

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. Ralph Ronzoni Lake Ida Cleaners 600 North Congress Avenue Delray Beach, Florida 33445

Re: Facility No.: 0990373-002

Dear Mr. Ronzoni:

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.

0990373-002

pl6 (de) Required

DEP R	OUTING AND TRANSMITTAL SLIP
TO: (NAME, OFFICE, LOCATION)	3
1	4
2	5
PLEASE PREPARE REPLY FOR:	COMMENTS:
SECRETARY'S SIGNATURE	
DIV/DIST DIR SIGNATURE	
MY SIGNATURE	
YOUR SIGNATURE	
DUE DATE	
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

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

RONZONI ENTERPRISES , INC.	
2. Site Name (For example, plant name or number):	
LAKE IDA CLEANERS	
3. Hazardous Waste Generator Identification Number:	
50-73-01460	
4. Facility Location: Street Address: 600 No Coneress Ave	
Cien D.C.: Once P.C. and Commen	
FLORIDA.	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
The large a is a constant form a	<i>U</i> :
Responsible Official	
6. Name and Title of Responsible Official:	
Name: RALPH RONZON; Title: PRES.	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 600 No. Coneress Ave.	
City: DELRAY BEACH County: PALM BEACH CTY Zip Code: 33445	
8. Responsible Official Telephone Number:	
Telephone: $(561)278 - 414$, Fax: $(561)272 - 4974$	
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: () - Fax: () -	

DEP Form No. 62-213.900(2)

Facility Name and Location

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 Status Control Device Required* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") 12/8/91 (Existing)/New (RC/CA/None required SAME 8/3/93 SAME Existing New (RC/CA/None required RC/CA/None required Existing/New *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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (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? [**280**] 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

DEP Form No. 62-213.900(2)

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 [X] New machines at large area source Refrigerated condenser [X]
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 No such units on-site X OR SINCE NATURAL GAS IS UNAVAILABLE AT LOCATION; PROPANE IS USED EXCLUSIVELY.
How many boilers do you have on-site? [2]
For each boiler, indicate its horsepower (HP) rating: [25] [10]
What type of fuel do you use? [] 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

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
ك	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0990373
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	ne of responsible official
Signature	e forgoni de /13/01 Date

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RECEIVED

TJUN 2 9 2001

Bureau of Air Monitorina & Mobile Sources

Facility Name and Location

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Monitoring ources

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 general to the address listed in the instructions and leave a copy of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	RONZONI ENTERPRISES INC.				
2.	Site Name (For example, plant name or number):				
	LAKE IDA CLEANERS				
3.	Hazardous Waste Generator Identification Number:				
	50-73-01460				
4.	Facility Location:				
	Street Address: LOO NO CONEREST AVE City: DELRAY BEACH County: Que Of Zip Code: 331445				
	City: DELRAY BEACH County: PALM BEACH CTY Zip Code: 33445				
. 5.	Facility Identification Number (DEP Use ONLY - do not fill in):				
	0990373-002				
	sponsible Official				
	Name and Title of Responsible Official: me: RAIRH RONZON Title: PRESS				
INAL	me: RALPH RONZOW; Title: PRES-				
7.	1				
	Organization/Firm:				
	Street Address: 600 No Concress Ave.				
	City: DELRAY BEACH County: PALM BEACH CTY Zip Code: 33445				
8.					
	Telephone: $(561) 278 - 414$, Fax: $(561) 272 - 4974$				
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Fac	cility Contact (If different from Responsible Official)				
	Name and Title of Facility Contact (For example, plant manager):				
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. 11	Facility Contact Telephone Number				
11:	Facility Contact Telephone Number: Telephone: () - Fax: () -				

DEP Form No. 62-213.900(2)

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For each dry-to-dry mad	chine on-site, pleas	e provide the following information	
Date Initially Purchased From Manufacturer	l Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time o purchase, write "SAME")
12/8/91	Existing/Ne	ew RC/CA/None required	SAME
8/3/93	Existing (Ne	ew RC/CA/None required	SAME
	Existing/Ne	ew RC/CA/None required	e e e e e e e e e e e e e e e e e e e
*CONTROL DEVICE	KEY: RC = r	efrigerated condenser CA =	= carbon adsorber
l.(b) TRANSFER MA	CHINES ONLY		
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DEP Form No. 62-213.900(2)

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 X	
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".)	
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Existing machines at large area source Carbon adsorber Refrigerated condenser X New machines at large area source Refrigerated condenser X	
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. [X] OR SINCE WATUCAL GAS IS UNAVAILABLE No such units on-site	-
How many boilers do you have on-site? [2]	
For each boiler, indicate its horsepower (HP) rating: [25] [10]	
What type of fuel do you use? [
6. Equipment Monitoring and Recordkeeping Information	
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(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Startup, shutdown, malfunction plan	
A to the state of	

DEP Form No. 62-213.900(2) Effective: 2/24/99

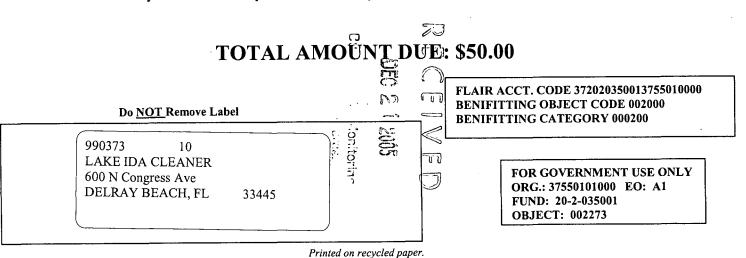
	7. Surrender	of Existing DEP Air Permit(s)	
	Please indica	te with an "X" the appropriate selection:	
(F)		I hereby surrender all existing DEP air permits authorizing operation of the facility indicated this notification form; the permit number(s) are	in
	ٺ	No DEP air permits currently exist for the operation of the facility indicated in this notification form.	'n
		·	
•	Responsible	Official Certification	
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	this notif statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed fication. I hereby certify, based on information and belief formed after reasonable inquiry, that its made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form comptly notify the Department of any changes to the information contained in this notification.	the
	RA	PLPH RONZON;	
ł	Print nan	ne of responsible official	
	Signature	Date	

DEP Form No. 62-213.900(2) Effective: 2/24/99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

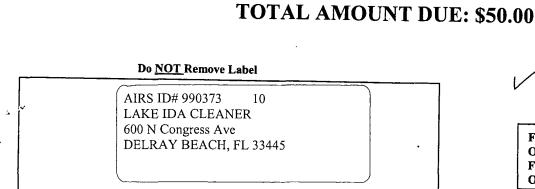
456993 DEC19205

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



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.



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

LAKE IDA CLEANER RALPH RONZONI 600 N CONGRESS AVE DELRAY BEACH FL 33445

AIRS ID#0990373

Org.: 37550164000 EO: A1 Fund: 20-2-035001

421179 DEC30 2002

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435579 JAN222014

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

990373 RALPH RONZONE LAKE IDA CLEANER 600 N CONGRESS AVE DELRAY BEACH FL 33445

FOR GOVERNMENT USE ONLY Org.: 37550101000\ EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413451 JAN24 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 # 0990373

LAKE IDA CLEANER RALPH RONZONI 600 N CONGRESS AVE DELRAY BEACH FL 33445

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273