

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 26, 2000

Ms. Yvonne Centofanti
One Low Price Cleaners
1304 North Federal Highway
Pompano Beach, Florida 33062

Re: Facility No.: 0112386-002

Dear Mr. Centofanti:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 22, 2000.

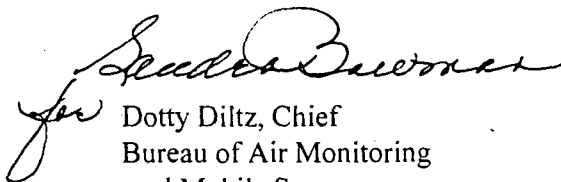
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

0112386-002

p15

1(a) "New" should be circled under Status.

p17

7. Select one.

6/9/00 Spoke to Françoise Centofanti and she stated that the dry clean machine has a chiller. She also stated that the facility has no existing DEP air permits.

RECEIVED

MAY 22 2000

Bureau of Air Monitoring & Mobile Sources

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):	MGN CROWN CORP.		
2. Site Name (For example, plant name or number):	ONE LOW PRICE CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	1304 N FED HWY		
Street Address:			
City:	Pompano Beach	County:	BROWARD
		Zip Code:	33062
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112386-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Yvonne Centofante	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	1304 N FED HWY		
City:	Pompano Beach	County:	BROWARD
		Zip Code:	33062
8. Responsible Official Telephone Number:			
Telephone:	(954) 782-4442	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same		
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")
<i>Year was 1997</i> <u>1997</u> <i>Permitt</i>	Existing/New	<input checked="" type="radio"/> 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?

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?

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.

YVONNE Centofanti

Print name of responsible official

Yvonne Centofanti

Signature

5/12/02

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. 451041 APR142005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112386 10
ONE LOW PRICE CLEANERS
1304 N Federal Highway
POMPANO BEACH, FL 33062

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

Bureau of Acquisition
& Mobile Support

APR 18 2005

RECEIVED

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456957 DEC 19 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

Do NOT Remove Label

112386 10
ONE LOW PRICE CLEANERS
1304 N Federal Highway
POMPANO BEACH, FL 33062

Railroad
& Mobile
Sources
Air Monitoring

DEC 21 2005

RECEIVED

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.

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 P AIRS ID# 112386 1stC

Sent To ONE LOW PRICE CLEANERS

1304 N Federal Highway

Street, A or PO Box POMPANO BEACH, FL 33062

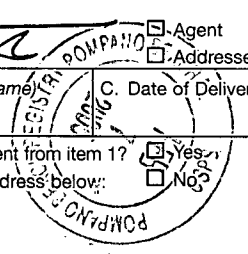
City, State

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3950

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>AIRS ID# 112386 1stC ONE LOW PRICE CLEANERS 1304 N Federal Highway POMPANO BEACH, FL 33062</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0002 3939 3950



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 •

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

DEPT. OF AIR MONITORING
& MOBILE SOURCES

FEB 15 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446262 FEB14 2005

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

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 112386 1stC
ONE LOW PRICE CLEANERS
1304 N Federal Highway
POMPANO BEACH, FL 33062

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

Printed on recycled paper.

Issued
25.00 Refund
2/22

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435810 JAN 29 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112386
YVONNE CENTOFANTI
ONE LOW PRICE CLEANERS
130411 FEDERALY HWY
POMPANO BEACH FL 33062

FOR GOVERNMENT USE ONLY
Org.: 37550101000 E.O.: 11
Fund: 20-2-03500
Obj.: 002273

Bureau of Air Monitoring
& Mobile Siting

FEB 2 2004

RECEIVED

MGN CROWN CORPORATION

Dept. of Enviromental Protection

1/26/2004

5183

-Expense BELCREST:Licenses

Title V Air General Permits

50.00

Bank Atlantic - CK Deposit - 112386 One Low Price Cleaners

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

421312 JAN 22003

Do NOT Remove Label

AIRS ID#0112386
 ONE LOW PRICE CLEANERS
 YVONNE CENTOFANTI
 1304 N FEDERALY HWY
 POMPANO BEACH FL
 33062

Bureau of Air Monitoring
& Mobile Sources

JAN 08 2003

RECEIVED

FOR GOVERNMENT USE ONLY
 Org: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj: 002273

MGN CROWN CORPORATION						5049	
Dept. of Enviromental Protection						12/30/2002	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment	
12/20/2002	Bill		50.00	50.00		50.00	
					Check Amount	50.00	
Bank Atlantic Main		annual Air general permit					50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412015 DEC21 2001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

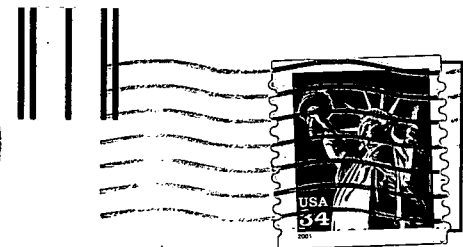
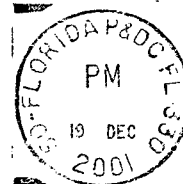
Do **NOT** Remove Label

AIRS ID # 0112386
 ONE LOW PRICE CLEANERS
 YVONNE CENTOFANTI
 1304 N FEDERALY HWY
 POMPANO BEACH FL
 33062

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

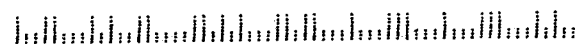
<p>ONE LOW PRICE DRY CLEANERS Dept. Of Enviromental protection Licenses</p>	<p>12/18/2001</p>	<p>1662</p>
<p>0112386 AIR ID #</p>		<p>50.00</p>
<p>Bank Atlantic</p>	<p>Title 5 Air General Permits</p>	<p>50.00</p>

MON CROWN CORPORATION
D&A ONE LOW PRICE CLEANER
1304 N FEDERAL HWY
POMPANO BEACH, FL 33062



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456267 DEC20 2006

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



TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112386
 MGN CROWN CORP
 1304 N Federal Highway
 POMPANO BEACH, FLORIDA
 33062

Bureau of
 & Mobile Services
 DEC 21 2006
 RECEIVED

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.

ONELOWPRICECLEANERS
ONELOWPRICECLEANERS

Department of Environmental Prot.

-Expense BELCREST:Licenses

12/18/2006

6243

50.00

Bank At

Title V Annual Fee AIRS ID# 112386

50.00