



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

July 25, 2007

Mr. Dinesh Patel
Frankies Cleaners
2108 South French Avenue
Sanford, Florida 32771

Re: Facility No.: 1170074-004

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 2007.

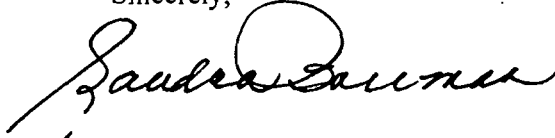
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



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

SFV/pg

cc: Ms. Caroline Shine, Central District

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 19.6-2006
SOC REPORTS
COMP. STATUS - SNC MNC

INSP-INS2-compliance inspection
walkthrough - 4/27/2007 - IAD
INSP-Semide Co - CD - Cshime

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL 25 2007

Part III. Notification of Intent to Use General Permit

Bureau of Air Management
& 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): BAZUNI INC.
2. Site Name (For example, plant name or number): FRANKIES CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 2108 S. FRENCH AVE. City: SANFORD County: SEMINOLE FL Zip Code: 32771.
5. Facility Identification Number (DEP Use ONLY - do not fill in)

1170074-004

Responsible Official

6. Name and Title of Responsible Official: Name: MR. DINESH PATEL Title: MANAGER
7. Responsible Official Mailing Address: Organization/Firm: BAZUNI INC Street Address: 2108 S. FRENCH AVE. City: SANFORD County: SEMINOLE FL Zip Code: 32771.
8. Responsible Official Telephone Number: Telephone: (407) 321-0690 Fax: (407) 321-0690

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

161498 MAY 25 07

JUN 15 2007

RECEIVED

MAY 22 2007

Facility Information

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

Bureau of Air, Moisture & Mobile Source

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

DEP Central Dist.

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")
1995	Existing <u>New</u>	<u>RC</u> /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? [2]

How many dryers/reclaimers do you have on-site? [1]

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 <u>New</u>	RC/ <u>CA</u> /None required	SAME
	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?

[15] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] 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 [])

FLORIDA DEPARTMENT OF REVENUE
FINANCE & ACCOUNTING
2007 MAY 25 PM 2:39

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.

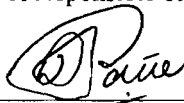
Responsible Official Certification

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.

MR. DINESHKUMAR PATEL

Print name of responsible official



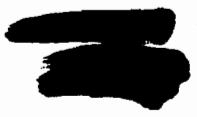
Signature

5.16.07.

Date

BAZUNI, INC.
14512 Faberge Dr.
Orlando, FL 32828

DATE 5-21-07



STYLE #117

PAY TO THE ORDER OF DEPARTMENT OF ENVIROMENTAL PROTECTION

\$ 100.00

ONE HUNDRED ONLY -

DOLLARS



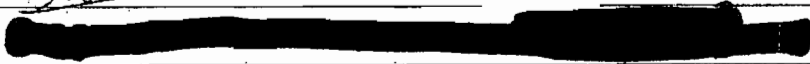
WACHOVIA
Wachovia Bank, N.A.
wachovia.com

161473 MAY 25 '07

D. Paice

FOR

STCM 12345



not stem

BAZUNI, INC.
14912 Faberge Dr.
Orlando, FL 32828

1321

BRANCH 04725

DATE 5-21-07

PAY TO THE ORDER OF DEPARTMENT OF ENVIRONMENTAL PROTECTION \$ 100.00

ONE HUNDRED ONLY -

DOLLARS



WACHOVIA
Wachovia Bank, N.A.
wachovia.com

161428 MAY 25 '07

FOR

STCM 12345

Paive



not stem

*Sandy,
Per Patty Adams request
I've attached the original
documents & a copy of the
check. This \$ is currently in
stem cash list area & needs
to be moved prior to June 30.*

*Thanks for your help!
Jennifer Reddick*

RECEIVED

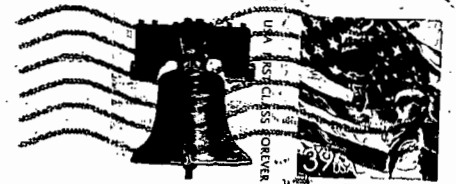
JUN 15 2007

Bureau of Environmental
& Mobile Sources

*Jennifer Reddick
245-3456
needs object code*

BAZUNI INV
2108 S. FRENCH AVE.
SANFORD FL 32771

MID FLORIDA PDC
FL 327 2 L
23 JUL 2007 PM



FLORIDA DEPT OF ENVIROMENTAL PROTECTION
ATT: S. BOWMAN.
2600 BLAIR STONE ROAD MS SS10
TALLAHASSEE FL. 32399-2400.

32399+6542



RECEIVED
JUN 21 2004
6.18.04
Bureau of
& Mobile

HI, SANDY,

I HOPE THESE ARE
CORRECT FORMS YOU WERE TALKING ABOUT.

THANK YOU FOR YOUR CONCERN & YOUR
HELP IS GREATLY APPRECIATED.

THANKS AGAIN



DINESH PATEL

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")
1995	Existing/ <u>New</u>	<u>RC</u> /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")
2006	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

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 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"/> |

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: 1 5

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.

MR DINESHKUMAR PATEL

Print name of responsible official



Signature

5.08.07.

Date



Best Available Copy
Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Bureau of Air Monitoring
Mobile Station

JUN 21 2007

RECEIVED

Multimedia Inspection Summary - Dry Cleaner Industry

Form with fields: Date: 4-27-07, Entry Time: 11:45, Exit Time: 12:40, Facility Name: Frank's Cleaners, Location: 2108 S. Forest Ave, Sanford Florida, Phone: (407) 321-4181, Responsible Official: N. Toh Patel / DINESH PATEL, AIRS ID# 1170071, EPA ID# FL10984234450, DSCP ID#, Type of Inspection: Annual, Program Areas Inspected: Air, HW, Dry Cleaner Solvent Cleanup Program.

A Multimedia Inspection was conducted this date, under the authority of Section 403.091, Florida Statutes. This inspection is designed to determine compliance with state and federal environmental regulations as authorized and implemented in Chapter 403, Florida Statutes and Title 62, Florida Administrative Code.

Records Review:

- Not applicable
Facility records were evaluated at the time of this inspection.
Submit records for review as directed by the inspector.
The Annual Compliance Certification form has been properly certified and submitted to the inspector.

Inspection Summary:

- In Compliance with each program inspected
Out of Compliance with one or more program(s) inspected
To be determined

Corrective Action:

- The owner/operator is hereby requested to submit in writing, within 15 days of this inspection, 1) A description of all corrective actions taken, 2) A schedule for completion of corrective actions to be taken and 3) A description of efforts to prevent recurrence of the non-compliance items listed on page 2. Submit these items to the address listed above. The actions taken within 30 days of this notice will be considered in determining whether enforcement, including the assessment of penalties, should be initiated.

IF YOU HAVE QUESTIONS, please contact this inspector at (407) 894-7555.

INSPECTOR (signature) [Signature] Date: 4-27-07

The undersigned person hereby acknowledges that he/she received a copy of this notice. FACILITY PERSONNEL [Signature] Date: 4-27-07

Printed Name/Title ML DINESH PATEL

FORM

62-213.300

MULTIMEDIA COMPLIANCE INSPECTION - NOTICE OF POTENTIAL NON-COMPLIANCE

DEP inspector(s) identified the following potential items of non-compliance. This is not a formal enforcement action and may not be a complete listing of all items of non-compliance which exist at the time of this inspection.

- Change Filter on galaxy unit -
- Seal The floor around the dry cleaning machine and the spotting Board - with a two-part epoxy ^{*chemical Resistant} ^{*Water Resistant}
- www.dep.state.fl.us/Air/Forms/Tvg2.htm to obtain the Dry cleaning Air General permit Form.
- sample water from press vacuum →
www.wireflowpages.com

* CULLIGAN WATER PRODUCTS

624 LOVEJOY RD NW

FORT WALTON BCH, FL 850-664-7771

* 407. 425. 6686 - ORLANDO - 800. 311. 7113

* FLORIDA WATER TESTING

CLEARWATER 727-799-1160

I 4 92 EXIT WILLIAMSON BLVD
LEFT 2 1/2 MILES DOWN RIGHT DUNN LEFT HAND
WATER ANALYSIS SIDE

DEP Inspector:

Facility Personnel:





RECEIVED

MAY 22 2007

DEP Central Dist.

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")
1995	Existing <u>New</u>	<u>RC/CA/None</u> 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? [2]

How many dryers/reclaimers do you have on-site? [1]

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 <u>New</u>	<u>RC/CA/None</u> required	SAME
	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?

[15] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] 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 _____)

FLORIDA DEPARTMENT OF REVENUE
2007 MAY 25 PM 2:39
FINANCE & ACCOUNTING

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 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? 1

For each boiler, indicate its horsepower (HP) rating: 1 5

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.

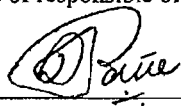
Responsible Official Certification

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.

MR. DINESHKUMAR FATEL

Print name of responsible official



Signature

5.16.07.

Date

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90009 013 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P06000118531	
1. Entity Name	
BAZUNI, INC	

DO NOT WRITE IN THIS SPACE

40042288

2. Principal Place of Business 2108 S FRENCH AVE Suite, Apt. #, etc.	3. Mailing Address 2108 S FRENCH STREET Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State SANFORD, FL	City & State SANFORD, FL	4. FEI Number 20-5545387	Applied For <input type="checkbox"/> Not Applicable
Zip 32771	Country	Zip 32771	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to: Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PATEL, DINESHKUMAR 14912 FABERGE DRIVE ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **03.23.07.** **407.821.4484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AREA	Office * CD	City: ORLANDO	County * SEMINOLE	AIRS ID	ARMINV01 1170074
Owner/Comp *	FRANKIE'S CLEANERS		Site	FRANKIE'S CLEANERS	
Directions					
Street	2108 S French Ave				
City *	SANFORD		Zip	32771	
UTM Zone	17	East	473.62	North	3185.01
				Latitude	28 47 38.0000
				Longitude	81 16 23.0000
Status *	A	ACTIVE	Maj Group SIC *	72	PERSONAL SERVICES
Reloc	N	Shtdwn Dt	Strt Dt	Final Shtdwn Dt	
Gov Fac *	0	NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE		HAZ Waste Generator ID: FLD	
AOR Req *	N	Ozone SIP Facility *	N	Type	10 PCE Drycleaning Facilities
Compliance Tracking					Current Permit Indicator AG
Title V	TITLE V	non-HAP Class	MINOR	HAP Class	MINOR
				Public Exempt	
# of Emis Units	C	A	I	Generator Rating MW	
Comment	Change in ownership.				

Permitting Application - Permit Detail and Log Permit											
ARMS Facility											
AREA	AIRS ID	1170074	STATUS	A	OFFICE	CD	Cen: ORLANDO				
SITE NAME		FRANKIE'S CLEANERS			COUNTY		SEMINOLE				
OWNER/COMPANY		FRANKIE'S CLEANERS									
Project											
AIR Permit #	1170074	-	003	AG	Project #	003	CRA Reference #				
Permit Office	TAL (HEADQUARTERS)				Agency Action					Effective	
Project Name	FRANKIE'S CLEANERS			Desc						re-registration	
Type/Sub/Des	AG	/	01	Title V General Permit				Logged		07/06/2006	
Received	07/06/2006		Issued	08/05/2006		Expires	08/05/2011		OGC	<input type="checkbox"/>	
Fee	0.00		Fee Recd			Dele			Override	NONE	
Related Party											
Role	APPLICANT			Begin	07/06/2006		End				
Name	PATEL, NITESH				Company						FRANKIE'S CLEANERS
Address											2108 S FRENCH AVENUE
City	SANFORD			State	FL		Zip	32771		Country	U.S.A.
Phone	407-321-4484		Fax								
Processors											
Processor	THOMAS_BX			<input checked="" type="checkbox"/>	Active	07/06/2006		Inactive			
										Events	

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")
1995	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> 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")
2006	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC/CA/None required <input checked="" type="radio"/>	SAME
	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 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"/> |

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.

MR DINESHKUMAR PATEL

Print name of responsible official



Signature

5.08.07.

Date



Best Available Copy
Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Division of Air Management
March 21, 2007

JUN 21 2007

RECEIVED

Multimedia Inspection Summary - Dry Cleaner Industry

Form with fields: Date: 4-27-07, Entry Time: 11:45, Exit Time: 12:40, Facility Name: Frank's Cleaners, Location: 2108 S. French Ave., Sanford, Florida, Phone: (407) 321-4184, Responsible Official: N. T. K. Patel / DINESH PATEL, AIRS ID# 1170071, EPA ID# FL0764234450, DSCP ID#, Type of Inspection: Annual, Program Areas Inspected: Air, HW, Dry Cleaner Solvent Cleanup Program.

A Multimedia Inspection was conducted this date, under the authority of Section 403.091, Florida Statutes. This inspection is designed to determine compliance with state and federal environmental regulations as authorized and implemented in Chapter 403, Florida Statutes and Title 62, Florida Administrative Code.

Records Review:

- Not applicable
Facility records were evaluated at the time of this inspection.
Submit records for review as directed by the inspector.
The Annual Compliance Certification form has been properly certified and submitted to the inspector.

Inspection Summary:

- In Compliance with each program inspected
Out of Compliance with one or more program(s) inspected
To be determined

Corrective Action:

- The owner/operator is hereby requested to submit in writing, within 15 days of this inspection, 1) A description of all corrective actions taken, 2) A schedule for completion of corrective actions to be taken and 3) A description of efforts to prevent recurrence of the non-compliance items listed on page 2. Submit these items to the address listed above. The actions taken within 30 days of this notice will be considered in determining whether enforcement, including the assessment of penalties, should be initiated.

IF YOU HAVE QUESTIONS, please contact this inspector at (407) 894-7555.

INSPECTOR (signature) [Signature] Date: 4-27-07

The undersigned person hereby acknowledges that he/she received a copy of this notice. FACILITY PERSONNEL [Signature] Date: 4/27/07 Printed Name/Title: MR. DINESH PATEL

FORM

62-213.300

Best Available Copy

MULTIMEDIA COMPLIANCE INSPECTION - NOTICE OF POTENTIAL NON-COMPLIANCE

DEP inspector(s) identified the following potential items of non-compliance. This is not a formal enforcement action and may not be a complete listing of all items of non-compliance which exist at the time of this inspection.

- Change filter on galaxy unit
- Seal the floor around the dry cleaning machine and the spotting board - with a two-part epoxy ^{chemical Resistant} _{Water Resistant}
- www.dep.state.fl.us/Air/Forms/Trgs.htm to obtain the Dry cleaning Air General permit form.
- sample water from pits vacuum
- www.mironthomas.com

* CULLIGAN WATER PRODUCTS

624 LOVEJOY RD NW

FORT WALTON BCH, FL 850-664-7771

* 407. 425. 6686 - ORLANDO - 800. 311. 7113

* FLORIDA WATER TESTING

CLEARWATER 727-799-1160

I 4 92 EXIT WILLIAMSON BLVD
LEFT 2 1/2 MILES DOWN RIGHT DUNN LEFT HAND
WATER ANALYSIS SIDE

DEP Inspector:

Facility Personnel:

161478 MAY 25 2007

RECEIVED

MAY 22 2007

DEP Central Dist.

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")
1995	Existing <u>New</u>	RC/CA/None <u>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

How many washers do you have on-site? [2]

How many dryers/reclaimers do you have on-site? [1]

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 <u>New</u>	RC/CA/None <u>required</u>	SAME
_____	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?

[15] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] months

Check why it is less than 12 months: New owner: [2] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

FLORIDA DEPARTMENT OF REVENUE
CENTRAL DISTRICT
2007 MAY 25 PM 2:39
FINANCE & ACCOUNTING

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 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.

MR. DINESHKUMAR PATEL

Print name of responsible official



Signature

5.16.07.

Date

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90009 013 ****150.00

DOCUMENT # 1. Entity Name	P06000118531
BAZUNI, INC	

DO NOT WRITE IN THIS SPACE

40042288

2. Principal Place of Business 2108 S FRENCH AVE Suite, Apt. #, etc.	3. Mailing Address 2108 S FRENCH STREET Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State SANFORD, FL	City & State SANFORD, FL	4. FEI Number 20-5545387	Applied For <input type="checkbox"/> Not Applicable
Zip 32771	Country	Zip 32771	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PATEL, DINESHKUMAR 14912 FABERGE DRIVE ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **03-23-07** **107-821-4484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AREA	Office * CD	City: ORLANDO	County * SEMINOLE	AIRS ID	ARMINV01
1170074	Owner/Comp * FRANKIE'S CLEANERS		Site FRANKIE'S CLEANERS		
Directions					
Street 2108 S French Ave					
City * SANFORD					
Zip 32771					
UTM Zone 17		East 473.62		North 3185.01	
Latitude 28		47		38.0000	
Longitude 81		16		23.0000	
Status * A	ACTIVE		Maj Group SIC * 72		PERSONAL SERVICES
Reloc N	Shtdwn Dt		Strt Dt		Final Shtdwn Dt
Gov Fac * 0	NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE				HAZ Waste Generator ID: FLD
AOR Req * N	Ozone SIP Facility * N		Type 10 PCE Drycleaning Facilities		
Compliance Tracking					Current Permit Indicator AG
Title V TITLE V	non-HAP Class MINOR		HAP Class MINOR		Public Exempt
# of Emis Units	C	A	I	Generator Rating	
IMV					
Comment: Change in ownership.					

Permitting Application - Permit Detail and Log Permit

AREA AIRS ID STATUS OFFICE Cen:
SITE NAME COUNTY
OWNER/COMPANY

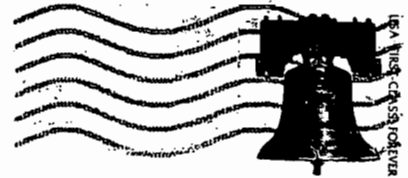
Project
AIR Permit # - - Project # CRA Reference #
Permit Office Agency Action
Project Name Desc
Type/Sub/Des / Title V General Permit Logged
Received Issued Expires OGC
Fee Fee Recd Delc Override

Related Party
Role Begin End
Name Company
Address
City State Zip Country
Phone Fax

Processors
Processor Y Active Inactive Events

BAZUNI INC
DBA FRANKIES CLEANERS
2108 S. FRENCH AVE.
SANFORD FL 32771.

MID FLORIDA PDC
FL 327 1 L
19 JUN 2007 PM



SANDY BOWMAN
2600 BLAIRSTONE ROAD MS 55100
TALLAHASSEE 32399-2400

399+6542

