

## Department of Environmental Protection

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

David B. Struhs Secretary

April 1, 2002

Mr. G. D. Chhabra Snowhite of Tampa Bay, Inc. 8206 West Waters Avenue, # 114 & 116 Tampa, Florida 33615

Re: Facility No.: 0571145-002

Dear Mr. Chhabra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 21, 2002.

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,

Joe Kahn, Acting 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"

Printed on recycled paper.

AIRS ID 0571145-002

Athn MR Dick As per your advice on the phone I am Enclosing the two Juguered letters to for department. Thanks Cluph GD Chhabra Cele Ph # (813) \$453-2221

Shownite creamers 3/23/07.

3/28/01

NERDS TO AS TIMEMENT OF REPTIRED 3/24/07

PER PER PER STEP 3/24/07

CUPPER PER PREP 3/24/07

# Snowhite of Tampa Bay, Inc.

8206 W. Waters Ave. • Suite 114 • Tampa, FL 33615 • (813) 243-1179

March 23, 2007

Air General Monitoring Section, MS 5510 Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, FL-32399-2400.

Sir,

This is to inform your department that we have moved our dry-cleaning machine from our location 8206 W. Waters Ave, Tampa, Fl-33615 (air permit # AIRS ID # 571145) to our new location 4035 W. Hillsborough Ave, Tampa, Fl-33614 as our old facility closed down due to expiration of our lease.

Thank You.

Yours-truly

GD. Chhabra

# Snowhite of Tampa Bay, Inc.

March 23, 2007

Air General Monitoring Section, MS 5510 Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, FL-32399-2400

Sir,

This is to inform your department that our dry cleaning facility at 8206 W. Waters Ave Tampa Fl-33615 (air permit AIDS#571145) has closed down since 10/31/06 and all the machines removed from the location as our lease expired on 10/31/06.

If you have any questions ,call on my Cell Phone # 813-453-2221.

Thank You.

Yoursctruly

GD Chhabra 23 07

Snowhite of Tampa Bay, Inc 4035 W. Hillsborough Ave,

Tampa, FL-33614.

Au Jeneral Permitty Section
Beneau of Air Montoring + Mobil Source MS5510
MS 5510

2600 Blair Stone Road Tallahassee FL 32399-2400

Inflortabilitabilita inflortabilitati italia istatali

0571145-002 Page 15 (a) None Required should be circled for existing small machines. Page 16 6(e) Required for all sources. Shouldbe marked. Responsible official sign and date for changes made. Page 17

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### 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):
SNOWHITE OF TAMPA BAY	' he
2. Site Name (For example, plant name or number):	
PLA	NT
3. Hazardous Waste Generator Identification Number:	
	111-0157
4. Facility Location: Street Address: 8206 W. Waters Ave # 114.	L 116
City: TAMPA FL County: HILL	ZSAVEOVCH Zip Code: 336/5
ONS. PAMPA, 12 COUNTY. WILL	5/30 KOU / H 2.5 COOL. 330/3
5. Facility Identification Number (DEP Use ONLY - do no	ot fill in):
	0571145-002
Responsible Official	
6. Name and Title of Responsible Official:	2
Name: G.D. Chhabra	Title: President
7. Responsible Official Mailing Address:	
O service d'Esservice	
Street Address: 8206 W. Walers Ave	#114 & 116
Organization/Firm: Street Address: 8206 W. Waless Ave. City: Tampa FL County: HICLES	Zip Code: 33615
8. Responsible Official Telephone Number:	
Telephone: (8/3) 243 - 1232	Fax: ( ) -
Facility Contact (If different from Demonsible Official)	
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant	t manager):
, so thank and this of tability contact (for example, plant	
10. Facility Contact Address:	
Street Address:	
City: County:	Zip Code:
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
11. Facility Contact Telephone Number:	
Telephone: (	Fax: ( ) -
11. Facility Contact Telephone Number: Telephone:  DEP Form No. 62-213,900(2)	
DEP Form No. 62/213,900(2)	

Effective: 2/24/99

#### **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	n:
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")
Do not Know Date But Model Year 87 Purchased business w 199	6 Existing No	ew RCCA/None required	Same,
	Existing/Ne	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	u have on-site?		•
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n permit). For each transfer	ne was purchased to units purchased er machine on-site	I from the manufacturer between I I after September 22, 1993 are allower, please provide the following inf	
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	<del></del>
*CONTROL DEVICE K		efrigerated condenser CA =	carbon adsorber
^^	ns (You must fill	•	ionuis?
(b) If less than 12 mor	nths, how many?	[] months	•
Check why it is les	ss than 12 months	: New owner: Did not kee	p records: []
•		New store: [] New machine	e []
		Unopened store [] (date of e	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 [X]
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)  [X]  New machines at small area source Refrigerated condenser  []
Existing machines at large area source Carbon adsorber Refrigerated condenser  [] Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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  OR
How many boilers do you have on-site? [1] + 1 Water heater
How many boilers do you have on-site?
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 4 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

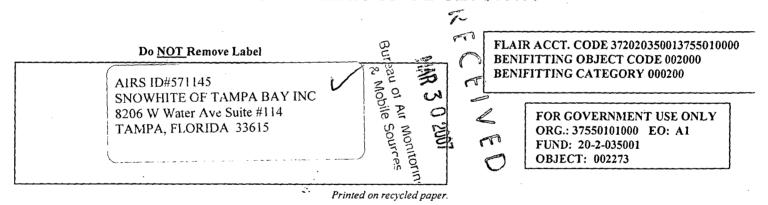
DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	r of Existing DEP Air Permit(s)	
Please indicate	ate with an "X" the appropriate selection:	
Ľ	I hereby surrender all existing DEP air permits authorizing operation of the facility in this notification form; the permit number(s) are	dicated in
	No DEP air permits currently exist for the operation of the facility indicated in this no form.	otification
Responsible (	e Official Certification	
this notifi statement maintain comply w I will prod G. D	ndersigned, am the responsible official, as defined in Part II of this form, of the facility actification. I hereby certify, based on information and belief formed after reasonable inquents made in this notification are true, accurate and complete. Further, I agree to operate in the air pollutant emissions units and air pollution control equipment described above swith all terms and conditions of this general permit as set forth in Part II of this notificate romptly notify the Department of any changes to the information contained in this notificate.  D. CHHABBRA	iry, that the e and o as to tion form.
Print nam	Tels 10, 2002	
Signature	······································	

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

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

#### **TOTAL AMOUNT DUE: \$75.00**



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26 MAR 2007 PM 2 7



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

3231583070 8099

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

571145 G CHHABRA SNOWHITE OF TAMPA BAY 8206 W WATERS AVE SUITE 114 TAMPA FL 33615

FOR GOVERNMENT USE ONLY

Org.: 37.550101000 EC Fund: 20,-2-935001

Obj.: 003273



421883 JAN17 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

AIRS ID#0571145

SNOWHITE OF TAMPA BAY G D CHHABRA 8206 W WATERS AVE SUITE 114 TAMPA FL 33615

FOR GOVERNMENT USE ONLY Org.: 37550100000 EO: A1 Fund: 20-2-035001 Obj.: 002273

 $458938 \;\; \text{FEB} 15206$  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# 571145 SNOWHITE OF TAMPA BAY 8206 W Water Ave Suite #114 TAMPA, FL 33615

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 **BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200** 

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

**OBJECT: 002273** 

443477 DEC20 2004

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# 571145 10 SNOWHITE OF TAMPA BAY 8206 W Water Ave Suite #114 TAMPA, FL 33615

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273