CLEANERS
 4907 S US HWY 1
 FT PIERCE, FL 34982

2. Article Number

(Transfer from service label)

7001 1140 0001 7556 3869

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

[Signature] 2/6

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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



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

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

RECEIVED
FEB 1 1991
Bureau of Air Monitoring & Mobile Sources
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 5510
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

