

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 28, 2006

Mr. Royce Rydlun
Ferguson Ridge Cleaners
1302 Lake Avenue
Lake Worth, Florida 33460

Re: Facility No.: 0990428-003

Dear Mr. Rydlun:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 23, 2006.

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.

COMP. STATUS - SNC MNC IN
EMISSION FEE DATES 196-2005
NO ACTIVITY FOR FACILITY.....
SOC REPORTS 5.....

COMP. STATUS - SNC MNC IN
Insp - Palm Beach Co - A. Setyal
TRPT - SOC R - Statement of Compliance
Report (4/18/2006)

RECEIVED

JUN 23 2006

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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): Royce Rydlun
2. Site Name (For example, plant name or number): Ferguson Ridge Cleaners
3. Hazardous Waste Generator Identification Number: Permit # 50-73-01011
4. Facility Location: Street Address: 1302 Lake Avenue City: Lake Worth County: Palm Beach Zip Code: 33460
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990428-003 428

Responsible Official

6. Name and Title of Responsible Official: Name: Royce Rydlun Title: owner
7. Responsible Official Mailing Address: Organization/Firm: Ferguson Ridge Cleaners Street Address: 1302 Lake Avenue City: LAKE WORTH County: Palm Beach Zip Code: 33460
8. Responsible Official Telephone Number: Telephone: (561) 586-4411 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")
12/1992	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".)

- | | |
|--|--|
| <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? 1

For each boiler, indicate its horsepower (HP) rating: 20

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:

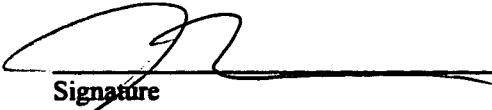
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Royce Rydlen
Print name of responsible official


Signature

6/20/06
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

Dibble, Dickson

From: Dibble, Dickson
Sent: Friday, September 05, 2008 8:46 AM
To: 'Jeffrey_Dizek@doh.state.fl.us'
Cc: Bowman, Sandy; Thomas_Tittle@doh.state.fl.us
Subject: RE: Airs # 0990428

Tracking:	Recipient	Delivery
	'Jeffrey_Dizek@doh.state.fl.us'	
	Bowman, Sandy	Delivered: 9/5/2008 8:46 AM
	Thomas_Tittle@doh.state.fl.us	

Jeff,

Thank you for your quick reply.

I am sorry, but based on the results which you have described below, we cannot change the facility status to INACTIVE. It is standard procedure that a facility must disconnect and remove the PERC DC equipment and remove all PERC from the permitted facility and premises before we can change the facility status to INACTIVE.

Thanks,

Dick

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 Tel. (850) 921-9586
 FAX (850) 922-6979
 ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Jeffrey_Dizek@doh.state.fl.us [mailto:Jeffrey_Dizek@doh.state.fl.us]
Sent: Friday, September 05, 2008 8:32 AM
To: Dibble, Dickson
Cc: Bowman, Sandy; Thomas_Tittle@doh.state.fl.us
Subject: RE: Airs # 0990428

Yes.

9/5/2008

All perc has been removed from the machine. I verified this during the inspection and thru Hazardous Waste manifests. The machine remains onsite but the owner has agreed not to use the machine at all. If he wishes to use the machine in the future the owner was told to contact us at least 30 days prior to re-starting operations and we will re-permit. Owner agreed to these terms.

Jeff

Jeffrey Dizek
Environmental Specialist II
Palm Beach County Health Department
(561) 355-3070 EXT.1145

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: Friday, September 05, 2008 8:04 AM
To: Dizek, Jeff
Cc: Bowman, Sandy; Tittle, Thomas A
Subject: RE: Airs # 0990428

Jeff,
 There is no indication on your inspection report or in your e-mail that the PERC DC machine and the PERC have been removed from the facility. Can you confirm before I change the status to INACTIVE?
 Thanks,

Dick

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 Tel. (850) 921-9586
 FAX (850) 922-6979
 ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

From: Jeffrey_Dizek@doh.state.fl.us [mailto:Jeffrey_Dizek@doh.state.fl.us]
Sent: Thursday, September 04, 2008 1:21 PM

9/5/2008

To: Dibble, Dickson

Cc: Thomas_Tittle@doh.state.fl.us

Subject: Airs # 0990428

Dick,

please make the following facility Inactive. They are now a Drop Store only.

Airs #- 0990428

Ferguson Ridge

1302 Lake Ave.

Lake Worth, Fl 33460

Thanks

Jeff

Jeffrey Dizak

Environmental Specialist II

Palm Beach County Health Department

(561) 355-3070 EXT.1145

size=2 width="100%" align=center>

Spam

Not spam

Forget previous vote

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.

475644 JUL 22 2007

Duplicate Payment
1st Payment Rec'd - 5/17/07

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#990428
FERGUSON RIDGE
1302 Lake Ave
LAKE WORTH, FLORIDA 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

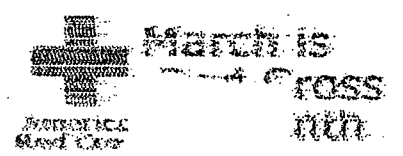
Bureau of Air Monitoring
& Mobile Sources
JUL 05 2007

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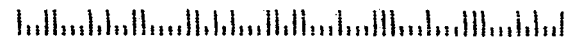
REFUND REQ # 15411 - 7/6/07

*From Ferguson Ridge
1302 Lake Ave
Lake Worth FL 33460*

WEST PALM BEACH
FL 334
JUL 20 2007 PM 1 1



*Title V Air General Permit
P.O. Box 3070
Tallahassee FL 32315*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

474176 MAY 7 2007

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

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID#990428
FERGUSON RIDGE
1302 Lake Ave
LAKE WORTH, FLORIDA 33460



RECEIVED
MAY 08 2007
U.S. MAIL
e Mailbox Source

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.

WEST PALM BEACH
FL 334 21
02 MAY 2007 PM

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

32315-3070-3099
32315-3070-3099

