



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

February 5, 2004

Mr. Khamta Ramdihal  
Cypress Cleaners, Inc.  
924 West SR 436, Suite 1250  
Altamonte Springs, Florida 32714

Re: Facility No.: 1170369-002

Dear Mr. Ramdihal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 5, 2004.

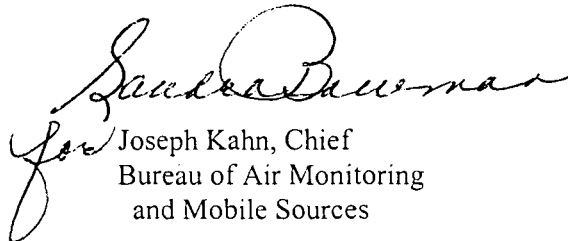
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Tom Mulligan, Central District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES ..... 98-2002  
SOC REPORTS ..... 5 .....  
COMPLIANCE STATUS ..... IN .....

01/04 NEW OWNER

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 5 2004

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KHAMTA RAMDIAL
2. Site Name (For example, plant name or number):	CYPRESS CLEANERS, INC.
3. Hazardous Waste Generator Identification Number:	FLD 98 2132979
4. Facility Location: Street Address: City:	924 WEST SR. 436 SUITE 1250 ALTAMONTE SPRINGS, FL. SEMINOLE
Zip Code:	32714
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1170369-002

Responsible Official

6. Name and Title of Responsible Official: Name:	KHAMTA RAMDIAL	Title:	PRESIDENT.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	924 WEST SR 436 SUITE 1250 ALTAMONTE SPRINGS.	County:	SEMINOLE
Zip Code:	32714.		
8. Responsible Official Telephone Number: Telephone:	(407) 869-1609	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City:	
County:	
Zip Code:	
11. Facility Contact Telephone Number: Telephone:	( ) -
Fax:	( ) -

**Facility Information**

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

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

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
July 94	Existing	None required	SAME RC&CA
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening )

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

- |  |   |
|--|---|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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:  15

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.*

KHAMTA RAMSIVAL  
Print name of responsible official

K.Ha. Ramsival.  
Signature

12-23-03  
Date

Page 14

- 1.(a) New should be circled under Status for 1994 dry-to-dry machines.  
RC should be circled under Control Device Required for 1994 dry-to-dry machines.

Page 15

4. New machines at small area source Refrigerated condenser should be marked for 1994 dry-to-dry machines.

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

**OFFICIAL USE**

9888 7556 1000 1140 7001

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	\$	

**Sent To** AIRS ID# 1170369 1stC  
 CYPRESS CLEANERS

**Street, Ap or PO Box** 924 West SR 436 Ste 1250

**City, State** ALTAMONTE SPRINGS, FL 32714

PS Form 3811

**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:

AIRS ID# 1170369 1stC  
 CYPRESS CLEANERS  
 924 West SR 436 Ste 1250  
 ALTAMONTE SPRINGS, FL 32714

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 3388

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *B. S. Audubon*  Addressee
- B. Received by (Printed Name) \_\_\_\_\_
- C. Date of Delivery *2/7/15*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes



UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 16 2005

RECEIVED



7003 0500 0004 0144 4336

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

*[Handwritten Signature]*  
Postmark  
Here

Total Postage / ID# 1170369

Sent To ENAIAT RAHIM  
CYPRESS CLEANERS  
924 WEST SR 436  
ALTAMONTE SPRINGS, FL 32714

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 1170369  
ENAIAT RAHIM  
CYPRESS CLEANERS  
924 WEST SR 436  
ALTAMONTE SPRINGS, FL 32714

2. Article Number

7003 0500 0004 0144 4336

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Handwritten Signature]*  Addressee

B. Received by (Printed Name) *[Handwritten Signature]* C. Date of Delivery *2/6*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of  
Mobile Sources  
Monitoring

FEB 9 2004

RECEIVED



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

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

468949 FEB 12 2007

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#1170369  
CYPRESS CLEANERS INC ✓  
924 West SR 436 Ste 1250  
ALTAMONTE SPRINGS, FLORIDA  
32714

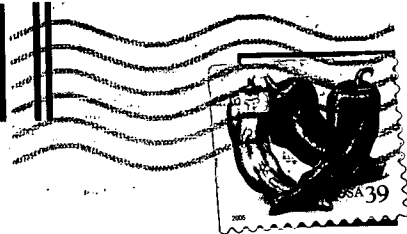
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

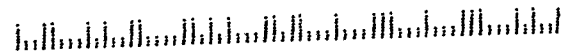
**DRESS CLEANERS**  
State Rd. 438, Ste 1250  
Monte Springs, FL 32714  
869-1609

MID FLORIDA PDC  
FL 32741  
08 FEB 2007 PM



**TITLE V - General Permit**  
**Receipts**  
**Post Office Box 3070**  
**Tallahassee, FL 32315-3070**

323153070 8098



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

457248 DEC 23 2005

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
DEC 28 2005  
U.S. MAIL SERVICE

Do **NOT** Remove Label

1170369 10  
CYPRESS CLEANERS  
924 West SR 436 Ste 1250  
ALTAMONTE SPRINGS, FL 32714

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

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 1170369 10  
CYPRESS CLEANERS  
924 West SR 436 Ste 1250  
ALTAMONTE SPRINGS, FL 32714

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

*Printed on recycled paper.*

446905 FEB 21 2005  
**RECEIVED**  
Bureau of Air Monitoring  
& Mobile Sources



(Cut Here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436372 FEB 13 2004

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

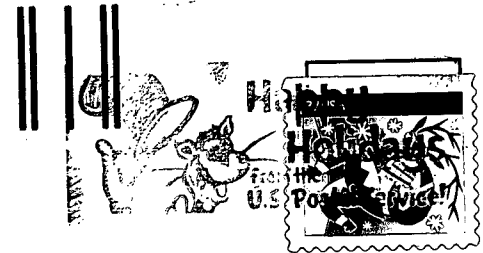
ID# 1170369  
ENAIAT RAHIM  
CYPRESS CLEANERS  
924 WEST SR 436  
ALTAMONTE SPRINGS, FL 32714

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

RECEIVED  
FEB 19 2004  
Bureau of Air Monitoring  
& Mobile Sources



**DRY CLEANERS**  
24 W. State Rd. 486, Ste 125  
Monte Springs, FL 32714  
(904) 869-1609



TITLE V - General Permit  
Receipts  
Post Office Box 9070  
Tallahassee, FL 32315-3070

*5500*  
*no check*  
*enclosed*

32315+3070 99

