



Rick

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

June 29, 1998

1030427

Mr. Ajit Khurana
1261 Gulf Boulevard, Suite 122
Clearwater, Florida 33767

Re: Sand Key Cleaners

Dear Mr. Khurana:

Thank you for submitting the Title V General Permit Notification form for the Sand Key Cleaners dry cleaning facility. It was received on May 27.

During the review period for the above mentioned notification form, we were notified by you that the sale of Sand Key Cleaners did not go through. Therefore, this letter serves as an acknowledgment of this fact, and to inform you that further processing of the notification has been suspended.

If you have any questions regarding the Title V General Permit Program, or if we can be of further assistance, please contact either Rick Butler at 850/921-9586 or myself at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Bureau of Air Monitoring
and Mobile Sources

/sb

cc: Rick Butler
Gary Robbins, Pinellas County



Sandy

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

June 29, 1998

Mr. Ajit Khurana
1261 Gulf Boulevard, Suite 122
Clearwater, Florida 33767

Re: Sand Key Cleaners

Dear Mr. Khurana:

Thank you for submitting the Title V General Permit Notification form for the Sand Key Cleaners dry cleaning facility. It was received on May 27.

During the review period for the above mentioned notification form, we were notified by you that the sale of Sand Key Cleaners did not go through. Therefore, this letter serves as an acknowledgment of this fact, and to inform you that further processing of the notification has been suspended.

If you have any questions regarding the Title V General Permit Program, or if we can be of further assistance, please contact either Rick Butler at 850/921-9586 or myself at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Bureau of Air Monitoring
and Mobile Sources

/sb

cc: Rick Butler
Gary Robbins, Pinellas County

FAX COVER SHEET

TO: TITLE V GEN. PERMITTING OFFICE
TALLAHASSEE, FL. 32399-2400

ATTN: SANDY BOWMAN

FROM: AJIT KHURANA
SAND KEY CLEANERS (1030393)
1261 GULF BLVD Suite #122
CLEARWATER FL. 33767

NO. of SHEETS INCL. COVER (5)

TEL. # (813) 848-5538

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | | | |
|--|--|------------------|-----------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | SANCTISSIMA, INC. | | |
| 2. Site Name (For example, plant name or number): | SAND KEY CLEANERS | | |
| 3. Hazardous Waste Generator Identification Number: | CES06 | | |
| 4. Facility Location: | Street Address: 1261 GULF BLVD., SUITE 122 | | |
| | City: CLEARWATER | County: PINELLAS | Zip Code: 33767 |
| 5. Facility Identification Number (DEP Use): | 103042 | | |

Responsible Official

| | | | |
|--|--|------------------|-----------------|
| 6. Name and Title of Responsible Official: | AJIT KHURANA, PRESIDENT | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: SANCTISSIMA, INC. | | |
| | Street Address: 1261 GULF BLVD., SUITE 122 | | |
| | City: CLEARWATER | County: PINELLAS | Zip Code: 33767 |
| 8. Responsible Official Telephone Number: | Telephone: (813) 596-8300 Fax: () | | |

Facility Contact (If different from Responsible Official)

| | | | |
|---|--|------------------|-----------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | AJIT KHURANA | | |
| 10. Facility Contact Address: | Street Address: 1261 GULF BLVD. SUITE #122 | | |
| | City: CLEARWATER | County: PINELLAS | Zip Code: 33767 |
| 11. Facility Contact Telephone Number: | Telephone: (813) 596-8300 Fax: () | | |

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|-------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | | | | | | | | | |
| | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 05-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | AUG, 93 | AUG, 93 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/ carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

80 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

BEST AVAILABLE COPY

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired

All steam and hot water generating units exempt
No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

05/29/98 14:27
MAY-07 98 09:26 FROM: AIRQUALITY

BEST AVAILABLE COPY
8134644420

TO: 8135353282

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection,

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No 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.

Signature *Jim Thurman*

Date *May 29, 1998*

FAX COVER SHEET

TO: TITLE V GEN. PERMITTING Office
TALLAHASSEE, FL. 32399-2400

ATTN: SANDY BOWMAN

FROM: AJIT KHURANA
SAND KEY CLEANERS
1261 GULF Blvd Suite #122
CLEARWATER FL. 33767

NO. of SHEETS INCL. COVER (5)

Tel. # (813) 848-5538

05/29/98 14:25

002

05/29/98 05:05 FROM: AIRQUALITY

8134844420

78:8135363000

PAGE: 11

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| |
|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>SANCTISSIMA, INC.</i> |
| 2. Site Name (For example, plant name or number): <i>SANDLEY CLEANERS</i> |
| 3. Hazardous Waste Generator Identification Number: <i>CE506</i> |
| 4. Facility Location: Street Address: <i>1261 GULF BLVD., SUITE 122</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>33767</i> |
| 5. Facility Identification Number (DEP Use): <i>103042</i> |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: <i>AJIT KHURANA, PRESIDENT</i> |
| 7. Responsible Official Mailing Address: Organization/Firm: <i>SANCTISSIMA, INC.</i> Street Address: <i>1261 GULF BLVD., SUITE 122</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>33767</i> |
| 8. Responsible Official Telephone Number: Telephone: <i>(813) 596-8300</i> Fax: <i>()</i> |

Facility Contact (If different from Responsible Official)

| |
|--|
| 9. Name and Title of Facility Contact (For example, plant manager): <i>AJIT KHURANA</i> |
| 10. Facility Contact Address: Street Address: <i>1261 GULF BLVD. SUITE #122</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>33767</i> |
| 11. Facility Contact Telephone Number: Telephone: <i>(813) 596-8300</i> Fax: <i>()</i> |

05/29/98 14:26

003

MAY-27 98 09:26 FROM: AIRQUALITY

8134E44420

TO: 0135363060

PAGE: 12

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|-------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | | | | | | | | | |
| | #1 | 03-OCT-93 | 17-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | AUG, 93 | AUG, 93 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/ carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

05/29/98 14:26

MAY-07 09:06 FROM: AIRQUALITY

8134644420

TO: 8135383082

PAGE: 13

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

05/29/98 14:27
MAY-07 98 09:25 FROM: AIRQUALITY

BEST AVAILABLE COPY
B134E44420

TC: 2135363280

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection;

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No 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.

Signature *Jim Thurman*

Date *May 29, 1998*

6/4/98

Ed spoke with
Ajit - sale
gone through
asked to work -
draw notification
Will send letter
regarding
withdrawal

Radisson.
RIVERWALK HOTEL TAMPA

200 North Ashley Drive • Tampa, FL 33602
Phone: (813) 223-2222 • Fax: (813) 273-0839

6/19/98

Spoke to Ajit Khurana
and he said he sent a withdrawal
letter and will send another to
add to the file