

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

May 5, 1998

Mr. Jeri Lee Caprio Royal French Cleaners 6949 West Commercial Boulevard Tamarac, Florida 33321

Re: Facility No.: 0112411

Dear Mr. Caprio:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 17, 1998.

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. John Coppola, Broward County

01/241/
914 20 Add # of gallons of pere purchased in fast 12 months.
3. New small area source should not
be marked. Mark out and initial
Existing small orea source should
be marked.
p 15
4. New small area source R.C. should not be marked. Markout and initial.
not be marked. Markout and initial.
(f) Required Should be marked. (Owners Monual)
p/6
Responsible Official signand date for changes made.
for changes made,

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BALATON INC
2.	Site Name (For example, plant name or number):
	ROYAZ FRENCH CLEANERS Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FID 984 743 Q22
4.	Facility Location:
	Street Address: 6949 W. COMMETICIAL BLVD.
	Facility Location: Street Address: 6949 W. Commercial BLVD. City: TAMARA COUNTY: BROWARD Zip Code: 33321
5.	Facility Identification Number (DEP Use):
	der State und der State werde Gestalle der State und der S
	Responsible Official
6.	Name and Title of Responsible Official:
	JERI LEE CAPRIO, PRES
7.	Responsible Official Mailing Address:
	Organization/Firm:
	City: Zip Code:
	Street Address: 6949 W. Commercial BLVD City: Zip Code: TAMARAC BROWARD 33321
8.	Responsible Official Telephone Number:
	Telephone: $(954)721-9007$ Fax: () - 5A-m2
	Facility Contact (If different from Dones wilds Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	, , , , , , , , , , , , , , , , , , , ,
10.	Facility Contact Address:
	Street Address:
	Street Address: City: County: Zip Code:
	Zip code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
1	

DEP Form No. 62-213.900(2) Effective: 6-25-96

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

AERO TECH		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control	
#350 MODEL		Initially	Device		Initially	Device		Initially	Device	
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed	
Type of Machine	1.5	r dremased	mstaried	10	1 dichased	mstaned	1.0	T di chased	mstarted	
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92	
Dry-to-Dry Unit	T	Dey -	TO DR	٧	-					
(1) w/ ref. condenser	1	01/15/91	01/15/91	Ì						
(2) w/ carbon adsorber		0,7.4.11	9,7.3, 1,							
(3) w/ no controls	1									
Washer Unit	†			l .	<u>_</u>	1	٠.	L		
(4) w/ ref. condenser	_									
(5) w/ carbon adsorber										
(6) w/ no controls	\vdash									
Dryer Unit	\vdash	<u> </u>	<u> </u>			ı		<u> </u>		
(7) w/ ref. condenser										
(8) w/ carbon adsorber	—		1							
(9) w/ no controls	_									
Reclaimer Unit	+				<u> </u>					
(10) w/ ref. condenser	\vdash									
(11) w/carbon adsorber	\vdash								_	
(12) w/ no controls	+	 				<u> </u>	 			
(b) Control devices are(c) No control devices	•							,		
2.(a) What was the total	gallo	ons UN1	KOWN	P					i For	MACHINE
(b) If less than 12 mon Check why it is les	ths, he s than	ow many? [_ i 12 months:] months New owner:	ιX	_] New store	:: [] Did	not k	eep records:		
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (3) of	Part II?		
Existing small a	rea so	urce []	Ne	w sn	nall area sou	rce 💢]	•		
Existing large ar	ea soi	urce []	Ne	w la	rge area sour	ce []			•

DEP Form No. 62-213.900(2) Effective: 6-25-96

	ntrol technology is reque with an "X".)	uired on machines	pursuant to section (5) of	Part II of this notification form?
	xisting large area sourc arbon adsorber	<u>e</u>	Refrigerated condenser	
	ew small area source efrigerated condenser	X		
	ew large area source efrigerated condenser			
to Rule 62- exemption All steam a boiler HP of	213.300, F.A.C. Verif criteria or that no such and hot water generating or less), and (2) are fire	y that all steam an units exist on-site g units on-site (1) and exclusively by n	d hot water generating uni : have a total heat input of	o use the general permit pursuant ts on-site meet the following 10 million BTU/hr or less (298 ods of natural gas curtailment
•	and hot water generating	J		. y e
	Equipn	nent Monitoring	and Recordkeeping Infor	mation
Check all lo	ogs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchas	e receipts and solvent p	ourchases		
(b) Leak de	etection inspection and	repair		(X)
(c) Refriger	rated condenser temper	ature monitoring		LXI
(d) Carbon	adsorber exhaust perc	concentration mor	nitoring	
(e) Instrum	ent calibration			·
(f) Start-up	o, shutdown, malfunction	on plan		

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:									
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)									
No air permits currently exist for the operation of the facility indicated in this notification form.										
	Responsible Official Certification									
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the thin the small terms and conditions of this general permit as set forth in Part II of this notification form.									
I will pron	nptly notify the Department of any changes to the information contained in this notification.									
Signature	Le Caprie Tes Apr 98									

RECEIVED

MAY 1 1 1999

Bureau of Air Monitoring & Mobile Sources

MAY 10 99

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Department of Environmental Protection

MAY 10 99

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

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 75.00

Do NOT Remove Label

AIRS ID # 0112411 ROYAL FRENCH CLEANERS

JERI LEE CAPRIO 6949 W COMMERCIAL BLVD TAMARAC FL 33321 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Puna: 20-2-03: Obj.: 002273



Department of Environmental Protection

RECEIVED MAIL ROOM MAY 10 99

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 April 1, 1999

David B. Struhs Secretary

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1998 you operated a facility that is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c) 2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1998. A notice of your obligation to pay the annual emissions fee was sent to you last year by certified mail, along with an invoice form and instructions. A final notice was sent last month reminding you of the March 1 deadline for submittal of this fee. Since the Department has not received your annual emissions fee, a 50% penalty is being assessed against your facility, in accordance with Rule 62-213.205(1)(g), F.A.C., for a total fee of \$75 for calendar year 1998.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will proceed to revoke your facility's Title V Air General Permit and will also seek interest in accordance with Section 220.807, F.S.

To submit your \$75 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	1
V	

	NUAL	0	COMPLAINT/DISC	OVERY 🗅
AIRS ID#: <u>0//24//</u> DATE				
FACILITY NAME: Roy	A FREN	ich.	Cleaners	
FACILITY LOCATION: 69		A.	mercial Blu	2.PC
	TAMARAC	i PP	-	- J.
RESPONSIBLE OFFICIAL :	<u>_</u>		PHONE:	w Co
CONTACT NAME:			_ PHONE:	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				To To.
PART I: NOTIFICATION				\$ 1/ ₆
(check appropriate box)				
New facility notified DARM 30 day Facility failed to notify DARM to use	s prior to startup	FAC	ility Clo	sell-a
2. Facility failed to notify DARM to us	se general permit		10.	
		VO FO	RWARKING [NO
			\ /	

PART II: CLASSIFICATION				
PART II: CLASSIFICATION Facility indicated on notification form			☐ No notification for	m
PART II: CLASSIFICATION Facility indicated on notification form (check appropriate box) A.				m
PART II: CLASSIFICATION Facility indicated on notification form (check appropriate box) A. 1. Existing small area source	m that it is:	ew small a	☐ No notification for☐ Drop store/out of b	m
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	m that it is: 2. N dry-t	ew small a	☐ No notification for ☐ Drop store/out of b rea source x < 140 gal/yr	m pusiness/petroleum
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PART II: CLASSIFICATION Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	m that it is: 2. N dry-t trans both (cons	ew small a o-dry only, ifer only, x types, x < structed on	□ No notification for □ Drop store/out of b rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	m pusiness/petroleum
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John Coppola (954)519-1235

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7976	Postage Certified Fee	\$	Poistpriark	/
000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7001, 0320	Sent To ROYA JERI I Street, Apt. No.; 6949 or PO Box No.	IRS ID# 011241100 AL FRENCH CLEA LEE CAPRIO W COMMERCIAL ARAC FL 33321	NERS	
	PS: Form 3800, January 2 04 ssaudovi NBM 04 ssaudovi NBM 04 ssaudovi NBM 04 spaudovi NBM		······································	
SENDER: COMPL	ETE THIS SECTION	СОМ	PLETE THIS SECTION OF	N DELIVERY
item 4 if Restricte Print your name a	1, 2, and 3. Also comed Delivery is desired and address on the re	everse	gnature	☐ Agent ☐ Addressee
	eturn the card to you. to the back of the ma space permits.	ilpiece,	ceived by (Printed Name)	
Article Addressed to	o:	- 11	delivery address different fr	

If YES, enter delivery address below:

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

U.S. Postal Service

PS Form 3811, August 2001

10 AIRS ID# 0112411001AG ROYAL FRENCH CLEANERS

6949 W COMMERCIAL BLVD

JERI LEE CAPRIO

: 2. Article N

TAMARAC FL 33321

Domestic Return Receipt

2007 0350 0007 141P 3500

3. Service Type

Certified Mail

Registered

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

102595-02-M-1540

☐ Yes

STATE OF FLORIDA **DEPARTMENT OF ENVIRONMENTAL PROTECTION** MS.5510-37550 304000 **2600 BLAIR STONE ROAD TALLAHASSEE FL 32399-2400**



Onclaimed Refused
Attempted Rot known
Ansufficient Address

Lo such affect in state

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REASON CHECKED





10 AIRS ID# 0112411001AG ROYAL FRENCH CLEANERS JERI LEE CAPRIO 6949 W COMMERCIAL BLVD TAMARAC FL 33321

your RETURN ADDRESS completed on the reverse side?	card to you. Attach this form to the permit. Write *Return Receipt widelivered. 3. Article Addressed ROYAL FRENCH JERI LEE CAPRI 6949 W COMME TAMARAC FL 3	and 4b. ddress or front of th Requeste II show to I to: -I CLEA IO CRCIAL 3321	n the reverse of this form so the mailpiece, or on the back is of on the mailpiece below the whom the article was delivered. AIRS ID # 011241 NERS BLVD	hat we can return this f space does not exarticle number. red and the date 4a Article 4b. Service Registe Return R 7. Date of I	following extra fee 1.	Addressee's Address Restricted Delivery postmaster for fee. Restricted Delivery postmaster for fee. Restricted Delivery postmaster for fee. Restricted Delivery postmaster for fee.	Thank you for using Return Receipt Service.
Is your RETU	5. Received By: (Prof. 6. Signature: Addie) PS Form 3811 , De	essee or	Agent)	8. Address and fee	8. Addressed's Address (Only if requested and fee is paid) Domestic Return Receipt		
		ROY JER 6949	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Cart to YAL FRENCH CLEAN I LEE CAPRIO W COMMERCIAL B MARAC FL 33321 Certified Fee Special Delivery Fee Restricted 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	Provided. nal Mail (See reve AIRS ID # 01) IERS LVD			

card to you.			I also wish to following servextra fee):		
	quested* on the mailpiece below the artishow to whom the article was delivered a		icted Delivery		
3. Article Addressed to ROYAL FRENCI- JERI LEE CAPRIO 6949 W COMMEI TAMARAC FL 33 5. Received By: (Print 6. Signature: (Address X	AIRS ID # 0112411 I CLEANERS O RCIAL BLVD 321	4a. Article Number 23366045 4b. Service Type Registered Express Mail Return Receipt for Merchandise CO 7. Date of Delivery 8. Addressee's Address (Only if request and fee is paid)			
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Restricted 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

\$

SENDF Complete items 1 and/or is Complete; tems 3, 4s, and Print your name and address and to you. Attach this form to the from permit. Write Return Receipt Rec	2 for and 4b. ress on ant of the	dditional services. the reverse of this form so the mailpiece, or on the back if a whom the article was delivered.	at we can return this space does not article number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address le number. 2. Restricted Delivery		Thank you for using Return Receipt Service.	
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σ				8. Addressep's Address (Only if requested and fee is paid) 102595-97-8-0179 Domestic Return Receipt			
	RC JEI 694	P 174 052 US Postal Service Receipt for Certi No Insurance Coverage P Do not use for International PAL FRENCH CLEAN RI LEE CAPRIO BY W COMMERCIAL BY MARAC FL 33321 Certified Fee Special Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	ified Mail Provided. al Mail (See rever AIRS ID # 01 NERS		7		