

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

October 13, 2004

Amiruddin Momin  
Rio Cleaners  
8128 Glades Road  
Boca Raton, Florida 33434

Re: Facility No.: 0990503-002

Dear Momin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 2004.

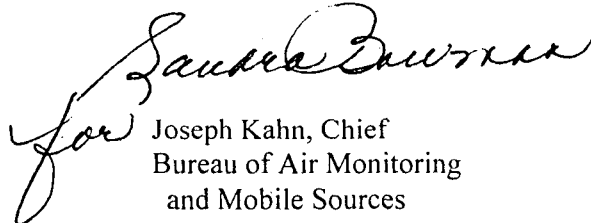
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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 *199-2000*  
NO ACTIVITY FOR FACILITY.....  
SOC REPORTS *1*.....  
COMPLIANCE STATUS *IN*.....  
*INS - comp Walk Through - 2/13/2002*

**Grant, Patricia**

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**From:** Thomas, Bruce X.

**Sent:** Monday, February 21, 2005 3:49 PM

**To:** 'Ajaya\_Saty@doh.state.fl.us'

**Cc:** Grant, Patricia; Bowman, Sandy

A.J.,

Rio Cleaners (AIRS ID# 0990503) has been sold. The facility status has been changed to inactive. Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

0990503

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

AUG 30 2004

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):	GIT-N-ZIP NO. 2 INC.
2. Site Name (For example, plant name or number):	RIO CLEANERS
3. Hazardous Waste Generator Identification Number:	
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)	0990503-002

## Responsible Official

6. Name and Title of Responsible Official:	Name: AMIRUDDIN MOMIN Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	8128 GLADES ROAD
Street Address:	
City:	BOCA RATON County: PALM BEACH Zip Code: 33434
8. Responsible Official Telephone Number:	Telephone: (954) 868-1213 Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	AMIRUDDIN MOMIN (PRESIDENT)
10. Facility Contact Address: Street Address:	8128 GLADES ROAD
City:	BOCA RATON County: PALM BEACH Zip Code: 33434
11. Facility Contact Telephone Number:	Telephone: (564) 477-7567 Fax: ( ) -

**Facility Information**

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

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

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>JAN 2004</u>	Existing/New	RC/CA/None required	<u>SAME</u>
_____	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?**

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

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.*

AMIRUDDIN MOMIN

Print name of responsible official

Amiruddin Momin

Signature

8/15/04.

Date

0990503

RECEIVED

AUG 30 2004

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

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3. Hazardous Waste Generator Identification Number:
4. Facility Location: <b>8128 GLADES ROAD</b> Street Address: City: <b>BOCA RATON</b> County: <b>PALM BEACH</b> Zip Code: <b>33434</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0990503-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>AMIRUDDIN MOMIN</b> Title: <b>PRESIDENT</b>
7. Responsible Official Mailing Address: <b>8128 GLADES ROAD</b> Organization/Firm: Street Address: City: <b>BOCA RATON</b> County: <b>PALM BEACH</b> Zip Code: <b>33434</b>
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11. Facility Contact Telephone Number: Telephone: <b>(564) 477-7567</b> Fax: ( ) -



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**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.

447594 FEB 25 2005

**TOTAL AMOUNT DUE: \$50.00**

Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
MAR 1 2005

Do **NOT** Remove Label

AIRS ID# 990503      10 RIO CLEANERS 8128 Glades Road BOCA RATON, FL 33434
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<b>FOR GOVERNMENT USE ONLY</b> ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: AIRS ID# 990503 1stC  
RIO CLEANERS  
Street, Apt or PO Box: 8128 Glades Road  
City, State: BOCA RATON, FL 33434

PS Form 3811, August 2001

**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# 990503 1stC  
RIO CLEANERS  
8128 Glades Road  
BOCA RATON, FL 33434

2. Article Number

(Transfer from service label)

7004 2510 0002 3938 6969

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Cheryl Jansen*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/1/05

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

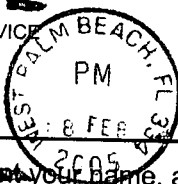
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage and Fees Paid  
USPS # 000000  
Permit No. 6, Tallahassee, FL

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

FEB 21 2005

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U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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**OFFICIAL USE**

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

AIRS ID#0990503.....2<sup>nd</sup> Cert 05  
 RIO CLEANERS  
 8128 Glades Road  
 BOCA RATON, FL 33434

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5739

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse, so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> <span style="float: right;">3/4/05</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></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>AIRS ID#0990503.....2<sup>nd</sup> Cert 05          RIO CLEANERS          8128 Glades Road          BOCA RATON, FL 33434</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0004 6986 5739</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP <sup>Bureau</sup> in this box <sup>of Mobile</sup>

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

MAR 7 2005

RECEIVED

