

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

April 21, 2005

Mr. Scott Luong
Rio Cleaners
8128 Glades Road
Boca Raton, Florida 33434

Re: Facility No.: 0990503-003

Dear Mr. Luong:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 15, 2005.

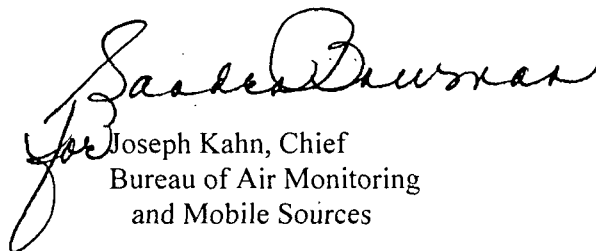
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

EMISSION FEE DATES ¹⁹⁹⁷⁻²⁰⁰⁴.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS ¹.....
COMP. STATUS - SNC MNC ^(IN)
_{2/16/2005}

L & N ENTERPRISES OF SOUTH FLORIDA, INC
D/B/A RIO CLEANERS
8128 GLADES ROAD
BOCA RATON, FL 33434
(561) 477-7567

April 15, 2006

Title V Air General Permits
Receipts
P O Box 3070
Tallahassee, FL 32315-3070

To Whom It May Concern:

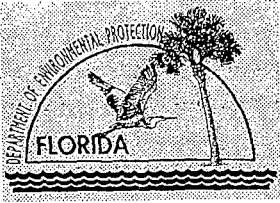
Attached please find a check in the amount of \$50.00, copy of our registration, and copy of 2 checks which we included when we mailed the registration. We were not sure if the check we paid to Palm Beach County Health Department was also cover for the Title V Air General Permit. If it was not the same fee, please accept our check and our apology for not respond to you timely. However if it was the same fee, we ask if you could please return our check to us. This is our first time operate in West Palm Beach County, and we were not all sure of all the requirements and procedures. Please accept our apology for any convenience this may have caused you.

Thank you for your time and if you have any question please contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Luong", with a long horizontal flourish extending to the right.

Scott Luong



Florida Department of Environmental Protection

Registration Form
 Drycleaning Facilities and Wholesale Supply Facilities
 Please Print or Type (Instructions on reverse side)
 COMPLETE ENTIRE FORM

DEF Form: DC 1
 Form Title: Drycleaning Facility/Wholesale Supply Facility Registration Form
 Effective Date: May 1, 1996
 DEP Registration No.: _____
 (FDEP Use Only)

1. Registration Type: New Registration Revision
 2. Facility Type: Drycleaning Facility Wholesale Supply Facility

3. FACILITY Information: (fill in all lines)
 Name: RIO CLEANERS
 Address: 8128 GLADES RD
 City, Zip: BOCA RATON FL 33434
 County: PALM BEACH
 Contact Person: BOB LUNN Telephone: (561)477-7567

4. OPERATOR Information: (fill in all lines)
 Name: RIO CLEANERS
 Address: 8128 GLADES RD
 City, State, Zip: BOCA RATON FL 33434
 Contact Person: BOB LUNN Telephone: (561)477-7567
 Operator Signature: _____ Date: 1/1

5. OWNER Information: (fill in all lines)
 Name: L & N ENTERPRISES OF S. FLORIDA INC
 Address: 8128 GLADES RD
 City, State, Zip: BOCA RATON FL 33434
 Contact Person: BOB LUNN Telephone: (561)477-7567
 Owner Signature: [Signature] Date: 12/1/05

6. REAL PROPERTY OWNER Information: (fill in all lines)
 Name: LAKESIDE DEVELOPMENT CORPORATION
 Address: 100 LINDBLAD BLVD STE C-9
 City, State, Zip: DELRAY BEACH FL 33444
 Contact Person: MARLENE DETMERS Telephone: (561)274-2013
 Real Property Owner Signature: _____ Date: 1/1

7. Solvents Currently Used or Sold: (check all appropriate)

Trichloroethylene and Blends	<input type="checkbox"/> (1)	Perchloroethylene and Blends	<input checked="" type="checkbox"/> (2)	Valclene (freon 113)	<input type="checkbox"/> (3)
Petroleum Solvents (Stoddard) and Blends	<input type="checkbox"/> (4)	Carbon Tetrachloride and Blends	<input type="checkbox"/> (5)	Other(Specify):	<input type="checkbox"/> (6)

8. OWNER Florida Taxpayer ID Number (from the Florida Department of Revenue)
22

9. Date FACILITY began operation: 2/1/05

10. Attach a copy of any Notice Letter(s) for Joint Registration (Form DC2).

ONE PRICE CLEANERS PLUS

2306 E OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306

3441

DATE 12/4/05

PAY TO THE ORDER OF

Dept. of Environmental Protection

Dry cleaning Registration

\$ 100.00

One hundred and 00/100

DOLLARS

BANK OF AMERICA

146926 DEC 19 '05

Emily Nap

REF STEM-57838

ONE PRICE CLEANERS PLUS

2306 E OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306

3437

DATE 1/25/05

PAY TO THE ORDER OF

Palm Beach County Health Department

\$ 50.00

Fifty and 00/100

DOLLARS

BANK OF AMERICA

Eula Nattan

REF Acct # 50-73-03519

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 15 2005
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): L & N ENTERPRISES OF S. FLORIDA, INC
2. Site Name (For example, plant name or number): RIO CLEANERS
3. Hazardous Waste Generator Identification Number: F0021D039
4. Facility Location: Street Address: 8128 GLADES ROAD City: BOCA RATON County: PALM BEACH Zip Code: 33434
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990503-003

Responsible Official

6. Name and Title of Responsible Official: Name: SCOTT LUONG Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: L & N ENTERPRISES OF S. FLORIDA, INC Street Address: 8128 GLADES ROAD City: BOCA RATON County: PALM BEACH Zip Code: 33434
8. Responsible Official Telephone Number: Telephone: (561) 477-7567 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? [01]

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")
1999 UNION	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?

[100] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] 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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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.

SCOTT LUONG
Print name of responsible official

Scott Luong
Signature

2/28/05
Date

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.

460881 APR172006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990503 1st
RIO CLEANERS
8128 Glades Road
BOCA RATON, FL 33434

**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.

TOTAL AMOUNT DUE: \$50.00

466578 DEC28 2006

Do NOT Remove Label

AIRS ID# 990503
GRIT-N-ZIP NO.2 INC
8128 Glades Road
BOCA RATON, FLORIDA 33434

Printed on recycled paper.

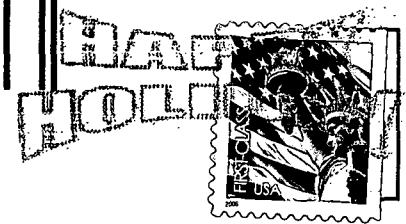
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

DEC 29 2006
All Monitoring
& Mobile Sources

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

RIO CLEANERS
8128 GLADES ROAD
BOCA RATON, FL 33434

WEST PALM BEACH
FL 334
26 DEC 2006 PM 1 T



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

3231533070 BOSS

