

Inactivate

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MAR 17 2011

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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):	Snowwhite of Tampa Bay, Inc.
2. Site Name (For example, plant name or number):	7905 W. HILLSBOROUGH AVE Tampa FL 33615
3. Hazardous Waste Generator Identification Number:	No Hazardous Waste is being Produced as Plant has not worked for more than 2 years if ever it works - MCF will pick up
4. Facility Location:	Street Address: 7905 W. Hillsborough Ave Tampa FL 33615 City: Tampa County: HILLSBOROUGH Zip Code: 33615
5. Facility Identification Number (DEP Use ONLY - do not fill in):	

0571107-003

Responsible Official

6. Name and Title of Responsible Official:	Name: GD. CHHABRA Title: MANAGER
7. Responsible Official Mailing Address:	Organization/Firm: 4035 W. Hillsborough Ave Tampa Street Address: City: Tampa County: Hillsborough Zip Code: 33614
8. Responsible Official Telephone Number:	Telephone: (813) 884-4854 Fax: (813) 884-4854 cell 813 453-2221 Phone & FAX Same line - Call before you FAX

Facility Contact (If different from Responsible Official)

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

14 * Inactivated
Per owner. 3/25/11
BJA

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")
<i>ALL INFORMATION MUST BE ON YOUR FILE AS THIS FACILITY WAS</i>	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	<i>IN 2008 DEC</i>
	Existing/New	RC/CA/None required	<i>left and we are not using any machines is only being use as a DROP STORE</i>

*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 _____)

THE MACHINES HAVE NOT WORKE FOR THE LAST MORE THAN 2 YEARS.

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.

AIR PERMIT DOES EXIST IN THE PREVIOUS OWENER NAME
Prestige Cleaners.

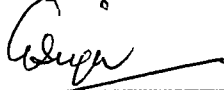
Responsible Official Certification

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.

GD. CHHABRA

Print name of responsible official



Signature

3/11/2011

Date

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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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? 1

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)

You must have the previous information on your file. No thing has changed in the last 2 years. Same set up only machine are shut down and are not working

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

Machine are not working for the last 2 years

Snowwhite of Tampa Bay Inc.
7509 W. Hillsborough Ave
Tampa FL 33615

TAMPA
SAINT-PETERSBURG
15 MAR 2011 PM



General Permits Section

Bureau of Air Monitoring and Mobile Source MS 5510

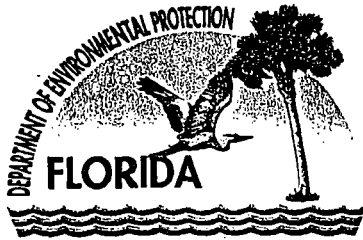
Dept of EPA

2600 Blair Stone Rd,

Tallahassee, FL 32399-2400

32399+2400





Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

January 31, 2007

Ms. Gurdial Chhabra
Snowwhite of Tampa Bay, Incorporated
4035 West Hillsborough Avenue
Tampa, Florida 33614

Re: Facility No.: 0571107-003

Dear Ms. Chhabra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 28, 2006.

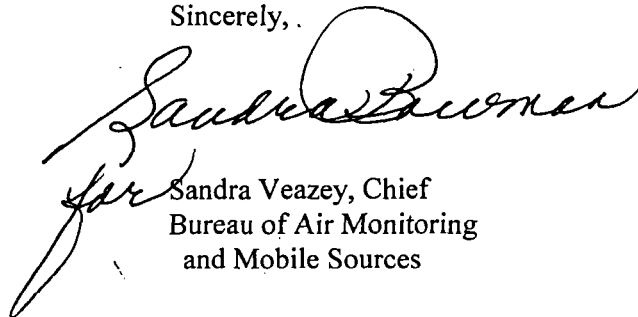
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Lynn Robinson, Hillsborough County

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 23 2006
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Snowhite of Tampa Bay, Inc		
2. Site Name (For example, plant name or number):	PLANT		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	4035 W. HILLSBOROUGH AVE		
City:	TAMPA	County:	HILLSBOROUGH Zip Code: 33614
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571107-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	GURDIAL CHHABRA	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	Same as above		
Street Address:	4035 W. Hillsborough Ave		
City:	TAMPA	County:	HILLSBOROUGH Zip Code: 33614
8. Responsible Official Telephone Number:			
Telephone:	(813) 884-4854	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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1994	Existing	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
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*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) *new business purchased*

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

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

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.)

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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).

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

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(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 _____
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Responsible Official Certification

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

GUARDIAL CHHABRA

Print name of responsible official



Signature

11/30/06

Date

SNOWHITE OF TAMPA BAY INC
4835 W Hillsborough Avenue
Tampa FL 33614

CERTIFIED MAIL™



7005 3110 0002 7218 2702



0000



32399

U.S. POSTAGE
PAID
TAMPA, FL
33630
DEC 20, '06
AMOUNT

\$4.88
00062512-24

To: General permits Section
Bureau of Air monitoring & Mobile Sources MS 5510
DEP
2608 Blair Stone Rd
Tallahassee, FL 32399-2400

ady **Post**

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

471732 MAR28 2007

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#571107
RIO CLEANERS INC
4035 W Hillsborough Ave
TAMPA, FLORIDA 33614

Bureau of All Mail
& Mobile Services

MAR 30 2007

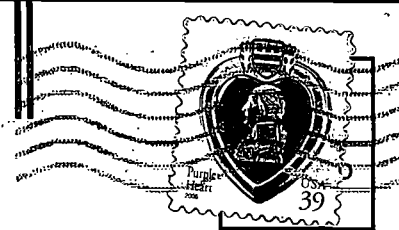
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

TAMPA FL 336

26 MAR 07PM 3 T



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

323153070 8099

