

Department of Environmental Protection

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

David B. Struhs Secretary

July 27 2001

Mr. Aminsultan Charania Victorian Cleaners 4920 Newkirk Drive, Suite 10 Tampa, Florida 33624

Re: Facility No.: 0571033-002

Dear Mr. Charania:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 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



Department of **Environmental Protection**

leb Bush Governor

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

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"More Protection, Less Process"

Printed on recycled paper.

Gestaid BOC 4

057/033-002 p15 1(a) RC should be circled under Control Device Required

4. New machines at small area source should be marked.

PIT Responsible official sign and date for changes made.

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TO: (NAME, OFFICE, LOCATION) 1.	3
1	· · · · · · · · · · · · · · · · · · ·
2	
PLEASE PREPARE REPLY FOR: COM	MENTS:
SECRETARY'S SIGNATURE	
DIV/DIST DIR SIGNATURE	
MY SIGNATURE	
YOUR SIGNATURE	
DUE DATE	
ACTION/DISPOSITION	
DISCUSS WITH ME	
COMMENTS/ADVISE	
REVIEW AND RETURN	
SET UP MEETING	
FOR YOUR INFORMATION	
HANDLE APPROPRIATELY	
INITIAL AND FORWARD	•
SHARE WITH STAFF	
FOR YOUR FILES	
EDOM.	DATE:PHONE:

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



Part III. Notification of Intent to Use General Permit Mobile Sources 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.

Fac	cility Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individ	dual owner):
	ARE OF PINELLAS INC	
2.	Site Name (For example, plant name or number):	
	VICTORIAN CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	FLD CESGG	
4.	Facility Location: Street Address: 4920 NEWKIRK DRIVE STE 10	
	City: TAMPA County: HILLS BOROUGH	Zip Code: 33624.
5.	Facility Identification Number (DEP:Use ONLY - do not fill in):	a
		11/033-002
Res	sponsible Official	
6.	Name and Title of Responsible Official:	
Nar	Title: PRES	IDENT
<u> </u>		
7.	Responsible Official Mailing Address:	······································
_	Responsible Official Mailing Address: Organization/Firm: VICTORIAN CLEANERS	
_	Responsible Official Mailing Address:	Zip Code: 33624
_	Responsible Official Mailing Address: Organization/Firm: VICTORIAN CLEANERS Street Address: 4920 NEWKIRK DR . STE 10 City: TAMPA Responsible Official Telephone Number:	
7.	Responsible Official Mailing Address: Organization/Firm: VICTORIAN CLEANERS Street Address: 4920 NEWKIRK DR . STE 10 City: TAMPA Responsible Official Telephone Number:	Zip Code: 33624 3)265-0677
8.	Responsible Official Mailing Address: Organization/Firm: VICTORIAN CLEANERS Street Address: 4920 NEWKIRK DR STE 10 City: IAMPA County: HILLSBORDUCH Responsible Official Telephone Number: Telephone: (813)264-5120 Fax: (813)	
8.	Responsible Official Mailing Address: Organization/Firm: VICTORIAN CLEANERS Street Address: 4920 NEWKIRK DR . STE 10 City: IAMPA County: HILLSBORDUCH Responsible Official Telephone Number: Telephone: (813)264-5120 Fax: (813) cility Contact (If different from Responsible Official)	
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

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

How many dry-to-dry ma	ichines do you have	on-site?	
For each dry-to-dry mach	nine on-site, please	provide the following information	on:
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")
Aug 18TH 1995	Existing Nev	RC/CA/None required	SAME
	Existing/Nev	RC/CA/None required	
· · · · · · · · · · · · · · · · · · ·	Existing/Nev	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = ref	rigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have or	a-site?	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased to units purchased a	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	<u> </u>
	roethylene (perc) h	ave you used within the last 12 n	carbon adsorber
Check why it is les		New owner: [] Did not kee	
	· ·	New store: New machin	-
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2) Effective: 2/24/99

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				
Transfer only on-site (u	sed less than 140 gallons of perc per year) sed less than 200 gallons of perc per year) sed less than 140 gallons of perc per year)			
Large Area Source				
Transfer only on-site (u	sed 140 - 2,100 gallons of perc per year) sed 200 - 1,800 gallons of perc per year) sed 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 No such units on-site	<u>X_</u>] OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating:	<u> </u>			
What type of fuel do you use? [X] propane [No. 2 fuel oi No. 6 fuel oi				
6. Equipment Monitoring and Recordkeeping Informati	on			
Check all logs which are required to be kept on-site in a	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	ring			
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan				

DEP Form No. 62-213.900(2) Effective: 2/24/99

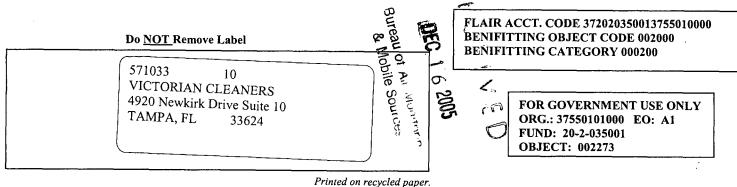
		of Existing DEF All Fernitus)
Ple	ease indicat	te with an "X" the appropriate selection:
		I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0571033001 AG
		No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Re	esponsible (Official Certification
	this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Imputly notify the Department of any changes to the information contained in this notification.
1	MMIN	SULTAN CHARANIA.

17

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 456934 DEC1 4 2005

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

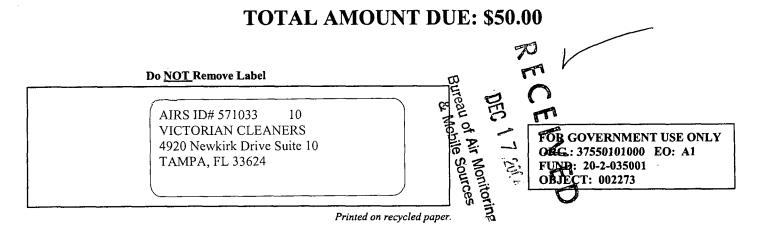
TOTAL AMOUNT DUE: \$50.00



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 443414 DEC16 2004

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

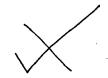


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434078 DEC10 2003

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

571033 AMINSULTAN CHARANIA VICTORIAN CLEANERS 4920 NEWKIRK DRIVE SUITE 10 TAMPA FL 33624

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Fund: 20-2-03500 Obj.: 002273



BEST AVAILABLE COPY

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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

412420 DEC31 2001

Do NOT Remove Label

AIRS ID # 0571033 VICTORIAN CLEANERS AMINSULTAN CHARANIA 4920 NEWKIRK DRIVE SUITE 10 TAMPA FL 33624

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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420500 DEC112002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. ureau of Air Monitoring & Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0571033

VICTORIAN CLEANERS AMINSULTAN CHARANIA 4920 NEWKIRK DRIVE SUITE 10 TAMPA FL 33624

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Obj.: 002273