



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 8, 2003

Mr. Kartik Amin
Gentle Touch Cleaners
4764 Whispering Wind Avenue
Tampa, Florida 33614

Re: Facility No.: 0571087-003

Dear Mr. Amin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 2, 2003.

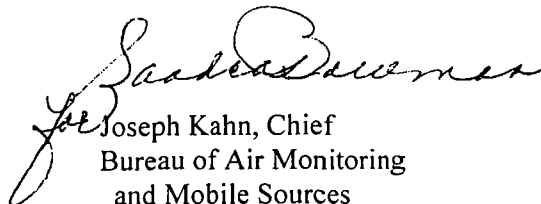
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN 2 2003

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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):	Shreeji Enterprise Inc
2. Site Name (For example, plant name or number):	Gentle touch cleaners
3. Hazardous Waste Generator Identification Number:	FLD118682640
4. Facility Location: Street Address: City: TAMPA County: Hillsborough Zip Code: 33614	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571087-003

Responsible Official

6. Name and Title of Responsible Official: Name: KARTIK Amin Title: President	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 4764 Whispering Wind Avenue TAMPA City: TAMPA County: Hillsborough Zip Code: 33614	
8. Responsible Official Telephone Number: Telephone: (813) 879-2560 Fax: (813) 901-8921	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	KARTIK Amin
10. Facility Contact Address: Street Address: 3613 W. Hillsborough Avenue City: TAMPA County: Hillsborough Zip Code: 33614	
11. Facility Contact Telephone Number: Telephone: (813) 879-2560 Fax: () -	

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1999	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? [1]

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1999	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?

[60] 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:

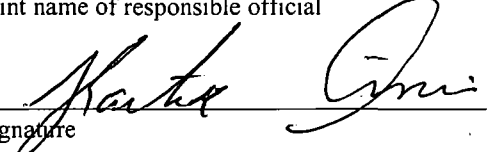
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0571087 - 002
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

KARTIK Amin
Print name of responsible official


Signature

4/15/2003
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437642 MAR17 2004

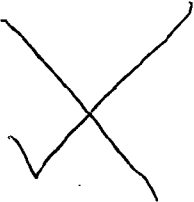
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 571087

KARTIK AMIN
GENTLE TOUCH CLEANERS
4764 WHISPERING WIND AVENUE
TAMPA, FL 33614



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448948 MAR11 2005

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#0571087.....2nd Cert 05
GENTLE TOUCH CLEANERS
3613 W Hillsborough Ave
TAMPA, FL 33614

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

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To

ID# 571087

KARTIK AMIN

Sen

GENTLE TOUCH CLEANERS

Stre
or F

4764 WHISPERING WIND AVENUE

City

TAMPA, FL 33614

7003 2260 0003 5650 0827

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# 571087
 KARTIK AMIN
 GENTLE TOUCH CLEANERS
 4764 WHISPERING WIND AVENUE
 TAMPA, FL 33614

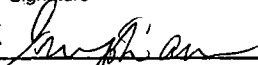
2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 0827

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

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USPS
Permit No. G-10

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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

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Restricted Delivery Fee
(Endorsement Required)

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TR AIRS ID# 571087 1stC
GENTLE TOUCH CLEANERS
3613 W Hillsborough Ave
TAMPA, FL 33614

Serial
or
City

7003 0500 0004 0144 8617

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2650 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 571087 1stC
 GENTLE TOUCH CLEANERS
 3613 W Hillsborough Ave
 TAMPA, FL 33614

2. Article Number
 (Transfer from service lab)

7003 0500 0004 0144 8617

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Virgilia Font*

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

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

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Restricted Delivery Fee
(Endorsement Required)

2nd Cert.

2003

Postmark
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AIRS ID # 571087

KARTIK AMIN

GENTLE TOUCH CLEANERS

4764 WHISPERING WIND AVENUE

TAMPA, FL 33614

8455 4470 4000 0050 0002

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 # 571087

KARTIK AMEN
 GENTLE TOUCH CLEANERS
 4764 WHISPERING WIND AVENUE
 TAMPA, FL 33614

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 5548

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

P. Amin

 Agent Addressee

B. Received by (Printed Name)

P. Amin

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

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

Postmark
Here

Sent To

Street, Apt. No.
or PO Box No.

City, State, ZIP

AIRS ID#0571087.....2nd Cert 05
GENTLE TOUCH CLEANERS
3613 W Hillsborough Ave
TAMPA, FL 33614

7004 2510 0004 6986 6545

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

Bureau of Air Monitoring
& Mobile Sources

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SENDER: COMPLETE THIS SECTION

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- 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#0571087.....2nd Cert 05
 GENTLE TOUCH CLEANERS
 3613 W Hillsborough Ave
 TAMPA, FL 33614

2. Article Number

(Transfer from service label)

7004 2510 0004 6986 6545

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

x *G. Owen Sanchez* Agent
 Addressee

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

3/4

- 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