

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 22, 2002

Mr. Kiran Pandya
South Dale Cleaners
2425 South Dale Mabry Highway
Tampa, Florida 33629

Re: Facility No.: 0571141-003

Dear Mr. Pandya:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 17, 2001.

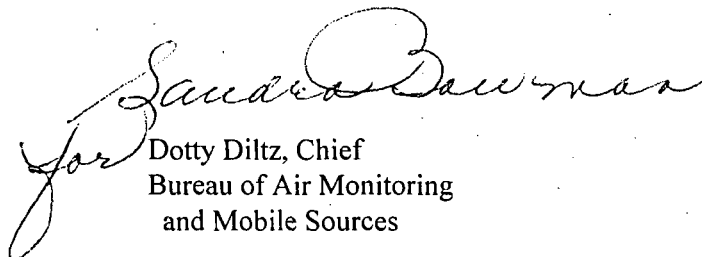
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.



Best Available Copy

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Sincerely,

Sandra Bauman
for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw
cc: Mr. Thomas Shelton, Hillsborough County

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057 1141-003

Page 15

1(c). Existing should be circled under status for each machine.

Page 16

4. Existing machines at large area source ref. condenser should be marked.

Page 17

Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 17 2011
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):	ROHAMOL, Inc.
2. Site Name (For example, plant name or number):	South Dale Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 2425, South Dale Mabry Hwy. City: TAMPA County: HILLSBORO Zip Code: 33629	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571141-003

Responsible Official

6. Name and Title of Responsible Official: Name: KIRAN PANDEY Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: Same as Facility Location Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (813) 254-8573 Fax: (813) 254-1983	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Raymond Oprisko
10. Facility Contact Address: Street Address: Same as Facility Location City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (813) 254-8573 Fax: (813) 254-1983	

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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>1/91</u>	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	<u>1/91</u>
<u>1/91</u>	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	<u>1/91</u>
_____	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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")
<u>N/A</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

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

[161] 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 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: 20

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:

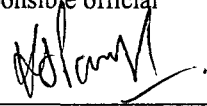
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

KIRAN PANDYA
Print name of responsible official


Signature

12/11/2001
Date



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

Do **NOT** Remove Label

571141
KIRAN PANDYA
SOUTH DALE CLEANERS
2425 SOUTH DALE MABRY HWY
TAMPA FL 33629

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

47479A DEALE 083
RECEIVED
DEC 17 2003
Bureau of Air Monitoring
& Waste Services

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

7000 2870 0000 7027 4220

OFFICIAL USE

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

Postmark here
REC-1

Total Postage \$ 10 AIRS ID # 0571141001AG
Sent To KIRAN PANOYA
 SOUTH DALE CLEANERS
Street, Apt. No.: 2425 SOUTH DALE MABRY HWY
 TAMPA FL 33629
City, State, ZIP+

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

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. 	A. Received by (Please Print Clearly) G. PRITCHETT	B. Date of Delivery 2/2	
	C. Signature X <i>L. Pritchett</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <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.		

1. Article Addressed to:
 10 AIRS ID # 0571141001AG
 KIRAN PANOYA
 SOUTH DALE CLEANERS
 2425 SOUTH DALE MABRY HWY
 TAMPA FL 33629

70002870000070274220

2. Article Number (Copy from service label)

4. Restricted Delivery? (Extra Fee) Yes

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

7000 2670 0000 7027 4312

OFFICIAL USE

Postage	\$	<i>Receipt</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	10	
Sent To 10 AIRS ID # 0571141001AG SAL DALY SOUTH DALE CLEANERS Street, Ap 2425 S DALE MABRY City, State TAMPA FL 33629		

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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:

0 AIRS ID # 0571141001AG
 SAL DALY
 SOUTH DALE CLEANERS
 2425 S DALE MABRY
 TAMPA FL 33629

2. Article Number (Copy from service label)
 70002870000070274312

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *E. PRITCHETT* B. Date of Delivery *2/4*

C. Signature *x E. Pritchett* Agent Addressee

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414319 FEB20 2002

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 # 0571141 - 003
SOUTH DALE CLEANERS
~~JULIO MORAN~~ KIRAN PANDYA
2425 S DALE MABRY
TAMPA FL
33629-6840

FOR GOVERNMENT USE ONLY
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

421314 JAN 2 2003

Do NOT Remove Label

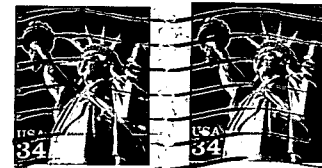
AIRS ID#0571141

SOUTH DALE CLEANERS
KIRAN PANOYA
2425 SOUTH DALE MABRY HWY
TAMPA FL
33629

FOR GOVERNMENT USE ONLY
Org.: 37559101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 08 2003
Bureau of Air Monitoring
& Mobile Sources

South Dale Cleaners
2425 S. Dale Mabry Hwy.
Tampa FL 33629



General Permits Section
Bureau of Air & MS, MS5510
Department of EP
2600, Blair Stone Rd.
Tallahassee, FL 32399 - 2400

32399+2400

