



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

November 16, 2007

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

Mr. Micheline Joseph  
Magic Dry Cleaning  
1541 South Congress Avenue  
Delray Beach, Florida 33445

Re: Facility No.: 0990593-004

Dear Mr. Joseph:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 8, 2007.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

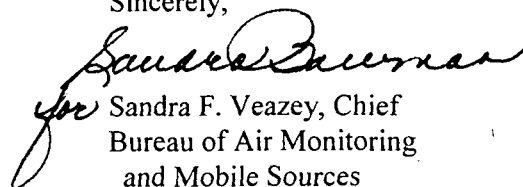
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

  
Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Jeffrey Dizak, Palm Beach County

NO ACTIVITY FOR FACILITY  
EMISSION FEE DATES ~~2002-2006~~  
SOC REPORTS ... 4 .....  
COMP. STATUS- SNC MNC  IN

TRPT-SOCR-Statement of Compliance  
Report - 7/25/2007 - IN  
Insp - Palm Beach Co - J Dizek

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources  
OCT 08 2001

RECEIVED

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):	MAGIC DRY CLEANING		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City:	1541 SCOWETRESS AVE DETOY BEACH FL	County:	Zip Code: 33445
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990593-004		

Responsible Official

6. Name and Title of Responsible Official: Name:	MICHAELINE JOSEPH	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	SAME AS ABOVE		
8. Responsible Official Telephone Number: Telephone:	(561) 243-9970	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
10. Facility Contact Address: Street Address: City:	22737 NW 65 CIRCLE BOCA RATON FL	County:	Zip Code: 33425
11. Facility Contact Telephone Number: Telephone:	(561) 929-1606	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")
1-87	<del>Existing</del> <input checked="" type="radio"/> 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><br>(NONE REQUIRED) <input checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input 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?

For each boiler, indicate its horsepower (HP) rating: 10

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.*

Micheline K Joseph  
Print name of responsible official

Micheline K Joseph  
Signature

\_\_\_\_\_  
Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 13 2007  
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):	MAGIC DRY CLEANING		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	1541 S CONGRESS AVE DELRAY BEACH FL		
City:	County:	Zip Code:	33445
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official: Name:	MICHELLE JOSEPH	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm:	SAME AS ABOVE		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number: Telephone:	(561) 243-9970	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
10. Facility Contact Address: Street Address:	22737 NW 65 CIRCLE BOCA RATON FL		
City:	County:	Zip Code:	33428
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**Facility Information**

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

How many dry-to-dry machines do you have on-site? 1

For each dry-to-dry machine on-site, please provide the following information:

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* 1987	* Existing <u>(New)</u> *	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? \* 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:

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_____	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?**

110 gallons (You must fill this in)

(b) If less than 12 months, how many? 11 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).

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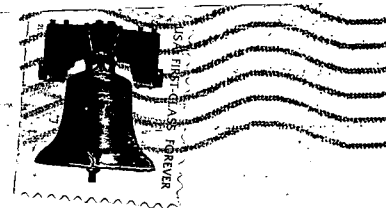
\* Micheline K Joseph  
Print name of responsible official

\* Micheline K Joseph  
Signature

\* 10-29-07  
Date

Michelle K Joseph  
1541 S. Congress Ave  
Delray Bch, FL 33445

WEST PALM BEACH  
FL 334 4 T  
07 NOV 2007 PM



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

Magic Cleaners  
1541 S Congress Ave  
Delray Bch, FL 33445-6325

WEST PALM BEACH  
FL 334 4 T  
07 NOV 2007 PM



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

32399+6542

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

447395 FEB23 2005

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

**TOTAL AMOUNT DUE: \$50.00**

**RECEIVED**  
FEB 24 2005  
Bureau of Information & Mobile Sources

**Do NOT Remove Label**

AIRS ID# 990593 1stC  
CONGRESS CLEANERS  
1541 S Congress Avenue  
DELRAY BEACH, FL 33444

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

*Printed on recycled paper.*

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)									
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>									
OFFICIAL USE									
<table border="1"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
AIRS ID# 990593 1stC CONGRESS CLEANERS 1541 S Congress Avenue DELRAY BEACH, FL 33444									
See reverse for instructions									

**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# 990593 1stC  
 CONGRESS CLEANERS  
 1541 S Congress Avenue  
 DELRAY BEACH, FL 33444

 2. Article Number  
 (Transfer from service label)

7004 2510 0002 3938 7614

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Maire Green*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/7

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 & Fees Paid  
USPS  
Permit No. G-10

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 21 2005

RECEIVED

