



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 9, 1996

Mr. Steven Mills
Vice President
Amlene Clean
4275A Okeechobee Boulevard
West Palm Beach, Florida 33409

Re: Facility I.D. No. 0710147

Dear Mr. Mills:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November 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,

A handwritten signature in cursive script, appearing to read "Dotty Diltz".

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

AMLENE, INC.
4275A OKEECHOBEE BLVD.
W.P.B., FL 33409
Fax (561)689-2082 * Tel (561)689-5751

January 12, 1998

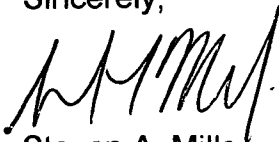
Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Dept. of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

Re: 1317 Cape Coral Pkwy, Cape Coral, FL 33904
Facility ID No. 0710147

Please be advised that the above mentioned facility has been closed and all activities have ceased effective August 31, 1997.

Please update your records accordingly.

Sincerely;



Steven A. Mills
Vice-President

Encl. Annual Compliance Certification Form (Smm)

#0710147

Amlene Clean

- spoke with Steven Mills - 9/24/96

p.13 7. add firm

p.14 1.(a) add date(s) control device(s)
installed

1.(c) mark out "X" and initial

2.(a) if total perc purchased
less than 140 gal./yr. - facility
is small and #3 on page 14
and #4 on page 15 is correct;
if total perc purchased
equal to or between 140 -
2,100 gal./yr. - facility is
large and these two questions
should be corrected

p.15 5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Amlene, Inc.		
2. Site Name (For example, plant name or number):	Amlene Clean		
3. Hazardous Waste Generator Identification Number:	FLR 0000 10629		
4. Facility Location:	Street Address: 1317 Cape Coral Parkway City: Cape Coral County: LEE Zip Code: 33904		
5. Facility Identification Number (DEP Use):	0710147		

Responsible Official

6. Name and Title of Responsible Official:	Steven Mills Vice President - Amlene Inc.		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 4275A Okeechobee Blvd City: West Palm Beach County: Palm Beach Zip Code: 33409		
8. Responsible Official Telephone Number:	Telephone: (561) 689-5751 Fax: (561) 689-2082		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address: City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: (941) 945-0550 Fax: ()		

RECEIVED
AUG 5 0 1996

Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260902

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

RECEIVED
MAIL ROOM

FEB 19 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AMLENE INC
STEVEN MILLS
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

AIRS ID# 0710147

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>10/1/95</i>	<i>w. the all devices</i>						
(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?

150 gallons ** to start up new machine (fill). No perc purchased since startup 10/95.*

(b) If less than 12 months, how many? 11 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

*New
? large/small
66*

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
- ⑥ Start-up, shutdown, malfunction plan

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

8/27/96

Date

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Ad
✓

AMLENE INC
STEVEN MILLS
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409
AIRS ID#0710147

Do NOT Remove Label

Annual Reporting Period: 11/1/97 1997 TO 8/31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECEIVED

Exact period of non-compliance: from _____ to _____

JAN 20 1998

Action(s) taken to achieve compliance: _____

Bureau of Air Monitoring
& Mobile Sources

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: _____

[Handwritten Signature]
Name (Please Print)
Signature

Steven A. Mills
Signature
Print

11/2/98
Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Z 333 613 537

US Postal Service
Receipt for Certified Mail

AIRS ID# 0710147

AMLENE CLEAN
 STEVEN MILLS
 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

If also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0710147
 AMLENE CLEAN
 STEVEN MILLS
 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

4a. Article Number

Z 333 613 537

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

9 JUN 25

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

the right of

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code 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

JUN 29 1998

RECEIVED

9-6316





Department of Environmental Protection

Lawton Chiles
Governor

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

RECEIVED
JUN 29 1998
Virginia B. Wetherell
Secretary
Bureau of Air Monitoring
& Mobile Sources

LETTER OF NONCOMPLIANCE

AIRS ID# 0710147

TO: AMLENE CLEAN
STEVEN MILLS
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Steven A. Mills
Name (please print)

[Signature]
Signature

6/25/98
Date

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,



Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

AMLENE, INC.

4275A OKEECHOBEE BLVD.
W.P.B., FL 33409
Fax (561)689-2082 * Tel (561)689-5751

January 12, 1998

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Dept. of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

Re: 1317 Cape Coral Pkwy, Cape Coral, FL 33904
Facility ID No. 0710147

Please be advised that the above mentioned facility has been closed and all activities have ceased effective August 31, 1997.

Please update your records accordingly.

Sincerely;

Steven A. Mills
Vice-President

Encl Compliance Certificate form

copy

Best Available Copy

P 174 020 234

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
 Title V General Permit Office
 Bureau of Airs Monit./Mole MS5510
 Dept of Environ Protect
 2600 Blair Stone Rd
 Tallahassee FL 32399-2400

Postage \$

Certified Fee \$

Special Delivery Fee \$

Restricted Delivery Fee \$

Return Receipt Showing Whom & Date Delivered \$

Return Receipt Showing to Whom Data, & Addressee's Address \$

TOTAL Postage & Fees \$ 1.00

Postmark or Date

PS Form 3800, April 1995

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Title V General Permit Office
 Bureau of Airs Monit./Mole MS5510
 Dept of Environ Protect
 2600 Blair Stone Rd
 Tallahassee FL 32399-2400

4a. Article Number
 P 174 020 234

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 JAN 20 1998

5. Received By: (Print Name)

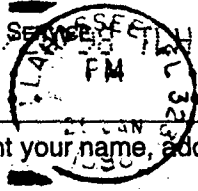
8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X

is your RETURN ADDRESS complete?

Thank you for using Return Receipt Service.

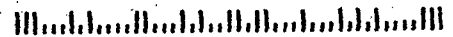
UNITED STATES POSTAL SERVICE SEFTLN FL



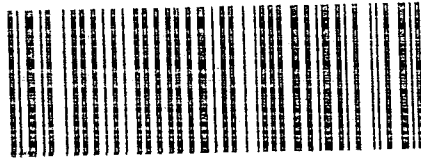
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

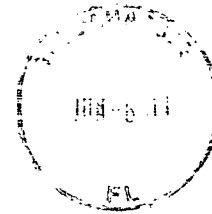
Amlene Inc
Amlene Clean
4275A Okeechobee Blvd
West Palm Beach, FL 33409



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0600 0026 4130 2928



RETURNED TO SENDER

INSUFFICIENT ADDRESS

NO SUCH NUMBER

UNCLAIMED REFUSED

ATTEMPTED NO SUCH STREET

VACANT

NO RECEIPTABLE ADDRESS

NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD

ROUTE NO. DATE CAP/INITIALS

RECEIVED
JUN 11 2001
Bureau of Air Monitoring
& Mobile Sources

10 AIRS ID # 0710147001AG
STEVEN MILLS
AMLENE CLEAN
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

BEACH STATION DEPARTMENT OF ENVIRONMENTAL PROTECTION

7000 0600 0026 4330 2928

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

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

Recip 10 AIRS ID # 0710147001AG
 Street STEVEN MILLS
 AMLENE CLEAN
 City, S 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

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:

10 AIRS ID # 0710147001AG
 STEVEN MILLS
 AMLENE CLEAN
 4275 A OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409

2. Article Number (Copy from service label)

7000 0600 0026 4330 2928

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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

P 265 302 185

US Postal Service
Receipt for Certified Mail

AMLENE INC
STEVEN MILLS
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

AIRS ID#: 0710147

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/14/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2.
- Complete items 3, 4, and 5.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AMLENE INC
STEVEN MILLS
4275 A OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

AIRS ID#: 0710147

4a. Article Number

P 265 302 185

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2/19/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.