

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

July 30 2001

Mr. Carlos Samaniego
Oakbrook Cleaners
16185 - 75th Way North
Palm Beach Gardens, Florida 33418

Re: Facility No.: 0990366-002

Dear Mr. Samaniego:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 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: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

sock

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 18 2001
Bureau of Air, Noise
& 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):	Eve-Ann Cleaning Corp.		
2. Site Name (For example, plant name or number):	OAKBROOK Cleaners		
3. Hazardous Waste Generator Identification Number:	(5095-0113P) FLD 981473846		
4. Facility Location: Street Address:	11402 U.S.I		
City:	County:	Zip Code:	
Palm Bch Gardens	Palm Bch	33408	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990366-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	CHARLOS SAMANIEGO Title: Pres.		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	16185 75th W North Palm Bch Gardens Palm Beach		
County:	Zip Code:		
Palm Beach	33418		
8. Responsible Official Telephone Number: Telephone:	561 747 4147 Fax: 561 747 0739		

Facility Contact (If different from Responsible Official)

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

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")
3/22/96	Existing/New	RC/CA/None required	SAME
_____	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?

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

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.

CARLOS SAMANIEGO

Print name of responsible official

Carlos Samaniego

Signature

Date

6/13/01

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 18 2001
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):	Evie-Ann Cleaning Corp.
2. Site Name (For example, plant name or number):	OAKBROOK Cleaners
3. Hazardous Waste Generator Identification Number:	(5095-0113P) FLD 981473846
4. Facility Location: Street Address: City: Palm Bch Gardens County: Palm Bch Zip Code: 33408	11402 U.S.I
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990366-002

Responsible Official

6. Name and Title of Responsible Official: Name: CARLOS SAMANIEGO Title: Pres.	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Palm Bch Gardens County: Palm Beach Zip Code: 33418	16185 75th W. No.
8. Responsible Official Telephone Number: Telephone: (561) 747 4147 Fax: (561) 747 0739	

Facility Contact (If different from Responsible Official)

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RECEIVED
JUL 2 2001
Bureau of Air Monitoring
& Mobile Sources

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How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
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*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

125 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

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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

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I will promptly notify the Department of any changes to the information contained in this notification.

CARLOS SAMANIEGO

Print name of responsible official

Carlos Samaniego

Signature

Date

6/13/01

Carlos Samaniego 6/28/01

Date: 1/17/06

To: Department of Environmental Protection
Title V Air General Permits
Receipts
P.O. Box 3070
Tallahassee, Fl. 32315-3070

From: NTD Incorporated
460 East Palmetto Park Road
Boca Raton, FL. 33432

Subject: AIRS ID# 990367 10

Dear Mr. Bruce Thomas

The NTD Incorporated was change D/B/A name as follow:

Change From: NTD Incorporated
D/B/A NU LOOK 1HR CLEANER #12
460 E. Palmetto Park Road
Boca Raton, FL. 33432

Change To: NTD Incorporated
D/B/A EAST BOCA CLEANER
460 E. Palmetto Park Road
Boca Raton, FL. 33432

Sincerely,

A handwritten signature in cursive script, appearing to read 'Thang Nguyen', with a long horizontal flourish extending to the right.

Thang Nguyen (president)

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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

AIRS ID# 990366 1stC
 OAKBROOK CLEANERS
 11402 US Hwy 1
 PALM BEACH GARDENS, FL 33408

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2861

PLACE STICKER AT TOP OF ENVELOPE TO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery <u>2-7-08</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID# 990366 1stC OAKBROOK CLEANERS 11402 US Hwy 1 PALM BEACH GARDENS, FL 33408 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">7004 2510 0002 3939 2861</div>

OF THE RETURN ADDRESS, ETC.

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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING
& MOBILE SOURCES

FEB 21 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458218 JAN19 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

990367 10
~~NU LOOK 1 HR CLEANER #12~~
460 E Palmetto Park Road
BOCA RATON, FL 33432

*Please change
to East Boca
Cleaner*

RECEIVED
JAN 23 2006
Bureau of Air Monitoring & Mobile Sources
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

457447 DEC29 2005

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

990366 10
OAKBROOK CLEANERS
11402 US Hwy 1
PALM BEACH GARDENS, FL
33408

Bureau of Air Monitoring & Mobile Sources
RECEIVED
DEC 29 2005

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.

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	
AIRS ID#0970066	
Sent	LOVE DRY CLEAN ANTHONY J FORTE
Street or PO	1125 E VINE STREET
City	KISSIMMEE FL 34741
PS Form 3811, March 2001 Instructions	

7001 0320 0001 7976 4665

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:

LOVE DRY CLEAN
ANTHONY J FORTE
1125 E VINE STREET
KISSIMMEE FL
34741

AIRS ID#0970066

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 4665

COMPLETE THIS SECTION ON DELIVERY

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

K. Gaull
Signature 2/19/03

Agent
 Addressee

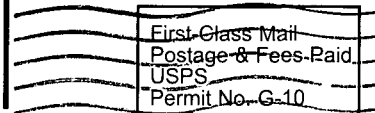
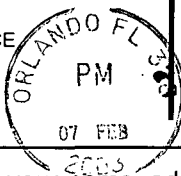
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421040 DEC23 2002

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#0990366

OAKBROOK CLEANERS
CARLOS SAMANIEGO
11402 US 1
PALM BEACH GARDENS FL
33408

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A
Fund: 20-2-03500
Obj.: 002273

RECEIVED
JAN 02 2003
Bureau of Administration
& Mobilization



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412809 JAN 9 2002

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 # 0990366

OAKBROOK CLEANERS
CARLOS SAMANIEGO
11402 US 1
PALM BEACH GARDENS FL
33408

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434686 DEC 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

990366
CARLOS SAMANIEGO
OAKBROOK CLEANERS
11402 US 1
PALM BEACH GARDENS FL 33408

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

RECEIVED
DEC 29 2003
Bureau of Air Monitoring
& Mobile Sources

HERE)

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445334 FEB 7 2005

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# 990366 10
OAKBROOK CLEANERS
11402 US Hwy 1
PALM BEACH GARDENS, FL 33408

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

RECEIVED
FEB 9 2005
Bureau of Air Monitoring
& Mobile Sources