

RECEIVED

APR 17 2012

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

— 0571343 0571343-002

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

— YBOR SHRADHA INC

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

— d/b/a EDDIE'S CUSTOM CLEANERS III

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 3209 E. 7th Ave

City: TAMPA

County: HILLSBOUROUGH

Zip Code: 33605

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

— —

4321
MP

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: DIMPLE PATEL, Owner

Facility Contact Telephone Numbers

Telephone: 813-247-5500 Fax: 813-247-5503

Cell phone: 813-404-8205

E-mail: amcola_fsu@yahoo.com

Facility Contact Mailing Address

Organization/Firm: YBOR SHRADHA INC

Mailing Address: 3209 E. 7th AVE

City: TAMPA

County: Hills.

Zip Code: 33605

4301
MP

Correspondence Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: DIMPLE PATEL, OWNER

Correspondence Contact/Representative Telephone Numbers

Telephone: 813-247-5500 Fax: 813-247-5503

Cell phone: 813-404-8205

E-mail: amcola_fsu@yahoo.com

Correspondence Contact/Representative Mailing Address

Organization/Firm: YBOR SHRADHA INC

Mailing Address: 3209 E. 7th AVE

City: TAMPA

County: HILLS

Zip Code: 33605

-4301
MP

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

MP

Facility Information

1.(a) DRY-TO-DRY MACHINES

How many dry-to-dry machines do you have on-site? [3]

For each dry-to-dry machine on-site, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
2007	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC & CA	2007
2009	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC & CA	2009
2006	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC & CA	2006
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

1. (b) Is the facility a co-residential Dry Cleaning facility?

Yes No

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	PERC DRY CLEANING MACHINE	CONTROL DEVICE (see key)	VAPOR BARRIER ENCLOSURE
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

2. Perchloroethylene Usage

If this is an **initial registration** for a perchloroethylene dry cleaner, provide an estimate of the facility's expected amount of perchloroethylene to be used over the next 12-month period.

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If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

180 gallons

3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.

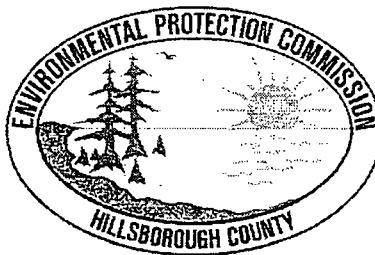
No steam and hot water generating units (boiler) onsite

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BOILER	HORSEPOWER	FUEL TYPE*
PARKER BOILER	50	NAT. GAS

*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

COMMISSION
Kevin Beckner – Chairman
Lesley "Les" Miller – Vice Chairman
Victor Crist
Ken Hagan
Al Higginbotham
Sandy Murman
Mark Sharpe



Roger P. Stewart Center
3629 Queen Palm Dr. Tampa, FL 33619
Ph: (813) 627-2600

Fax Numbers (813):
Admin 627-2620 Waste 627-2640
Legal 627-2602 Wetlands 627-2630
Water 627-2670 Air 627-2660
Lab 635-8061

Executive Director
Richard D. Garrity, Ph.D.

December 20, 2011

Mr. Dimple Patel
Eddie's Custom Cleaners III
3209 E 7th Ave.
Tampa, FL 33605

Re: Notice of Air Permit Expiration

Dear Mr. Patel:

This is to inform you that the following air permit will expire as indicated:

<u>Permit No.</u>	<u>Expiration Date</u>
0571343-001-AG	4/26/2012

The specific conditions with the air general permit notification form require the permit holder to submit an application for a renewal air general permit at least 30 days prior to the expiration date of the current permit.

Please submit DEP Form No. 62-213.900(2) "Perchloroethylene Dry Cleaner Air General Permit Notification". The form can be found at http://www.dep.state.fl.us/air/rules/forms/forms_agp.htm
Please note, effective June 29, 2011 all Air General Permits have a \$100 registration fee. The duration of the registration is for 5 years. Please send your air general permit registration and the \$100.00 processing fee payable to FDEP to:

Department of Environmental Protection
Receipts
PO Box 3070
Tallahassee, FL 32315-3070

Please do not hesitate to contact me at (813) 627-2600 x1287, should you have any questions.

Sincerely,

Lora Webb
Engineering Specialist II

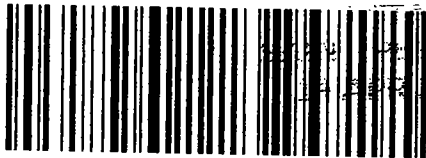
An agency with values of environmental stewardship, integrity, honesty, and a culture of fairness and cooperation.

www.epchc.org

E-Mail: epcinfo@epchc.org

AN AFFIRMATIVE ACTION – EQUAL OPPORTUNITY EMPLOYER

Ybor Shradha, Inc.
3209 E. 7th Ave.
Tampa, FL 33609

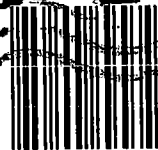


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UNITED STATES
POSTAL SERVICE

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32315

U.S. POSTAGE
PAID
TAMPA, FL
33605
APR 14 2012
AMOUNT

\$5.95
00049890-15

RETURN RECEIPT
REQUESTED

To,
DEPT. OF ENVIRONMENTAL PROTECTION
RECIPTS
P.O. Box 3070
TALLAHASSEE, FL 32315 - 3070

32315307070

