



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 5, 2003

Mr. Daniel Hanley
Boca Greens Cleaners & Tailors
19575 South State Road 7
Boca Raton, Florida 33498

Re: Facility No.: 0990387-003

Dear Mr. Hanley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 31, 2003.

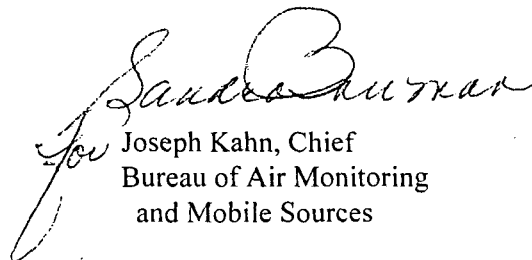
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

4/4/03

Spoke with Barry Reisher, owner and he stated
he will resubmit form with changes after it is
typed to facilities

New Owner

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 31 2003
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): 441 DRY CLEANERS INC
2. Site Name (For example, plant name or number): BOCA GREENS CLEANERS & TAILORS
3. Hazardous Waste Generator Identification Number: FLD 984244145
4. Facility Location: Street Address: 19575 S. ST RD 7 City: BOCA RATON County: PALM BEACH Zip Code: 33498
5. Facility Identification Number (DEP Use ONLY - do not fill in) 0990387-003

Responsible Official

6. Name and Title of Responsible Official: Name: DANIEL HAWLEY Title: MANAGER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: Boca Greens Cleaners City: 19575 S. State Road 7 Boca Raton, Florida 33498 Zip Code:
8. Responsible Official Telephone Number: Telephone: (561) 479-2161 Fax: (561) 479-4470

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: () -

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")
<u>1991</u>	Existing/New	<input checked="" type="radio"/> RC/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?

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 _____)

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")
<u>1991</u>	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	<u>SAME</u>
_____	Existing/New	RC / <input type="radio"/> CA / None required	_____
_____	Existing/New	RC / <input type="radio"/> CA / None required	_____

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1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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_____	Existing/New	RC / <input type="radio"/> CA / None required	_____
_____	Existing/New	RC / <input type="radio"/> CA / None required	_____
_____	Existing/New	RC / <input type="radio"/> CA / None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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

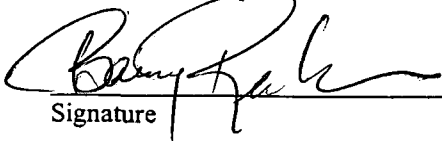
Responsible Official Certification

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.

BARRY KEISCHER (PRES)

Print name of responsible official



Signature

3/01/03

Date



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 4/4/2003

TO: Barry Reischer

PHONE: 561-479-2161

FAX: 561-479-4970

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Responsible Official

CC: _____

Total number of pages including cover sheet: 5

Message

Mr. Reischer,

Place your name and title (#6 page 14) under the
Responsible Official information. Thank you!

Rick Butler

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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RECEIVED
MAR 31 2003
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 4 2003

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	441 DRY CLEANERS INC
2. Site Name (For example, plant name or number):	BOCA GREENS CLEANERS & TAILORS
3. Hazardous Waste Generator Identification Number:	FLD 984244145
4. Facility Location:	19575 S. STATE RD 7
Street Address:	BOCA RATON
City:	BOCA RATON County: PALM BEACH Zip Code: 33498
5. Facility Identification Number (DEP USE ONLY)	

Bureau of Air Monitoring
& Mobile Sources

6. Name and Title of Responsible Official	BARRY REISCHER	OWNER
Name:	DANIEL HAWLEY	Title: MANAGER
7. Responsible Official Mailing Address:	Organization/Firm: Boca Greens Cleaners	
Street Address:	19575 S. State Road 7	
City:	Boca Raton, Florida	Zip Code: 33498
8. Responsible Official Telephone Number:	Telephone: (561) 479-2161	Fax: (561) 479-4970

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: ()	

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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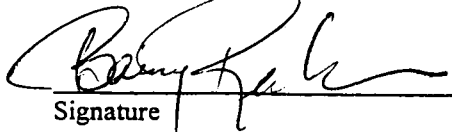
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I will promptly notify the Department of any changes to the information contained in this notification.

BARRY KEISCHER PRES

Print name of responsible official


Signature

3/01/03
Date

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

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. 466241 DEC182006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990387
441 DRY CLEANERS INC ✓
19575-16 South State Road 7
BOCA RATON, FLORIDA 33498

Bureau of
& Mobile Sources
All MORTGAGE

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

459742 MAR 6 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

Refund pd 2/6

Do **NOT** Remove Label

AIRS ID# 990387 1st
BOCA GREEN CLEANERS &
TAILORS
19575-16 South State Road 7
BOCA RATON, FL 33498

Burda, Jr. Air Monitoring
& Mobile Sources

MAR 08 2006

RECEIVED

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

458776 FEB 9 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

990387 10
BOCA GREEN CLEANERS & TAILORS
19575-16 South State Road 7
BOCA RATON, FL 33498

BUREAU OF AIR MAIL
1. MARIANA SQUARE

FEB 13 2006

RECEIVED

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.

443999 JAN 3 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990387 10
BOCA GREEN CLEANERS & TAILORS
19575-16 South State Road 7
BOCA RATON, FL 33498

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

Printed on recycled paper.

RECEIVED
JAN 4 2005
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434636 DEC22 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

990387
~~ALICE CHAN~~ *BARRY REISCHER*
BOCA GREEN CLEANERS & TAILORS
19575-16 SOUTH STATE ROAD 7
BOCA RATON FL 33498

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