

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 27, 2001

Mr. Steve Jennings
Dry Clean Alterations, Inc.
1398 Northwest Fourth Street
Boca Raton, Florida 33486

Re: Facility No.: 0990490-002

Dear Mr. Jennings:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 5, 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,

Rich Butler
for 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.

FAX# 561-392-4254

11/26/ called and left message 561-392-3515

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Radiant Leather Care Inc.	
2. Site Name (For example, plant name or number): Radiant Leather Care Inc. / Dry Clean Alternatives Inc.	
3. Hazardous Waste Generator Identification Number: FLD984258103	
4. Facility Location: Street Address: City: Riviera Bch. County: Palm Beach Zip Code: 33404	

RECEIVED
DEC - 5 '01
Bureau of Air Monitoring
& Waste Services

0990490-002

Responsible Official	
6. Name and Title of Responsible Official: Name: Steve Jennings Title: President	
7. Responsible Official Mailing Address: Organization/Firm: 1965 W 9 St. 1398 NW 4 St (Home) Street Address: City: Boca Raton County: Palm Bch Zip Code: 33486	
8. Responsible Official Telephone Number: Telephone: (561) 756 0189 Fax: (561) 841-0619	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Steve Jennings	
10. Facility Contact Address: Street Address: 1965 W 9 St. City: Riviera Bch County: Palm Bch Zip Code: 33404	
11. Facility Contact Telephone Number: Telephone: (561) 783-3322 Fax: (561) 841-0619	

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.

Steven S Jennings
Print name of responsible official

SSJ
Signature

11/3/01
Date

RECEIVED
NOV - 7 2001
Bureau of Air Monitoring
& Mobile Sources

- 1) Radiant Leather Care Inc.
- 2) Dryclean Alternative
- 3) ? new owner
- 4) 1965 W 9 St. Riviera Bch Fl, 33404
- 5) Steve Jennings
- 6) 1398 NW 4 St. Boca Raton Fl. 33486
- 7) Home 561 392 3515 - cell 561 756 0189
- 8) David Jennings 866 783 3322

RADIANT LEATHER CARE, INC
1965 W. 9th STREET
RIVERIA BEACH, FL 33404

Steven Jennings
1398 NW 4th Street
Boca Raton, Fl 33486

AIRS ID# 0990490-002

RECEIVED
NOV - 7 2001

Bureau of Air Monitoring
& Water Services

Facility Information

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

How many dry-to-dry machines do you have on-site? 2

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>1-1-90</u>	<u>Existing</u> /New	RC/CA/None required	<u>SAME</u>
<u>8-01-01</u>	Existing/ <u>New</u>	RC/CA/None required	<u>9-13-01</u>
<u>—</u>	Existing/New	RC/CA/None required	<u>—</u>

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? NA

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

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")
<u> </u>	Existing/New	RC/CA/None required	<u> </u>
<u> </u>	Existing/New	RC/CA/None required	<u> </u>
<u> </u>	Existing/New	RC/CA/None required	<u> </u>

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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months? NA

0 gallons (You must fill this in)

(b) If less than 12 months, how many? 0 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.

Steve Jennings

Print name of responsible official

St S W

Signature

9/18/01

Date

Attn. Rick Butler
Fl. Dept. of Enviro. Protection -

From: Steve Jennings
Radiant Leather Care Inc.
Dryclean Alternative Inc

Cell 561 756 0189

Fax 561 841 0619

Ref. Revision to Info

Rick,
Sorry could not get fax sent last night

Thanks
Steve

1 of 3 pages

RECEIVED
DEC - 5 2005
Bureau of Air Monitoring
& Mobile Sources



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: Nov. 27, 2001

TO: Steve Jennings

PHONE: 561-392-3515

FAX: 561-392-4254

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Permit Notification

CC: _____

Total number of pages including cover sheet: 7

Message

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

0990490
file

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRYCLEAN ALTERNATIVE, INC DATE: 9/16/02

FACILITY LOCATION: 1965 W. 9TH STREET
RIVIERA BCH, FL 33404

Annual Reporting Period: 1-1- 2001 TO 12-31- 2002

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. DEP Rule YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance: _____

*Awaiting
E-Mail
9-23*

Exact period of non-compliance: from Sept. 1st 2001 to Sept 1 2002

Action(s) taken to achieve compliance: Replace old Pers machine

Method used to demonstrate compliance: Full Containment on machine
Air Regenerating carbon sniffer

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: _____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Steve Jennings St S/n 9-1-02
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

RECEIVED

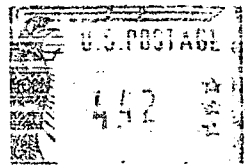
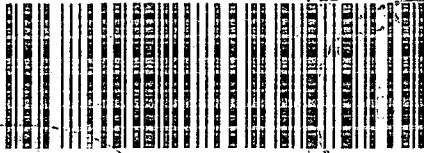
SEP 27 2007

Bureau of Air Monitoring
& Mobile Sources

MS# 5510 MC Acct # 5521

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7003 2260 0003 5500 0182

UAA 2/24

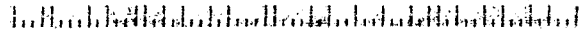
Jennings

ID# 990490
STEVEN JENNINGS
ONE PRICE DRYCLEANING
1398 NW 4TH STREET
BOCA RATON, FL 33486

1st Notice
2nd Notice
Return

RECEIVED
FEB 20 2004
Bureau of Air Monitoring
& Mobile Sources

32399-2400 01
22486+2202 44

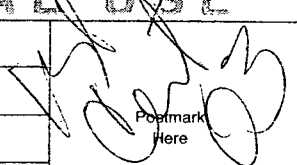


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>ID# 990490 STEVEN JENNINGS ONE PRICE DRYCLEANING 1398 NW 4TH STREET BOCA RATON, FL 33486</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number **7003 2260 0003 5650 8182**
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0003 5650 8182

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
ID# 990490 STEVEN JENNINGS ONE PRICE DRYCLEANING 1398 NW 4TH STREET BOCA RATON, FL 33486	
PS Form 3800, June 2002 See Reverse for Instructions	

5510

5621

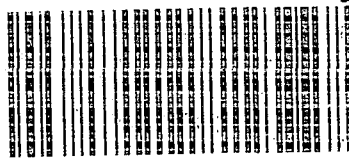
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

AC5521

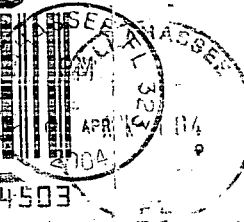
BAMMS/BCO
JOEY ROBERTS
5510

MARKS ID # 990490
ONE PRICE DRY CLEANING
STEVEN JENNINGS
1398 NW 1ST STREET
BOCA RATON, FL 33486

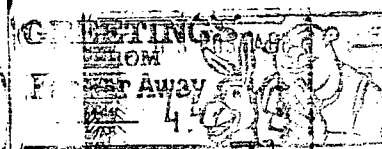
CERTIFIED MAIL



7003 0500 0004 0144 4503



NAME _____
1st Notice _____
2nd Notice _____
RETURN _____



RECEIVED
APR 7 2004
Bureau of Air
& Noise
Control
NO RECEIPT
ADDRESS
VACANT
NO SUCH STREET
ATTEMPTED NOT KNOWN
UNDELIVERED REFUSED
NO SUFFICIENT ADDRESS
RETURN TO SENDER



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: AIRS ID # 990490 ONE PRICE DRYCLEANING STEVEN JENNINGS 1398 NW 4TH STREET BOCA RATON, FL 33486 AIRS ID # 000500	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number: (Transfer)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes	
7003 0500 0004 0144 4503		

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our Website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Post AIRS ID # 990490

Sent To ONE PRICE DRYCLEANING
STEVEN JENNINGS
1398 NW 4TH STREET
BOCA RATON, FL 33486

Street, Apt. or PO Box #
City, State, ZIP+4® #990490

PS Form 3800, June 2002 See Reverse for Instructions

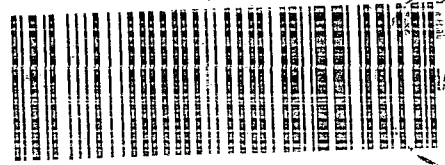
7003 0500 0004 0144 4503

MS# 5510 MC Acct # 5521

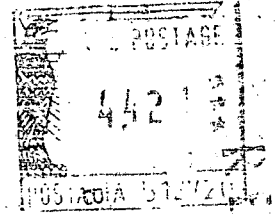
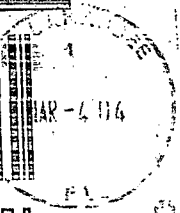
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

1st Notice
2nd Notice
Return

CERTIFIED MAIL



7003-0500 0004 0144 8198



AIRSID #990490
STEVEN JENNINGS
ONE PRICE DRYCLEANING
1398 NW 4TH STREET
BOCA RATON, FL 3348

MAN

- RETURNED TO SENDER
- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED
- ATTEMPTED - NOT KNOWN
- NO SUCH STREET
- VACANT
- NOT RECEPTACLE ADDRESS TO FOREIGN ROUTE

DEPT OF AIR MONITORING
Tallahassee, FL 32399

MAR 15 2004

RECEIVED

SENDER COMPLETE THIS SECTION

- 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:

AIRS ID # 990490

STEVEN JENNINGS
 ONE PRICE DRYCLEANING
 1398 NW 4TH STREET
 BOCA RATON, FL 33486

2. Article Number

Trans

7003 0500 0004 0144 8198

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7003 0500 0004 0144 8198

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		

2 *WJ*
 Postmark Here *2003*

AIRS ID # 990490

Total Post
 Sent To STEVEN JENNINGS
 ONE PRICE DRYCLEANING
 1398 NW 4TH STREET
 BOCA RATON, FL 33486
 Street, Apt. or PO Box
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions