



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 22, 2008

Mr. Denise Roeser
Cocoanut Palm Cleaners
1714 North Dixie Highway
Boynton Beach, Florida 33460

Re: Facility No.: 0990427-004

Dear Mr. Roeser:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 11, 2008.

Pursuant to Florida Statutes section 403.814(1), authority to operate under general permits commences thirty days after receipt of the notification form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Jeffery Dizek, Palm Beach County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES
SOC REPORTS 3.....
COMP. STATUS - SNC MNC (IN)

*INSP - Ins 2 - compliance inspection
walkthrough
INSP - Palm Beach Co - JDizek*

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
 MAR 11 2008
 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):	Lyn Lee Limited (DENISE ROESER)
2. Site Name (For example, plant name or number):	Cocconut Palm Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	Hwy 1714 N Dixie County: Palm Bch Zip Code: 33460
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990427-004

Responsible Official

6. Name and Title of Responsible Official: Name:	Denise Roeseer	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Palm Bch County 2701 SW 6th St Bornton Bch FL	County:	33460 Zip Code: 33460
8. Responsible Official Telephone Number: Telephone:	(561) 559-7080	Fax:	() -

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:	N/A - County: Zip Code:
11. Facility Contact Telephone Number: Telephone:	() - Fax: () -

Facility Information

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

Back of machine

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")
1998	Existing	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?

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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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: motor

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.

DENISE BOESER

Print name of responsible official

Denise Boeser

Signature

3-5-08

Date

SENDER: COMPLI

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOR POSTED MAIL

DELIVERY

- 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:

MR CLARENCE ROESER
COCONUT PALM CLEANERS
1714 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460

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

C. Signature

Clarence Roeser

Agent
 Addressee

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

FEB 21 2008

3. Service Type

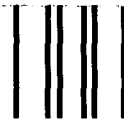
- Certified Mail™ Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4128 8741

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 •

FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
BOB MARINEZ BUILDING
2600 BLAIR STONE ROAD MS 5510
TALLAHASSEE FLORIDA 32399-2400

Att: Sandy Bouman

RECEIVED
FEB 25 2008
Bureau of Air, Wildlife
& Mobile Sources





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Addressee Copy
Label 11-B, March 2004

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ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 554	Day of Delivery	Postage	
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	\$	
Date Accepted 3/11	Scheduled Date of Delivery	Return Receipt Fee	
	Month Day	\$	
Mo. Day Year	Scheduled Time of Delivery	COD Fee	Insurance Fee
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	\$
Flat Rate <input type="checkbox"/> or Weight	Military	Total Postage & Fees	
	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$	
lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials	

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Mo. Day		
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day		
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. 3 Day 11	189	

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

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3615...

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