

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 14, 1997

Mr. Niranjah J. Patel
Shree Akshar Corporation
924 West Highway 436, #1250
Altamonte Springs, Florida 32714

Re: Facility No. 1170350

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 1996.

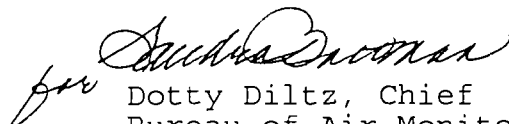
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

1/8/97 - ID# 0950350 changed to
ID# 1170350 because of
County Change Slv

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SHREE AKSHAR CORPORATION (S)

2. Site Name (For example, plant name or number):
BRANTLEY CLEANERS

3. Hazardous Waste Generator Identification Number:
69-01-059414-49 SIC 7219

4. Facility Location:
Street Address: 924 - W. Highway 436 - #1250
City: ALTAMONTE SPRINGS County FL. Zip Code: 32714

5. Facility Identification Number (DEP Use):
6950350

Responsible Official

6. Name and Title of Responsible Official:
NIRANJAN J. PATEL, Chairman Shree Akshar Corporation

7. Responsible Official Mailing Address:
Organization/Firm: 924 - W. Highway 436 - #1250
Street Address:
City: ALTAMONTE SPRINGS County FLORIDA Zip Code: 32714

8. Responsible Official Telephone Number:
Telephone: (407) 862-5088 Fax: (-) - - -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Niranjan J. Patel, Chairman Shree Akshar Corp.

10. Facility Contact Address:
Street Address: 924 - W. Highway 436 - #1250
City: ALTAMONTE SPRINGS County: FLORIDA Zip Code: 32714

11. Facility Contact Telephone Number:
Telephone: (407) 862-5088 Fax: (-) - - -

RECEIVED

SEP 25 1996

Bureau of Air Monitoring & Mobile Sources

#1170350

Brantley Cleaners

- spoke with Niranjana Patel -
boiler - under 298 HP and
fired by natural gas

p.13 4.+7. add correct county

p.14 1.(a) add date machine initially
purchased - 1985 (see letter),
and add date control device
installed, if any

1.(c) add "X"

3. should be existing small
area source

p.15 5. add "X" to "All... exempt"

5.(c)+5.(d) not required

p.16 - choose one

Facility Information

1(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? gallons

From April '96 to Aug '96. 5 months.

(b) If less than 12 months, how many? 6 months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No 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.

**Shree Akshar Corp. db/a
Brantley Cleaners
924 W.S.R. 436, Suite 1250
Altamonte Springs, FL 32714**

Signature



Date

9-4-96

11 2111111111

From:-

Shree Akshar Corp. d/b/a
Brantley Cleaners
924 W.S.R. 436, Suite 1250
Altamonte Springs, FL 32714

9-4-96

To,

Department of Environmental Protection
Division of Air Resources Management

Dear Respected Sir,

Sub: Membership for Eligibility Determination
for a Title V air general permit.

I apply for the eligibility Dep. for a
title V air general permit. I bought this
business in 1, April, 1996. So please give
me guide and all kind of information to
me.

I use Valore drycleaning machine
it is made by Valore 200 CIS.

Serial # 3911185-2376, Year 1985
Loading Capacity 25 Lbs.

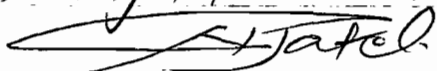
Volts 208. Phase 3 Cycles 60 Amps
Compressed Air 71.85 PSIG. 48.6

Steam 37.71 PSIG. Water 28.43 PSIG.

We use chiller machine for refrigerating
Please let me know that how much I
have to pay fees for permit and
(PTO)

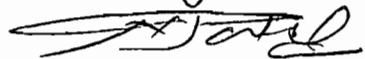
please send me regular information about the drycleaning business of rules and regulation that I can take right and perfect steps and decision and please co-operate with us. I am very sorry that I did not send this application in right time because I have no help to guide me. I will responsible for all the rules and regulation about environmental protection. Atte April 1996.

Thanking you.

Yours sincerely,
Nishanjan J. Patel

Chairman

Shree Akshar Corp. d/b/a
Brantley Cleaners
924 W.S.R. 436, Suite 1250
Altamonte Springs, FL 32714

Note:- I send you my application blank but I gave you my drycleaning machines information in this letter so please take care as personally.
Thanks again





L. H. Fuchs
Executive Director

STATE OF FLORIDA
DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

May 2, 1996

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

BRANTLEY CLEANERS
924 W SR 436 #1250
ALTAMONTE SPRINGS, FL 32714-0000

Dear Dealer:

You have been registered with the Department of Revenue at the MAITLAND TAX OFFICE. The following certificate number has been issued to your business.

69-01-059414-49/2

To assure proper handling of account, please use this number when contacting the Department of Revenue.

Based on your application, the first return is due **06/01/96** for the month of **05/96**, and considered delinquent after **06/20/96**.

Three DR-15CS return forms are provided in this package to report sales tax for the first three periods. The actual certificate and coupon book will be mailed from Tallahassee in two to four weeks.

If you have any questions about your responsibilities as a dealer/taxpayer, we are here to help you. Please call the Department of Revenue Taxpayer Service Center in your area for further assistance.

The Department of Revenue also offers FREE workshops on how to correctly prepare a sales tax return. Filing requirements and proper completion of returns will be discussed. You will also have the opportunity to ask questions related to your particular business. Please refer to the attached notice for the time, date and location of the next scheduled class for this area.

Individual seminars for organizations or large business are available upon request.

Sincerely,

MAITLAND TAX OFFICE
1241 SOUTH ORLANDO AVE
MAITLAND, FL 32751
TELEPHONE NO. (407)623-1141

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1170350 DATE: 2/3/97 TIME IN: 2:25 TIME OUT: 2:40
 FACILITY NAME: BRANTLEY CLEANERS
 FACILITY LOCATION: 924 W Hwy 436 #1250
ALTAMONTE SPRINGS, FL 32014

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

A.

<p>1. Existing small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)</p>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons. ESTIMATE

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? *IN MACHINE AS NEEDED* Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N

Door gaskets and seating Y N

Stills Y N

Filter gaskets and seating Y N

Exhaust dampers Y N

Pumps Y N

Diverter valves Y N

Solvent tanks and containers Y N

Cartridge filter housings Y N

Water separators Y N

NIRANJAN PATEL

Name of Responsible Official

LOUIS A. NICHOLS

Inspector's Name (Please Print)

Louis A Nichols

Inspector's Signature

2/3/97

Date of Inspection

Approximate Date of Next Inspection

- NO CARD -

ADDITIONAL SITE INFORMATION:

- VALORE 35 LB MACHINE
- HAS CONTAINMENT PAN PLUS STORAGE
- MCF ? PICKS UP WASTE (NOT SURE)
WASTE WATER GOES IN HAZARDOUS WASTE DRUM.
- LEFT NOTIFICATION FORM & INSTRUCTIONS FOR
OWNER - TO CALL ME WITH ANY QUESTIONS.
- OWNER, NIRANJAN PATEL, NOT PRESENT - LEFT CARD
AND INSTRUCTIONS ON RECORDS, ETC.

#1170350

Brantley Cleaners

- spoke with Niranjana Patel -
boiler - under 298 HP and
fired by natural gas

1. Facility Code	SHR
2. Site Name	BRF
3. Hazardous Waste ID	69-01
4. Facility Street Address	City: A
5. Facility	
6. Name and Title of Facility Contact	NIRAN
7. Responding Organization Street Address	City: A
8. Responding Telephone	

P.13 4.+7. add correct county.

P.14 1.(a) add date machine initially purchased - 1985 (see letter), and add date control device installed, if any
1.(c) add "X"
3. should be existing small area source

P.15 5. add "X" to "All... exempt"
5.(c)+5.(d) not required

P.16 - choose one

Corrections made 3/20/97

Louisa Nichols

14
50
Corporation
2714

9. Name and Title of Facility Contact (For example, plant manager):	Shree Akshay Corp. Niranjana J. Patel, Chairman
10. Facility Contact Address:	924 W. Highway 436 - #1250
Street Address:	
City: ALTAMONTE SPRINGS	County: FLORIDA Zip Code: 32714
11. Facility Contact Telephone Number:	
Telephone: (407) 862-5088	Fax: (-) - - -

RECEIVED

SEP 25 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): SHREE AKSHAR CORPORATION (S)
2.	Site Name (For example, plant name or number): BRANTLEY CLEANERS
3.	Hazardous Waste Generator Identification Number: 69-01-059414-49 SIC 7219
4.	Facility Location: 924 - W. Highway 436 - #1250 Street Address: City: ALTAMONTE SPRINGS County: FL. SEMINOLE COUNTY Zip Code: 32714 3-10-97
5.	Facility Identification Number (DEP Use): Seminole 0950350

Responsible Official

6.	Name and Title of Responsible Official: NIRANJAN J. PATEL, Chairman Shree Akshar Corporation
7.	Responsible Official Mailing Address: Organization/Firm: 924 - W. Highway 436 - #1250 Street Address: City: ALTAMONTE SPRINGS County: FLORIDA Zip Code: 32714
8.	Responsible Official Telephone Number: Telephone: (407) 862-5088 Fax: (-) - - -

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager): Shree Akshar Corp. Niranjan J. Patel, Chairman
10.	Facility Contact Address: 924 - W. Highway 436 - #1250 Street Address: City: ALTAMONTE SPRINGS County: FLORIDA Zip Code: 32714 3-20-97
11.	Facility Contact Telephone Number: Telephone: (407) 862-5088 Fax: (-) - - -

RECEIVED

SEP 25 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		01-DEC-85	01-DEC-85						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

3-20-97

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 60 gallons

From April '96 to Aug '96. 5 months.

(b) If less than 12 months, how many? 6 months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source *3-20-97* New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
 (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
 No such units on-site

3-20-97

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

3-20-97
3-20-97

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No air permits currently exist for the operation of the facility indicated in this notification form. *3-20-97*

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.

Shree Akshar Corp. db/a
Brantley Cleaners
924 W.S.R. 436, Suite 1250
Altamonte Springs, FL 32714

Signature *[Signature]*

9-4-96
Date 3-20-97

9-4-96

To,

Department of Environmental Protection
Division of Air Resources Management

Dear Respected Sir,

Sub: Membership for Eligibility Determination
for a Title V air general permit.

I apply for the eligibility Dep. for a
title V air general permit. I bought this
business in 1 April, 1996. So please give
me guide and all kind of information to
me.

I use Valore drycleaning machine
it is made by Valore 200 CIS.

Serial # 3911185-2376, Year 1985

Loading Capacity 25 Lbs.

Volts 208. Phase 3 Cycles 60 Amps

Compressed Air 71.85 P.S.I. 48.6

Steam 57.71 P.S.I. Water 28.43 P.S.I.

We use chiller machine for refrigerating

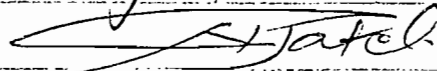
Please let me know that how much I
have to pay fees for permit and
(PTO)

please send me regular information about the drycleaning business of rules and regulation that I can take right and perfect steps and decisions and please co-operate with us. I am very sorry that I did not send this application in right time because I have no help to guide me. I will responsible for all the rules and regulation about environmental protection.
Atte April 196.

Thanking You.

Yours sincerely,

Niranjan J. Patel

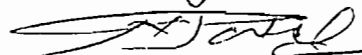


Chairman

Shree Akshar Corp. d/b/a
Brantley Cleaners

924 W.S.R. 436, Suite 1250
Altamonte Springs, FL 32714

Note:- I send you my application blank but I gave you my drycleaning machines information in this letter so please take care as personally
Thanks again



✓

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>2:15</u>	TIME OUT: <u>2:45</u>	AIRS ID#: <u>1170350</u>
TYPE OF FACILITY: <u>Dry Cleaning</u>		
FACILITY NAME: <u>Brantley Cleaners</u>	DATE: <u>11/12/97</u>	
FACILITY LOCATION: <u>924 W. SR 436 Suite 1250</u> <u>Altamonte Springs, FL. 32714</u>		
RESPONSIBLE OFFICIAL: <u>Jatel Niranjan</u>	PHONE NUMBER: <u>862-5068</u>	

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

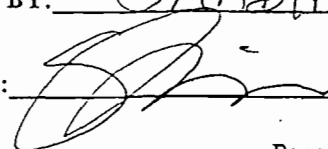
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<p>NO LOGS, NO RECEIPTS, NO TEMPERATURE</p>	<p>RECORD KEEPING REQUIRED</p>

COMMENTS:
Explained laws

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 5/98
(Approximate)

INSPECTION CONDUCTED BY: SAADIA QURESHI
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 407-844-2555

In ARMs

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1170350 DATE: 11/12/97 TIME IN: 2:15 TIME OUT: 2:45
 FACILITY NAME: BRANTLEY Cleaners
 FACILITY LOCATION: 924 W.S.R 436 Suite 1250
Altamonte Springs, FL 32714
 RESPONSIBLE OFFICIAL: Patel Niranjan PHONE: 862-5088
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input checked="" type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>

5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | | | |
|---|---------------------------------------|----------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | | | |
|--|---------------------------------------|---------------------------------------|------------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | |

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? <i>(for applicable direct reading instruments)</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

SAADIA QURESHI
Inspector's Name (Please Print)

4/12/97
Date of Inspection

[Signature]
Inspector's Signature

5/98
Approximate Date of Next Inspection

[Signature]

ADDITIONAL SITE INFORMATION:

NO LOGS



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signature

Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,



Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

~~TBD 00985~~
X

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1170350 ~~0000985~~ DATE: 3/20/97 TIME IN: 2:30 TIME OUT: 2:55
FACILITY NAME: BRANTLEY CLEANERS
FACILITY LOCATION: 924 W. Hwy 436 STE 1250
ALTAMONTE SPRINGS, FL 32714

PART I: NOTIFICATION
(check appropriate box)

1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box)

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input checked="" type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number 12 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

NIRANJAN PATEL

Name of Responsible Official

LOUIS A. NICHOLS

Inspector's Name (Please Print)

Louis A. Nichols

Inspector's Signature

3/20/97

Date of Inspection

Approximate Date of Next Inspection

NO CARD

ADDITIONAL SITE INFORMATION:

LEFT NOTIFICATION FORM ON FIRST VISIT AND MR PATEL
SUBMITTED APPLICATION TO TALLAHASSEE, 1ST VISIT 2/3/97.

RETURNED ON 3/20/97 TO MAKE CORRECTIONS TO
APPLICATION. WHILE THERE DISCUSSED RECORDKEEPING
WITH MR PATEL AND LEFT SAMPLE FORM.

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 09-Nov-1998 01:23pm
From: Saadia Qureshi ORL
QURESHI_S@A1@ORL1
Dept: Central District Office
Tel No: 407/894-7555

To: Sandy Bowman TAL
CC: Rick Butler TAL

(BOWMAN_S@A1@DER)
(BUTLER_R@A1@DER)

Subject: Brantley Cleaners and Lipham Cleaners

Hey Sandy,

Thanks for your help on Lipham Cleaners. Yes, it is the same one that Lou had visited...The responsible official has not changed. She said that she couldnt find her copy of the application, so she couldnt show me. I'm tired of her excuses!

Oh, and remember the letter I had sent you about Tropix Cleaners moving and becoming Cypress Cleaners? Cypress Cleaners is what used to be Brantley Cleaners (Airs ID #1170350). Brantely Cleaners should be inactivated in the system.

Ok, hope that wasn't too confusing.. Thanks again for your help.

saadia

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 09-Nov-1998 01:23pm
From: Saadia Qureshi ORL
QURESHI_S@A1@ORL1
Dept: Central District Office
Tel No: 407/894-7555

To: Sandy Bowman TAL (BOWMAN_S@A1@DER)
CC: Rick Butler TAL (BUTLER_R@A1@DER)

Subject: Brantley Cleaners and Lipham Cleaners

Hey Sandy,

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Ok, hope that wasn't too confusing.. Thanks again for your help.

saadia

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: <div style="text-align: right; margin-right: 20px;">AIRS ID#: 0950350</div> SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714	4a. Article Number <div style="font-size: 1.5em; text-align: center;">265 302 214</div>	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) <div style="text-align: center;"> <input checked="" type="checkbox"/> </div>		7. Date of Delivery <div style="font-size: 1.5em; text-align: center;">2-18-97</div>
8. Addressee's Address (Only if requested and fee is paid)		Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 265 302 214

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

AIRS ID#: 0950350
 SHREE AKSHAR CORPORATION
 NIRANJAH J PATEL
 924 W. HIGHWAY 436 - #1250
 ALTAMONTE SPRINGS FL 32714

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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

7000 0520 0020 9372 6735

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

Postmark
Here

Total Postage 8 10 AIRS ID # 1170350001AG

Recipient's Name NIRANJAH J PATEL
 BRANTLEY CLEANERS
 Street, Apt. No.; 924 W. HIGHWAY 436 - #1250
 ALTAMONTE SPRINGS FL 32714
 City, State, ZIP+

Ne-Exhibition

PS Form 3800, February 2000 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:

10 AIRS ID # 1170350001AG
 NIRANJAH J PATEL
 BRANTLEY CLEANERS
 924 W. HIGHWAY 436 - #1250
 ALTAMONTE SPRINGS FL 32714

2. Article Number (Copy from service label)

70000520002093726735

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
Joe Patel 8-17-99
- C. Signature
Joe Patel Agent Addressee
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

263621

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

RECEIVED
MAIL ROOM

MAR 20 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

SHREE AKSHAR CORPORATION
NIRANJAH J PATEL
924 W. HIGHWAY 436 - #1250
ALTAMONTE SPRINGS FL 32714

AIRS ID# ¹¹⁷⁰³⁵⁰~~0950350~~

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

550304
MS5510

CERTIFIED

Z 333 612 752

MAIL



RECEIVED

FEB 23 1998

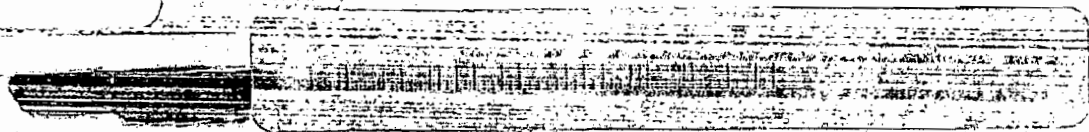
DIVISION OF AIR
RESOURCES MANAGEMENT

*Moved - Left
no forwarding*

RETURN TO SENDER

UNSUPPLIED
 NO SUCH ADDRESS
 UNCLAIMED
 ATTEMPTED DELIVERY
 NO CARRIER
 VACANT
 NO POSTAGE
 NOT DELIVERABLE AS
ADDRESSED - UNABLE
TO FORWARD
ROUTE NO. _____ DATE _____
CARRIERS INITIALS _____

AIRS ID 1170350
SHREE AKSHAR CORPORATION
NIRANJAH J PATEL
924 W. HIGHWAY 436 - #1250
ALTAMONTE SPRINGS FL 32714



RECEIVED

FEB 25 1998

Bureau of Air Monitoring
& Mobile Sources

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1170350

SHREE AKSHAR CORPORATION
NIRANJAH J PATEL
924 W. HIGHWAY 436 - #1250
ALTAMONTE SPRINGS FL 32714

4a. Article Number
Z 333 612 752

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 752

US Postal Service
Receipt for Certified Mail

AIRS ID 1170350

SHREE AKSHAR CORPORATION
NIRANJAH J PATEL
924 W. HIGHWAY 436 - #1250
ALTAMONTE SPRINGS FL 32714

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

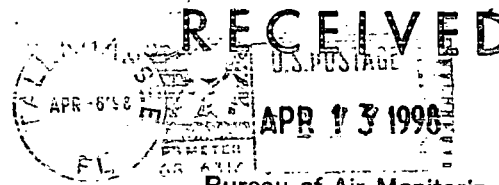
530304
MS5510

CERTIFIED

Z 333 613 109

MAIL

SHREE AKSHAR CORPORATION
NIRANJAH J PATEL
924 W. HIGHWAY 436 - #1250
ALTAMONTE SPRINGS FL 32714
AIRS ID# 1170350



Bureau of Air Monitoring
& Mobile Sources

INCORRECT ADDRESS
 NO SUCH PERSON
 UNCLAIMED REFUSED
 ADDRESSEE NOT KNOWN
 NO SUCH STREET
 VACANT
 NO RECEPTACLE
 NOT DELIVERABLE AS
ADDRESSED - UNABLE
TO FORWARD
ROUTE NO. 10 DATE 4-9
CARRIERS INITIALS

The information on this form is for the use of the sender only. It is not to be used for any other purpose.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: <div style="text-align: right; margin-bottom: 5px;">AIRS ID# 1170350</div> SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714	4a. Article Number <div style="font-size: 1.2em; font-family: cursive;">2333613109</div>
5. Received By: (Print Name) _____	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) <div style="text-align: center; font-size: 1.5em;">X</div>	7. Date of Delivery _____
8. Addressee's Address (Only if requested and fee is paid) _____	

Thank you for using Return Receipt Service.

Z 333 613 109

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

AIRS ID# 1170350
 SHREE AKSHAR CORPORATION
 NIRANJAH J PATEL
 924 W. HIGHWAY 436 - #1250
 ALTAMONTE SPRINGS FL 32714

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 TWIN TOWERS OFFICE BUILDING
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

Z 333 613 562

TALLAHASSEE
 JUN 23 '98
 32301
 U.S. POSTAGE
 2.77

MAIL

5030
 MS5510

RETURN TO SENDER
 ADDRESS UNKNOWN

NO SUCH STREET
 VACANT
 NO RECEPTACLE
 NOT DELIVERABLE AS
 ADDRESSED - UNABLE
 TO FORWARD
 ROUTE NO. _____ DATE _____

Return TO Sender
 Address Unknown.

TO
 AIRS ID# 1170350
 BRANTLEY CLEANERS
 NIRANJAH J PATEL
 924 W. HIGHWAY 436 - #1250
 ALTAMONTE SPRINGS FL 32714

If your return address is completed on the reverse side

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: AIRS ID# 1170350 BRANTLEY CLEANERS NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714		4a. Article Number Z 333 613 562	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By (Print Name) _____		7. Date of Delivery 6/25/98	
6. Signature (Addressee or Agent) X <i>N. J. Patel</i>		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

RECEIVED

JUL - 6 1998

Bureau of Air Monitoring
& Mobile Sources

Z 333 633 562

US Postal Service
Receipt for Certified Mail

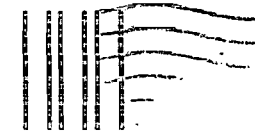
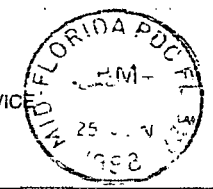
AIRS ID# 1170350

BRANTLEY CLEANERS
NIRANJAH J PATEL
924 W. HIGHWAY 436 - #1250
ALTAMONTE SPRINGS FL 32714

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 30 1998

RECEIVED

