

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 5, 2000

Mr. Joe Marinacci
One Price Dry Cleaning
9101 Laueridge Boulevard
Boca Raton, Florida 34496

Re: Facility No.: 0990584

Dear Mr. Marinacci:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 3, 2000.


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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

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):	Best American Cleaners Inc		
2. Site Name (For example, plant name or number):	One Piece Dry Cleaning		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	9101 LANERIDGE BLVD		
Street Address:			
City:	BOCA RATON	County:	PB
		Zip Code:	33486
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990584		

Bureau of Air Monitoring
& Mobile Sources
MAR - 3 2000

RECEIVED

Responsible Official

6. Name and Title of Responsible Official:		
Name:	JOE MARINACCI	Title: PRES.
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address:	9101 LANERIDGE BLVD	
City:	BOCA RATON,	County: PB
		Zip Code: 33486
8. Responsible Official Telephone Number:		
Telephone:	(561) 487-4388	Fax: () NONE

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	N/A	
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")
1996	<input checked="" type="radio"/> Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> 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: 0 1 5

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.

JOE MARINACCI
Print name of responsible official

J. Marinacci
Signature

2-26-00
Date

Hi Rick.

I just was sorting through Airs #'s in ARMS and I came across the new #584 assigned to:

One Price Dry Cleaning
9101 Lake Ridge Blvd.
Boca Raton, FL
Owner- Joe Marinacci

ARMS lists the address as 9101 Laueridge Blvd. The actual address is 9101 Lake Ridge.

Jeff



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 3, 2000

Mr. Joe Marinacci
One Price Dry Cleaning
9101 Laueridge Boulevard
Boca Raton, Florida 33496

Dear Mr. Marinacci:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1132) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

BEST AMERICAN CLEANERS, INC 12/99
100 SOUTH MILITARY TRAIL
BOCA RATON, FL 33442

1132

Pay to the Order of Dept of Environmental Protection Date 2-28-00 \$ 50.00
Fifty 00/100

Dollars Security features included. Details on back.

Republic Bank
CENTURY VILLAGE OFFICE
1886 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442-1417
Proud To Serve You 1-800-MY BANK 1

For

MP

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

al

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0990584

TYPE OF FACILITY: One Price Cleaners

FACILITY NAME: Dry Cleaners DATE: 8/9/00

FACILITY LOCATION: 9101 Lake Ridge

RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 SEP 13 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: gave notification form to manager of facility New Owner

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

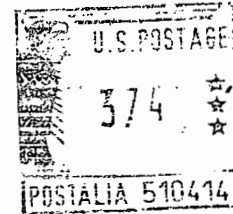
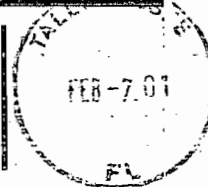
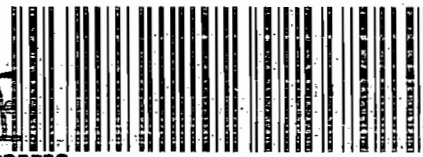
DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: M Liebler (Please Print)

INSPECTOR'S SIGNATURE: *M Liebler* PHONE NUMBER: 355 3020

CERTIFIED MAIL

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



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER 000 0600 0026 7825 5211
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD

2-15-01

AIRS ID # 0990584

ONE PRICE DRY-CLEANING
JOE MARINACCI
9101 LAKE RIDGE BLVD
BOCA RATON FL 33496



- 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 # 0990584

ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL 33496

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent
 Addressee

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

2. Article Number (Copy from service label)
7000 0600 0026 7825 5211

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789



7000 0600 0026 7825 5211

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

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

AIRS ID # 0990584

ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL 33496

PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32389-2400



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT

NO RECEPTACLE
 NOT DELIVERABLE AS
ADDRESSED-UNABLE
TO FORWARD

ROUTE NO _____ DATE _____
CARR/INITIALS _____

MS5510



7000 0600 0026 4126 1669

U.S. POSTAGE

374

POSTALIA 510474

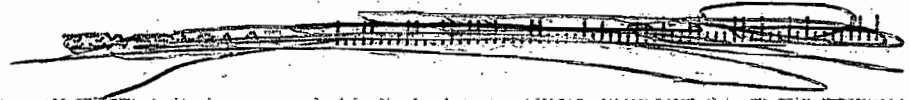
RECEIVED

MAR - 9 2001

Bureau of Air Mail
& Mobile Services

ONE PRICE DRY-CLEANING
JOE MARINACCI
9101 LAKE RIDGE BLVD
BOCA RATON FL 33496

AIRS ID # 0990584



PERMANENT RECORD MAIL SERVICE

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 # 0990584

ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL 33496

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent
 Addressee

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

2. Article Number (Copy from service label)

7000 0600 0026 4126 1669

PS Form 3811 July 1999

Domestic Return Receipt

102595-99-M-1789

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

AIRS ID # 0990584

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

To: ONE PRICE DRY CLEANING
 Rec: JOE MARINACCI
 Stre: 9101 LAKE RIDGE BLVD
 City: BOCA RATON FL 33496

PS Form 3800 February 2000 See Reverse for Instructions

7000 0600 0026 4126 1669

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 # 0990584

ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL 33496

2. Article Number (Copy from service label)

2210 1661 231

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- Agent
- Addressee

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

Domestic Return Receipt

102595-99-M-1789

2210 1661 231

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990584

ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL 33496

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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 # 0990584

ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL
 33496

2. Article Number (Copy from service label)

7001 0320 0001 7975 9999

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- Agent
- Addressee

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

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

OFFICIAL USE

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

AIRS ID # 0990584

ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL
 33496

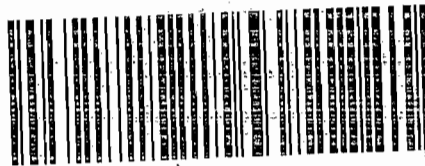
PS Form 3800, January 2001 See reverse for instructions

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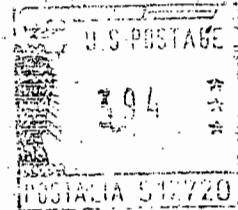
MS# 5516 MC Acct # 5521

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

CERTIFIED MAIL



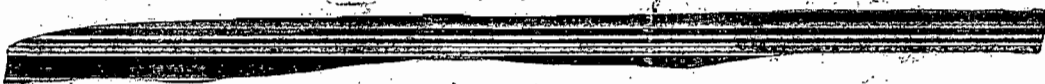
7000 0520 0020 9373 1623



Redd

AIRS ID # 0990584
ONE PRICE DRY CLEANING
JOE MADDEN

- RETURNED TO SENDER
- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCLAIMED REFUSED
 - ATTEMPTED NOT KNOWN
 - NO SUCH STREET
 - VACANT
 - NO RECEPTACLE
 - NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990584
 ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL
 33496

2. Article Number (Copy from service label)

7000 0250 0200 9373 1623

PS Form 3811, July 1995

COMPLETE THIS SECTION ON DELIVERY

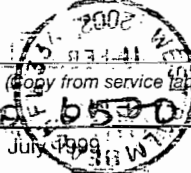
A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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



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

7000 0250 0200 9373 1623

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

Postmark Here

AIRS ID # 0990584

Rec ONE PRICE DRY CLEANING
 JOE MARINACCI
Stre 9101 LAKE RIDGE BLVD
 BOCA RATON FL
City 33496

mailer) _____

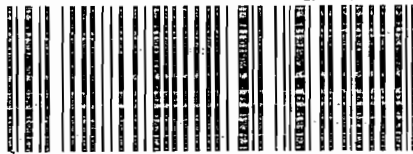
 instructions

PS Form 3811

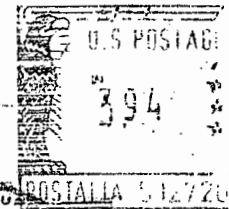
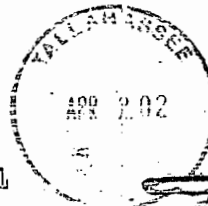
MS# 5510 MC Acct # 5571

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

CERTIFIED MAIL



7001 0320 0001 7975 9531

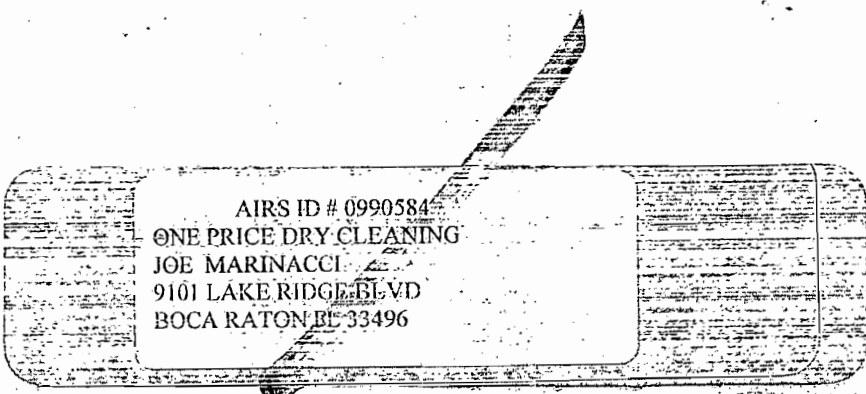


- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD

Division of Air Monitoring
& Mobile Sources

APR 9 2002

RECEIVED



AIRS ID # 0990584
ONE PRICE DRY CLEANING
JOE MARINACCI
9101 LAKE RIDGE BLVD
BOCA RATON FL 33496

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.
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1. Article Addressed to:

AIRS ID # 0990584
 ONE PRICE DRY CLEANING
 JOE MARINACCI
 9101 LAKE RIDGE BLVD
 BOCA RATON FL 33496

2. Article Number (Copy from service label)

7001 0320 0001 7975 9531

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X Agent AddresseeD. Is delivery address different from item 1? YesIf 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

U.S. Postal Service

CERTIFIED MAIL RECEIPT*(Domestic Mail Only - No Insurance Coverage Provided)***OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

AIRS ID # 0990584

Sent To

ONE PRICE DRY CLEANING

Street,
or PO

JOE MARINACCI

City, S

9101 LAKE RIDGE BLVD

BOCA RATON FL

33496

PS Form

Instructions

7001 0320 0001 7975 9531