

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

August 6, 2001

Mr. Clarence Roeser
Cocoanut Palm Cleaners
3010 Westwood Lane
Boynton Beach, Florida 33435

Re: Facility No.: 0990427-002

Dear Mr. Roeser:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 2001.

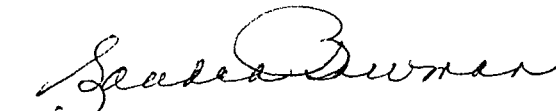
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Fee Paid
SOC 0
Completed IN

Buzz Roeser

NOTE:

IN BUSINESS PALM BCH COUNTY
15 YRS. - HAD TO MOVE TO NEW
LOCATION DUE TO STATE OF
FLORIDA PURCHASING PROPERTY
FOR ROAD EXPANSION AT
OUR OLD LOCATION AT:

4413 SOUTHERN BLVD
W.P.B. FLORIDA 33406

PLEASE TRANSFER OR
ISSUE NEW PERMIT

ALL THE SAME EQUIPMENT
WAS TRANSFERED.

Thank you
Buzz Roeser

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 20 2002
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): <i>LYNLEE LTD INC DBA COCOANUT PALM CLEANERS</i>
2. Site Name (For example, plant name or number): <i>COCOANUT PALM CLEANERS</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>1714 NO-DIXIE HWY</i> City: <i>LAKE WORTH</i> County: <i>PALM BEACH</i> Zip Code: <i>33460</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>09904217-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>CLARENCE C. ROESER</i> Title: <i>SECTY/TRENS.</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1714 NO. DIXIE HWY</i> City: <i>LAKE WORTH</i> County: <i>PALM BEACH</i> Zip Code: <i>33460</i>
8. Responsible Official Telephone Number: Telephone: <i>(561) 585-1890</i> 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: 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")
_____	Existing/ <u>New</u>	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?

105 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 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:

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.

Print name of responsible official

Signature

Date

5/22/02

RECEIVED

MAY 28 2002

Bureau of Air Monitoring
& Mobile Sources

Sandy Bowman,

Please transfer our Title V Air General
Permit to our new location.
0990427-002

Old Location: Coconut Palm Cleaners
4413 Southern Blvd.
West Palm Beach, Fl., 33406

New Location: Coconut Palm Cleaners
1714 North Dixie Hwy.
Lake Worth, Fl. 33460

Please all Mailing to.
3010 Westwood Lane
Boynton Beach, Fl., 33435

Clarence C. Roever
for any questions I can be reached at:
561-736-9227
or
FAX-561-742-3387



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 6, 2001

Mr. Clarence Roeser
Cocoanut Palm Cleaners
3010 Westwood Lane
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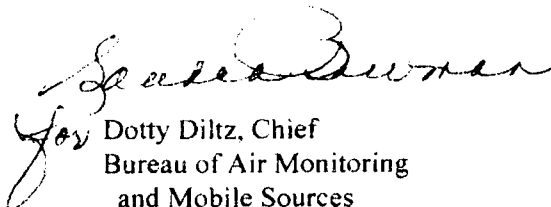
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Sincerely,


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.

0990427-002

p15

1(a) Circle Control Device Required

RC or CA

add Date Control Device installed.

p16

4. New machine at small area source should be marked. Mark with "X" and initial Existing machines at small area source.

6(e) Required. Should be marked.

p17

Responsible official sign and date for

changes made.

7/14/01 Spoke to Mr. Roeser and he stated the 1997 machine contains a built-in refrigerated condenser.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

CC To:

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 28 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): <i>LYNLEE LTD INC. DBA COCOANUT PALM CLEANERS</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>439320 PERMIT NUMBER 50-73-01010</i>
4. Facility Location: Street Address: City: <i>4413 SOUTHERN BLVD WEST PALM BEACH, FL</i> County: <i>PALM BEACH</i> Zip Code: <i>33406</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0990421-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>C. LARENCE ROESER</i> Title: <i>SECY/TREAS.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>COCOANUT PALM CLEANERS</i> Street Address: <i>3010 WESTWOOD LN</i> City: <i>BOYNTON BEACH</i> County: <i>PALM BEACH</i> Zip Code: <i>33435</i>
8. Responsible Official Telephone Number: Telephone: <i>(561) 736-9227</i> Fax: () - <i>561 689-0380-WORK</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME AS # 6</i>
10. Facility Contact Address: Street Address: <i>SAME AS # 4</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: <i>(561) 689-0380</i> Fax: () -

Facility Information

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How many dry-to-dry machines do you have on-site?

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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>12-5-1997</u>	Existing <u>New</u>	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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1.(b) TRANSFER MACHINES ONLY

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_____	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?

95 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.)

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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".)

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <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 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"/> |

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 No. 6 fuel oil Other (please list) _____

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

CLARENCE ROESER
Print name of responsible official

Clarence Roeser
Signature

6-20-2001
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412630 DEC21 2001

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 # 0990427
COCOANUT PALM CLEANERS
CLARENCE C ROESER
3010 WESTWOOD LANE
BOYNTON BEACH FL
33435

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

COCOANUT PALM CLEANERS,
4413 Southern Blvd.
West Palm Beach, Fla. 33406
689-0380



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421990 JAN21 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

AIRS ID#0990427
COCOANUT PALM CLEANERS
CLARENCE C ROESER
1714 NORTH DIXIE HWY
LAKE WORTH FL
33460

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

Bureau of
& Mobile Support

JAN 24 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466207 DEC182006

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# 990427
LYNLEE LTD INC
1714 North Dixie Highway
LAKE WORTH, FLORIDA 33460

Bureau of Air Monitoring
& Mobile Sources

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

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COCOANUT PALM CLEANERS
361 South County Road
Palm Beach, Florida 33480

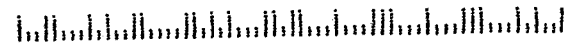
WEST PALM BEACH
FL 334
15 DEC 2006 PM 5 T

PAID
100.00

POSTAGE
REQUIRED

TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 BO99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458503 JAN30 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

FILED
FEB 01 2006
Bureau of
& Wildlife

Do **NOT** Remove Label

990427 10
COCOANUT PALM CLEANERS
1714 North Dixie Highway
LAKE WORTH, FL 33460

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

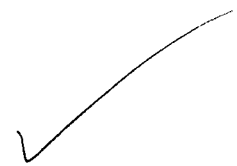
Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443443 DEC17 2004

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# 990427 10
COCOANUT PALM CLEANERS
1714 North Dixie Highway
LAKE WORTH, FL 33460

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

434148 DEC11 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

990427
CLARENCE ROESER
COCOANUT PALM CLEANERS
1714 NORTH DIXIE HWY
LAKE WORTH FL 33460

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

Bureau of Air Monitoring
& Health Services

DEC 11 2003