



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-Designee

January 25, 2007

Ms. Yvonne Centofanti
One Low Price Cleaners
1304 North Federal Highway
Pompano Beach, Florida 33062

Re: Facility No.: 0112386-003

Dear Ms. Centofanti:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 20, 2006.

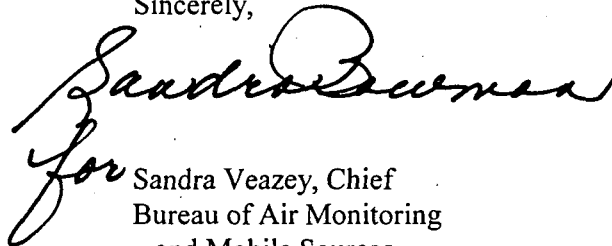
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,


for Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

NO ACTIVITY FOR FACILITY

EMISSION FEE DATES 2.9.7-2006..

SOC REPORTS 5

COMP. STATUS - SNC MNC

6/7/2006

TRPT - SOCR - Statement of
Compliance Report

Insp - Broward Co - CBittie

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 20 2006
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):	MGN Crown Corp
2. Site Name (For example, plant name or number):	One low Price cleaners
3. Hazardous Waste Generator Identification Number:	HM-03725-06
4. Facility Location: Street Address: City: County: Zip Code:	1304 N. FEDERAL Hwy. Pompano Bch Fl Broward 33062
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112386-003

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	Yvonne Cantofanti President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	1304 N. FEDERAL Hwy Pompano Bch Broward 33062
8. Responsible Official Telephone Number: Telephone: Fax:	(954) 782 4442 () N/A

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Gino Cantofanti
10. Facility Contact Address: Street Address: City: County: Zip Code:	1304 N. FEDERAL Hwy Pompano Bch Broward 33062
11. Facility Contact Telephone Number: Telephone: Fax:	(954) 782 4442 () N/A

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")
<u>1997</u>	Existing <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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?

How many dryers/reclaimers do you have on-site?

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?

120 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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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

112386



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.

Yvonne Centofanti

Print name of responsible official

Yvonne Centofanti

Signature

12/12/06

Date

December 14, 2006

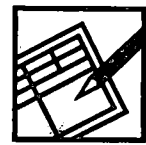
Environmental Protection Department
Bureau of Air Monitoring and Mobile Sources

Here is our renewal packet. We did not receive any notice or information in regards to the expiration of our Title V license. This packet was provide by the Broward County Environmental Protection Department for us to fill out and submit.

Thank You

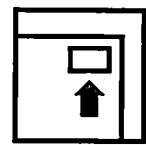
MGN Crown Corp.

HOW TO USE:



1. COMPLETE LABEL

Type or print required information in customer's



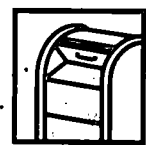
2. PAYMENT METHOD

Affix postage or meter strip to area indicated in, For EMCA or government agency, fill in account



3. ATTACH LABEL

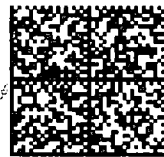
Remove label backing and adhere over these in Express Mail number from the backing and reattach



4. DROP OFF/PICK UP

Call 1-800-222-1811 for our convenient pick-up (pieces) or drop off your Express Mail package at

E



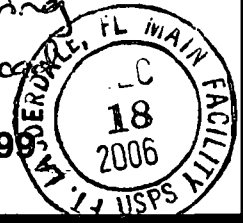
U.S. POSTAGE
\$16.25
EXPRESS
33060
Date of sale
12/18/06
02 1P00
02315093
APC
E#0233400 103273

USPS® EXPRESS MAIL®

RETURN RECEIPT REQUESTED 0lb. 0.80 oz.

SHIP TO: General Permit Section
Bureau of Air Monitoring
DEP
2600 Blair Stone Road

TALLAHASSEE FL 32399



* E W 1 7 2 6 0 7 2 9 1 U S *

POSTAL USE ONLY

Date In: Mo. 12	Day 18	Year 06	Time In 2:20	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Day of Delivery: <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/> 2nd Del Day <input type="checkbox"/> Noon <input type="checkbox"/> 3PM					
Return Receipt YES	Sched Del Date	Additional Insurance Fee			

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