



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 21, 1997

Mr. Peter S. Singh
Oasis Laundromat & Professional
Drycleaning Center
1705-A Jim Redman parkway
Plant City, Florida 33566

Re: Facility I.D. No. 0571070

Dear Mr. Singh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

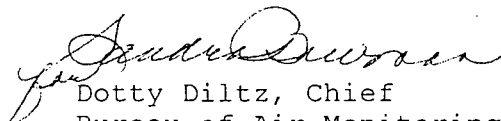
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

0571070



Department of Environmental Protection

Enclosure
Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 20, 1997

Synchron of America Corporation
1705-A Jim Redman Parkway
Plant City, Florida 33566

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

HE\sb

Enclosure

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

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

INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0930 TIME OUT: 1100 AIRS ID#: 571070
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: OASIS LAUNDRY MAT DATE: 2/5/97
 FACILITY LOCATION: 1705A - Jim Rooman Hwy
Plant City, FL
 RESPONSIBLE OFFICIAL: REGGIE AOKINS PHONE NUMBER: 813-754-3258

- 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	
MACHINE SOLD, NOW A DROP STORE	NONE	RECEIVED
		MAR 17 1997
		Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YR (Approximate) N/R

INSPECTION CONDUCTED BY: NEAL JAVIS (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 813-272-5530

#0571070

Oasis Laundromat & Professional
Drycleaning Center

p.15 5.(d) not required, mark out
"xx" and initial

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Synchron of America Corp
2. Site Name (For example, plant name or number): Oasis Laundromat & Professional Drycleaning center
3. Hazardous Waste Generator Identification Number: FLD 982 104.978
4. Facility Location: Street Address: 1705 A Jim Redman Pkwy City: Plant City County: Hillsborough Zip Code: 33566
5. Facility Identification Number (DEP Use): 05M1070

Responsible Official

6. Name and Title of Responsible Official: Peter S. Singh (President)
7. Responsible Official Mailing Address: Organization/Firm: Oasis Laundromat & Professional Drycleaning Center Street Address: 1705-A Jim Redman Parkway City: Plant City County: Hillsb Zip Code: 33566
8. Responsible Official Telephone Number: Telephone: (813) 754 -3258 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 3 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									
(2) w/ carbon adsorber									
(3) w/ no controls	1	03-Sep-86							
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

(b) If less than 12 months, how many? 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
none*

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.

 _____
Signature

20-Aug-1996
_____ Date

RECEIVED

JAN 2 1997

Bureau of Air Monitoring
& Mobile Sources

*Please correct
the items identified
and mail to:*

Return completed form to:

Florida Department of Environmental Protection
Bureau of Air Monitoring and Mobile Sources
Mail Station 5510
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program
(800) 722-7457

*You must re-sign the form
on page 16 of 16 and date
it the day corrections
were made. If you
have any question contact:*



Environmental Protection Commission
of Hillsborough County

Bruce M. King, QEP
Engineer
Air Management Division

1410 N. 21st Street
Tampa, Florida 33605

Telephone:
(813) 272-5530
Fax: (813) 272-5605

Oasis Laundromat & Professional Drycleaning Center

1.	p. 15 5.(d) not required, mark out "xx" and initial		
2.			
3.			
4.	566		
5.			
6.	<i>Hills</i>		
7.			
8.			
9.			
10. Facility Contact Address:			
Street Address:			
City:		County:	Zip Code:
11. Facility Contact Telephone Number:			
Telephone: () -		Fax: () -	

RECEIVED

SEP 5 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): Synchron of America Corp
2. Site Name (For-example, plant name or number): Oasis Laundromat & Professional Drycleaning center
3. Hazardous Waste Generator Identification Number: FLD 982 104 978
4. Facility Location: Street Address: 1705 A Jim Redman Pkwy City: Plant City County: Hillsborough Zip Code: 33566
5. Facility Identification Number (DEP Use): 0571070

Responsible Official

6. Name and Title of Responsible Official: Peter S. Singh (President)
7. Responsible Official Mailing Address: Organization/Firm: Oasis Laundromat & Professional Drycleaning Center Street Address: 1705-A Jim Redman Parkway City: Plant City County: Hillsb Zip Code: 33566
8. Responsible Official Telephone Number: Telephone: (813) 754 -3258 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:
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RECEIVED

SEP 3 1996

Bureau of Air Monitoring
& Mobile Sources

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Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	1	03-Sep-86							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
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(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

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

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

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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 not required *RS*

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Pete Singh *Dec 28 1996*
Pete Singh

Signature

20-Aug-1996
Date

P 265 302 146

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID#: 0571070

SYNCHRON OF AMERICA CORP
PETER S SINGH
1705 A JIM REDMAN PARKWAY
PLANT CITY FL 33566

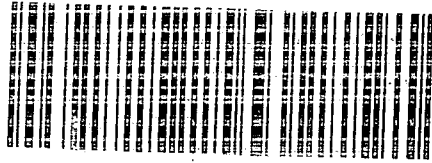
PS Form 3800, April 1995

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 2/14/97	

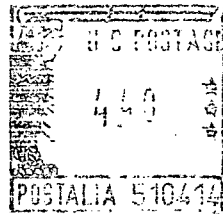
BEST AVAILABLE COPY

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0520 0020 9373 0008



Signature
City
Date

- Not Deliverable As Addressed
Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street No Number
- Vacant Illegible
- No Mail Receipts
- Box Closed - No Order
- Returned For Better Address
- Postage Due

Inactive

10 AIRS ID # 0571070001AG
PETER S SINGH
OASIS LAUNDROMAT & PROFESSIONAL
DRY CLEG
1705A JIM REDMAN PARKWAY
PLANT CITY FL 33566

NOV 2 2011
RECEIVED

BEST AVAILABLE COPY

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: 10 AIRS ID # 0571070001AG PETER S SINGH OASIS LAUNDROMAT & PROFESSIONAL DRY CLEG 1705A JIM REDMAN PARKWAY PLANT CITY FL 33566		C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7000 0520 0020 9373 0008

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7000 0520 0020 9373 0008

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

Postmark Here

10 AIRS ID # 0571070001AG
PETER S SINGH
OASIS LAUNDROMAT & PROFESSIONAL
DRY CLEG
1705A JIM REDMAN PARKWAY
PLANT CITY FL 33566

mailer

Instructions

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400

550304
MS5510

CERTIFIED

P 265 302 146

MAIL

FEB 14 1997
U.S. POSTAGE
252

RETURNED TO SENDER
ATTEMPTED - NOT KNOWN

*Called on
3/12/97
Address is
correct.*

AIRS ID#: 0571070
SYNCHRON OF AMERICA CORP
PETER S SINGH
1705-A JIM REDMAN PARKWAY
PLANT CITY FL 33566

Not known

Name _____
1st Notice _____
2nd Notice _____

33566

SENDER'S NAME AND ADDRESS

is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 3, 4a, 4b, and 4c 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:

AIRS ID#: 0571070

SYNCHRON OF AMERICA CORP
 PETER S SINGH
 1705 JIM REDMAN PARKWAY
 PLANT CITY FL 33566

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X

4a. Article Number:
 P 265 302 146

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

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

Thank you for using Return Receipt Service.

Domestic Return Receipt