

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 16, 2001

Mr. Chandravant Patel
Personal Touch Dry Cleaners
3761-D South Nova Road
Port Orange, Florida 32129

Re: Facility No.: 1270128-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 13, 2001.

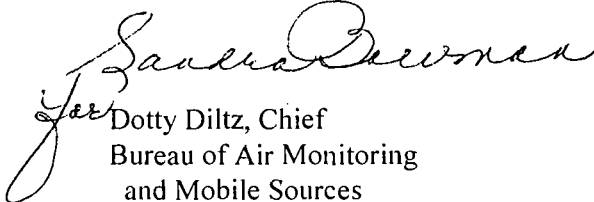
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Fees Paid 96-00
SOC 4
Compliance IN



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

December 06, 2002

Mr. Chandrakant Patel
Personal Touch Dry Cleaners
3761 D South Nova Road
Port Orange, Florida 32129
1270128-002
Dear Mr. Patel:

Thank you for notifying the Department of your payment of \$50.00 by check number 6679 dated December 19, 2001.

The Department received this check and credited it as payment for the annual operation fee for year 2001 on December 24, 2001.

Rule 62-213.300, Florida Administrative Code (F.A.C.), states the "fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements of this general permit."

Invoices for the **2002** annual operation fee were mailed this week. Payment of this invoice for operation of your facility during the 2002 calendar year is due and payable between January 15 and March 1, 2003.

I hope that I have adequately addressed your concern regarding your payment for the 2002 Title V Air General Permit annual operation fee. If you have any additional questions regarding annual fee payments, please call me at 850/921-9583 or email me at Sandy.Bowman@dep.state.fl.us.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

"More Protection, Less Process"

Printed on recycled paper.

1270128-002

9/28/01

Spoke to Chandrashekhar Patel and he stated the dry to dry machine was a 1986 machine.

Page 15

1(a) Place 1986 in space provided under date initially purchased from manufacturer.

Existing should be circled under status.

None Required should be circled under Control Device Required.

Page 16

6(e) Required for all sources.

Page 17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
 1. _____ 4. _____
 2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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): C C INVESTMENT CO LTD. DBA Personal Touch Dry Cleaner
2. Site Name (For example, plant name or number): PERSONAL TOUCH DRY CLEANERS.
3. Hazardous Waste Generator Identification Number: AIRS ID # 1270128001 AG
4. Facility Location: Street Address: 3761 D SOUTH NOVA ROAD FL City: PORT ORANGE County: FL VOLUSIA Zip Code: 32129
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1270128-000

Responsible Official

6. Name and Title of Responsible Official: Name: CHANDRAKANT PATEL Title: PARTNER
7. Responsible Official Mailing Address: Organization/Firm: Personal Touch Dry Cleaners Street Address: 3761 D. S. NOVA Road City: PORT ORANGE County: VOLUSIA Zip Code: FL 32129
8. Responsible Official Telephone Number: Telephone: (904) 756-8565 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: () -

RECEIVED
SEP 13 2001
Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

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

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")
<u>1986</u>	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

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

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

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

97.5 gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site?

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

CHANDRAKANT PATEL

Print name of responsible official

Chandrakant Patel

Signature

9.11.01

Date

10 AIRS ID # 1270128001AG
CHANDRAKANT PATEL
PERSONAL TOUCH DRY CLEANERS
3761 D SOUTH NOVA RD
PORT ORANGE FL 32119

6679

C. C. INVESTMENT CO. LTD DBA
PERSONAL TOUCH DRY CLEANERS
PH. 904-756-8555
3761-D.S. NOVA RD.
PORT ORANGE, FL 32119-4284

Date 12.19.01

Pay to the
Order of

Department of Environmental Protection

\$ 50.00/100

fifty and 00/100

Dollars

Look for Micro Print signature line, red border and hinge Safe logo on back. If not present, do not cash.

NationsBank

NationsBank, N.A.

ACH R/T 083090047

Title v. Permit

For

AIR ID# 1270128

Chendrakant Patel



BEST AVAILABLE COPY

DEC 27 01

BANK OF AMERICA NA JA
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2008 52163

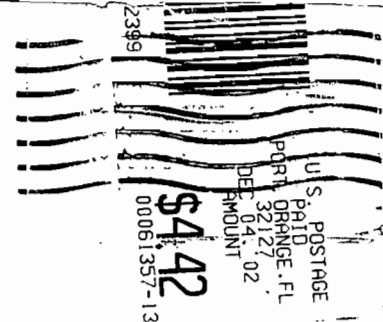
REGINA STATE TREASURY
CONSTITUTIONAL ADOPT. #100000011

DEC 24 01

REGINA STATE TREASURY
CONSTITUTIONAL ADOPT. #100000011

VS DATE 12/27/01
P01 E C 656

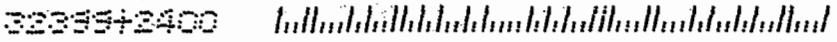
C C INVESTMENT CO. LTD
DBA - PERSONAL TOUCH DRY CLEANERS
3761 D. South Nova Rd
Port Orange FL 32129.



TO

GENERAL PERMIT SECTION
Bureau of Air Monitoring & Mobile Sources
MS 5516
Department of Environmental Protection
2600 Blair Stone Road
TALLAHASSEE FL 32399-2400

RETURN RECEIPT
REQUESTED



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Renual
Bureau of Air Monitoring
& Mobile Sources

DEC 06 2002

RECEIVED

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): <i>C. C. INVESTMENT CO. LTD.</i>
2. Site Name (For example, plant name or number): <i>PERSONAL TOUCH DRY CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>AIRS ID # 1270128</i>
4. Facility Location: Street Address: <i>3761 D South Nova Road</i> City: <i>PORT ORANGE</i> County: <i>Volusia</i> Zip Code: <i>FL 32129</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Chandrakant Patel</i> Title: <i>Partner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Personal Touch Dry Cleaners</i> Street Address: <i>3761 D. S. NOVA Road</i> City: <i>Port Orange</i> County: <i>Volusia</i> Zip Code: <i>FL 32129</i>
8. Responsible Official Telephone Number: Telephone: <i>(386) 756-8565</i> 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

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<u>1986</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

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[100] 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 []

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(Indicate with an "X".)

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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- (d) Carbon adsorber exhaust perc concentration monitoring
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I will promptly notify the Department of any changes to the information contained in this notification.

CHANDRAKANT PATEL

Print name of responsible official

Chandrakant Patel

Signature

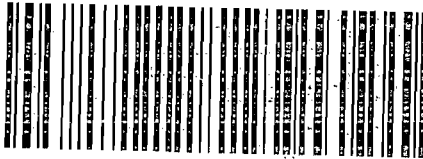
10.21.02

Date

CERTIFIED MAIL

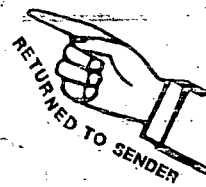
MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7003 0500 *0004 0144 4374

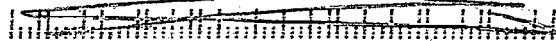
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Blair Stone
Public Bureau*
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FEB 10 2004
Bureau of Air Monitoring
& Mobile Sources



RETURNED TO SENDER

FOR POSTAGE
SENDER: Remove Label, Affix Postage, and Remail.

32139+4250 1B



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# 1270128
 CHANDRAKANT PATEL
 PERSONAL TOUCH DRY CLEANERS
 3761 D SOUTH NOVA RD
 PORT ORANGE, FL 32119

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

7003 0500 0004 0144 4374

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

CSH
Postmark Here
Received 2/1/704

Total ID# 1270128
 Sent To CHANDRAKANT PATEL
 PERSONAL TOUCH DRY CLEANERS
 Street, or PO Box 3761 D SOUTH NOVA RD
 City, St. PORT ORANGE, FL 32119

PS Form 3800, June 2002

See Reverse for Instructions

7003 0500 0004 0144 4374

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

AIRS ID# 1270128 1stC
Sent PERSONAL TOUCH DRY CLEANERS
Street or PO 3761 D South Nova Rd
City, State, ZIP+4 PORT ORANGE, FL 32119

PS Form 3800, October 2002 See reverse for instructions

7004 2510 0002 3938 6479

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# 1270128 1stC
 PERSONAL TOUCH DRY CLEANERS
 3761 D South Nova Rd
 PORT ORANGE, FL 32119

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Banki Patel** C. Date of Delivery **2-10-05**

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

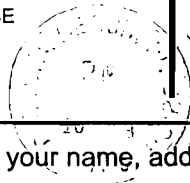
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transit)

PS Form

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 0010
2000 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAIL SERVICE

FEB 15 2005

RECEIVED

2399/2400



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

For delivery information, visit our website at www.usps.com

OFFICIAL USE

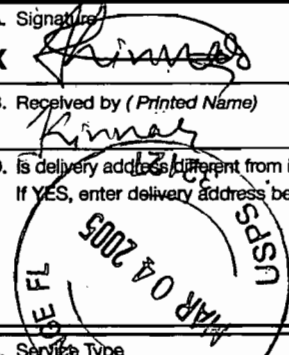
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To AIRS ID#1.27013e+006.....2nd Cert 05
 PERSONAL TOUCH DRY CLEANERS
Street, Apt. No., or PO Box No. 3761 D South Nova Rd
City, State, ZIP+4 PORT ORANGE, FL 32119

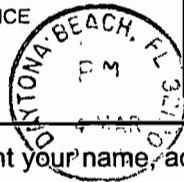
PS Form 3800, July 2002

7004 2510 0002 3939 4926

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rimmer</i> C. Date of Delivery 3-4-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>127012P</i></p> <p>AIRS ID#1.27013e+006.....2nd Cert 05 PERSONAL TOUCH DRY CLEANERS 3761 D South Nova Rd PORT ORANGE, FL 32119</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service)</p>	<p style="text-align: center; font-size: 1.5em; font-weight: bold;">7004 2510 0002 3939 4926</p>



UNITED STATES POSTAL SERVICE



GREET
FROM
TALLAHASSEE, FL

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

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

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

caused All Mail
& Mobile Sources

MAR 7 2005

RECEIVED

2399+6342



7003 0500 0004 0140 8246	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
	For delivery information visit our website at www.usps.com	
	OFFICIAL USE	
	<i>Remailed</i> Postage \$ _____ Certified Fee _____ Postmark _____	
AIRS ID# 1270128 CHANDRADANT PATEL PERSONAL TOUCH DRYCLEANERS 3761D SOUTH NOVA ROAD PORT ORANGE FL 32119		
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: _____

AIRS ID# 1270128
 CHANDRADANT PATEL
 PERSONAL TOUCH DRY CLEANERS
 3761D SOUTH NOVA ROAD
 PORT ORANGE FL 32119

2. Article Number
 (Transfer from service label)

7003 0500 0004 0140 8246

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Ronak Desai* C. Date of Delivery *2-20-04*

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 •

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

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FEB 24 2004

Bureau of Air Mobility
& Mobile Source



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447758 FEB282005

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# 1270128 1stC
PERSONAL TOUCH DRY CLEANERS
3761 D South Nova Rd
PORT ORANGE, FL 32119

**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

437075 MAR 1 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

Name is now Hemant Desai

Do NOT Remove Label

ID# 1270128
CHANDRAKANT PATEL
PERSONAL TOUCH DRY CLEANERS
3761 D SOUTH NOVA RD
PORT ORANGE, FL 32119

*pd 2/9/04
DON 436128*

Bureau of Intelligence
& Mobile Sources

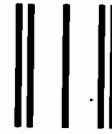
MAR 4 2004

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Hemant Desai

PERSONAL TOUCH DRY CLEANERS
3761-D.S. NOVA RD.
PORT ORANGE, FL 32129
386-756-8565



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

32315+3070 99





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

436128 FEB 9 2004

TOTAL AMOUNT DUE: \$50.00

Board of Air
& Mobile S.

FEB 13 2004

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1270128
CHANDRAKANT PATEL
PERSONAL TOUCH DRY CLEANERS
3761 D SOUTH NOVA RD
PORT ORANGE FL 32119

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

paid ck # 6960 .123 28.02.

421313 JAN 2 2003

Do NOT Remove Label

AIRS ID#1270128
PERSONAL TOUCH DRY CLEANERS
CHANDRAKANT PATEL
3761 D SOUTH NOVA RD
PORT ORANGE FL
32119

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JAN 08 2003
Bureau of Air Monitoring
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Fund: 20-2-035001
Obj.: 002273