



# 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

March 10, 2008

Mr. Rajeshkumar B. Kalariya  
Our Cleaners  
3163-5<sup>th</sup> Avenue, North  
Saint Petersburg, Florida 33713

Re: Facility No.: 1030382-004

Dear Mr. Kalariya:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 1, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

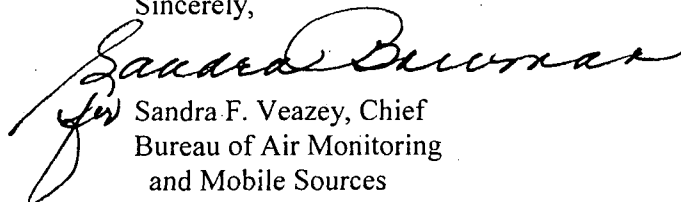
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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 F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Gary Robbins, Pinellas County

NO ACTIVITY FOR FACILITY  
EISSION FEE DATES *9/2006*  
SOC REPORTS .....  
COMP. STATUS - SNC MNC **IN**

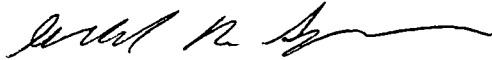
*INSP - INS 2 - compliance Inspection  
walk through  
INSP - Pinellas Co - Robbins*

RECEIVED  
JAN 01 2008  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TALLAHASSEE, FLORIDA 32304


To whome it may concern

This is to notify that as of January 29 I am nolonger the owner of Our Cleaners. Located at 3163 5th Ave. n. St. Petersburg Fl. My EPA # is FLD 98217221 Terr 4WF

Our Cleaners Inc.



Gerald R. Spire, President

Our Cleaner   
3163 5th Ave. N  
St.Pete. Fl 33713

Att: Ciclia  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl 32399-2400

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
FEB 01 2008  
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): | KHODAL INC.,                           |                  |                 |
| 2. Site Name (For example, plant name or number):                                  | OUR CLEANERS                           |                  |                 |
| 3. Hazardous Waste Generator Identification Number:                                |  |                  |                 |
| 4. Facility Location:<br>Street Address:<br>City:                                  | 3163 - 5th Ave. N.<br>Saint Petersburg | County: Pinellas | Zip Code: 33713 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in)                  | 1030382-004                            |                  |                 |

Responsible Official

|  |   |                  |                 |
|--|---|------------------|-----------------|
| 6. Name and Title of Responsible Official:<br>Name:  | RAJESHKUMAR B. KALARIYA Title: PRESIDENT                                  |                  |                 |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address:<br>City: | RAJESH KALARIYA<br>Our Cleaners<br>3163 - 5th Ave. N.<br>Saint Petersburg | County: Pinellas | Zip Code: 33713 |
| 8. Responsible Official Telephone Number:<br>Telephone:                                    | (727) 323-4803  | Fax:             | (727) 323-4803  |

Facility Contact (If different from Responsible Official)

|   |       |         |           |
|---|-------|---------|-----------|
| 9. Name and Title of Facility Contact (For example, plant manager): |       |         |           |
| 10. Facility Contact Address:<br>Street Address:<br>City:           |       | County: | Zip Code: |
| 11. Facility Contact Telephone Number:<br>Telephone:                | ( ) - | 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") |
|--|---------------------|---------------------------------------|---|
| 1995                                       | 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? [ 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") |
|--|---------------------|---------------------------------------|---|
|  | 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?**

[ 38.6 ] 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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at 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 (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  
None
- 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.*

RAJESHKUMAR B KALARIYA  
Print name of responsible official

Rajesh  
Signature

1-31-08  
Date



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| Date Accepted   | Scheduled Date of Delivery  | Return Receipt Fee       |                          |
| Mo. Day Year  | Month Day   | COD Fee                  | Insurance Fee            |
| Time Accepted<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | Scheduled Time of Delivery<br><input type="checkbox"/> Noon <input type="checkbox"/> 3 PM<br>Military               | Total Postage & Fees     |                          |
| Flat Rate <input type="checkbox"/> or Weight                                | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day   | Int'l Alpha Country Code | Acceptance Emp. Initials |
| lbs. ozs.   |   |                          |                          |

| DELIVERY (POSTAL USE ONLY)  |   |                    |
|---|---|--------------------|
| Delivery Attempt  | Time<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM            | Employee Signature |
| Mo. Day   |   |                    |
| Delivery Attempt  | Time<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM            | Employee Signature |
| Mo. Day   |   |                    |
| Delivery Date   | Time<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day   |   |                    |
| CUSTOMER USE ONLY   |   |                    |
| <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only)<br>Additional merchandise insurance is void if customer requests waiver of signature.<br>I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. |   |                    |
| <input type="checkbox"/> NO DELIVERY<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Mailer Signature   |   |                    |

FROM: (PLEASE PRINT) PHONE (727) 323-4803

3143 5th Ave  
St Petersburg FL 33713

TO: (PLEASE PRINT) PHONE ( )

ATT: Cecilia - CPA  
General Partner Section  
Bureau of Accounting  
- 300 Blair St. NE  
Tallahassee Florida

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

3 2 3 9 9 + 2 4 0 0

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