

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 7, 2002

Mr. Julien Smets
Alterations by Ruth
and Dry Cleaning, Inc.
9707 West Broward Boulevard
Plantation, Florida 33324

Re: Facility No.: 0112594-001

Dear Mr. Smets:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 5, 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: Ms. Daniela Banu, Broward County

"More Protection, Less Process"

0112594-001

page 14

6. add Title of Responsible official.

Page 15

1(a) Only Existing should be circled under Status for 1989 machines.

None Required should be circled under Control Device Required.

Page 16

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

12/18/01

Spoke to Mr. Smets and he stated that he is the Vice President of the corporation.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:
 SECRETARY'S SIGNATURE
 DIV/DIST DIR SIGNATURE
 MY SIGNATURE
 YOUR SIGNATURE
 DUE DATE _____

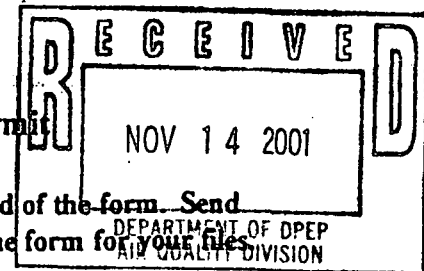
COMMENTS:

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

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

ASBP



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):	ALTERATIONS BY RUTH & DRY CLEANING, INC
2. Site Name (For example, plant name or number):	SAME
3. Hazardous Waste Generator Identification Number:	FLD CESQG
4. Facility Location: Street Address: 9707 WEST BROWARD BLVD City: PLANTATION FL. County: BROWARD Zip Code: 33324	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112594-001

Responsible Official

6. Name and Title of Responsible Official: Name: JULIEN SMETS Title:	
7. Responsible Official Mailing Address: Organization/Firm: ALTERATIONS BY RUTH & DRY CLEANING, INC Street Address: 9707 WEST BROWARD BLVD City: PLANTATION, FL County: BROWARD Zip Code: 33324	
8. Responsible Official Telephone Number: Telephone: (954) 432-2042 Fax: (954) 432-9776	

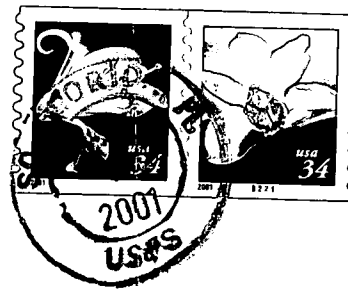
Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME
10. Facility Contact Address: Street Address: SAME City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (954) 473-8518 Fax: () -	

ALTERATIONS BY RUTH & DRY CLEANING

9707 West Broward Blvd.

PLANTATION, FL 33324



DEPARTMENT OF ENVIRONMENTAL
PROTECTION

2600 BLANSTONE ROAD

TALLAHASSEE, FL.

32399 - 2400

Ruth & Dry Cleaning

Facility Information

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

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

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")
SEPT-89	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

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?

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".)

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 OR
No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

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

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

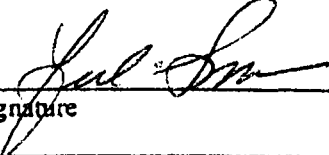
Responsible Official Certification

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.

JULIEN SMETS

Print name of responsible official



Signature

11-13-01

Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437413 MAR 5 2004

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



MAR 12 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#0112594
JULIEN SMETS
ALTERATIONS BY RUTH & DRY
CLEANING
9707 WEST BROWARD BLVD
PLANTATION, FL 33324

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

426410 MAR 24 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#0112594
ALTERATIONS BY RUTH & DRY CLEANING
JULIEN SMETS
9707 WEST BROWARD BLVD
PLANTATION FL
33324

Bureau of Air Monitoring
& Mobile Sources
MAR 26 2003
RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466236 DEC 18 2006

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# 112594
ALTERATIONS BY RUTH &
DRY CLEANING INC
9707 West Broward Blvd
PLANTATION, FLORIDA 33324

Bureau of All Monitoring
& Mobile Sources

DEC 19 2006

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

460748 APR 10 2006

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 112594
ALTERATIONS BY RUTH & DRY
CLEANING
9707 West Broward Blvd
PLANTATION, FL 33324

Bureau of All Monitoring
& Mobile Sources

APR 11 2006

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

446114 FEB 11 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112594 1stC
ALTERATIONS BY RUTH & DRY
CLEANING
9707 West Broward Blvd
PLANTATION, FL 33324

Bureau of All Monitoring
& Mobile Sources

FEB 15 2005

RECEIVED

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	Postmark Here
AIRS ID# 112594 1stC ALTERATIONS BY RUTH & DRY CLEANING 9707 West Broward Blvd PLANTATION, FL 33324	
for Instructions	

7004 2510 0002 3938 6587

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 112594 1stC
 ALTERATIONS BY RUTH & DRY
 CLEANING
 9707 West Broward Blvd
 PLANTATION, FL 33324

2. Article Number

(Transfer from service label)

7004 2510 0002 3938 6587

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Renee Steele

 Agent

 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? Yes

 If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail

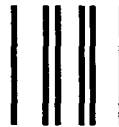
 Registered Return Receipt for Merchandise

 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 15810
3540 BLAIR STONE ROAD
THE LABASSEE, FLORIDA 32399-2400

FEB 16 2005

RECEIVED

Region 01 Air Monitoring
& Mobile Sources

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	<i>2nd Class</i> Postmark Here <i>2003</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID # 112594

Total Pc

Sent To JULIEN SMETS
 ALTERATIONS BY RUTH & DRY
 CLEANING
 9707 WEST BROWARD BLVD
 PLANTATION, FL 33324

PS Form 3800, June 2002 See Reverse for Instructions

ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 112594

JULIEN SMETS
 ALTERATIONS BY RUTH & DRY
 CLEANING
 9707 WEST BROWARD BLVD
 PLANTATION, FL 33324

2. Article Number

(Transfer from)

7003 0500 0004 0144 7832

COMPLETE THIS SECTION ON DELIVERY

A. Signature
** Renee Steele* Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

3-6-04

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



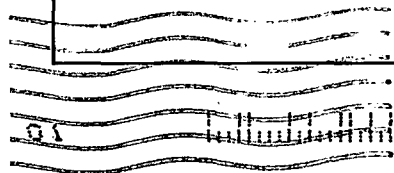
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



MAR 12 2004
11:15 AM



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Tote ID# 112594
JULIEN SMETS

Sent ALTERATIONS BY RUTH & DRY
CLEANING

Street or PO 9707 WEST BROWARD BLVD

City PLANTATION, FL 33324

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 112594
JULIEN SMETS
ALTERATIONS BY RUTH & DRY
CLEANING
9707 WEST BROWARD BLVD
PLANTATION, FL 33324

2. Article Number
(Transfer from service label)

7003 2260 0003 5650 7659

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-6-04

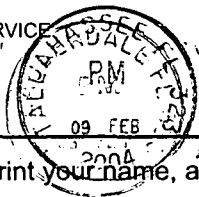
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

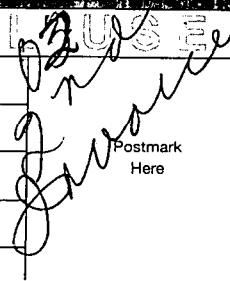
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2004

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<p style="text-align: right;">AIRS ID#0112594</p> <p>Sent To: ALTERATIONS BY RUTH & DRY CLEANING</p> <p>Street, Apt. No., or PO Box No.: JULIEN SMETS 9707 WEST BROWARD BLVD</p> <p>City, State, ZIP: PLANTATION FL 33324</p>	
PS Form 3800	

7001 0320 0001 7976 2869

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0112594

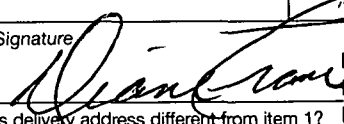
ALTERATIONS BY RUTH & DRY CLEANING
JULIEN SMETS
9707 WEST BROWARD BLVD
PLANTATION FL
33324

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 2869

COMPLETE THIS SECTION ON DELIVERY

- | | |
|--|---|
| A. Received by (Please Print Clearly) | B. Date of Delivery
3/8/03 |
| C. Signature
 | <input type="checkbox"/> Agent
<input checked="" type="checkbox"/> Addressee |
| D. Is delivery address different from item 1?
If YES, enter delivery address below: | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No |

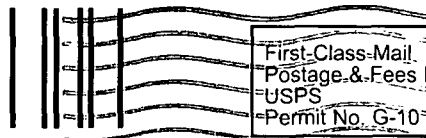
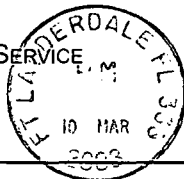
3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mobility
& Mobile Sources

MAR 13 2003

RECEIVED

