

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 28, 2006

Mr. Ralph Ronzoni
Lake Ida Cleaners
600 North Congress Avenue
Boynton Beach, Florida 33445

Re: Facility No.: 0990373-003

Dear Mr. Ronzoni:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 2006.

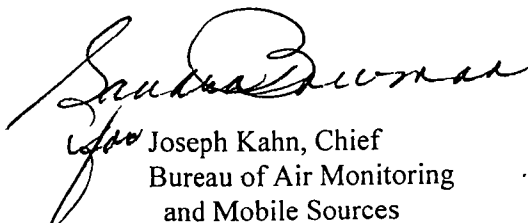
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 23 2006
Bureau of Air Quality
Mobile Source

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): <i>RONZONI ENTERPRISES INC.</i>
2. Site Name (For example, plant name or number): <i>LAKE IDA CLEANERS.</i>
3. Hazardous Waste Generator Identification Number: <i>50-73-01460</i> <i>AIRS ID# 990373</i>
4. Facility Location: Street Address: <i>600 NO. CONGRESS AVE</i> City: <i>DELRAY BEACH</i> County: <i>PALM BEACH</i> Zip Code: <i>33445</i> <i>FLORIDA</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0990373-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>RALPH RONZONI</i> Title: <i>PRES.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>LAKE IDA CLEANERS</i> Street Address: <i>600 NO. CONGRESS AVE.</i> City: <i>DELRAY BEACH</i> County: <i>PALM BEACH CTY</i> Zip Code: <i>33445</i> <i>FLORIDA</i>
8. Responsible Official Telephone Number: Telephone: <i>(561) 272-4141</i> Fax: <i>(561) 272-4974</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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? [2]

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 12/8/91	Existing/New	RC/CA/None required	SAME
② 8/3/93	Existing/New	RC/CA/None required	SAME
	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?

[260] 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".)

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).

All steam and hot water generating units exempt OR
No such units on-site

SINCE NATURAL GAS IS UNAVAILABLE AT LOCATION PROPANE IS USED EXCLUSIVELY.

How many boilers do you have on-site? 2

For each boiler, indicate its horsepower (HP) rating: 25 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.

RALPH ROWZONI
Print name of responsible official

Ralph Rowzoni
Signature

6/13/06
Date

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

RECEIVED

FLDEP Facility ID Number: 509501017

The name and address of the owner or operator;

RALPH RONZONI PRES.
Name of the owner or operator of the dry cleaning facility

LAKE IDA CLEANERS
Mailing address of the owner or operator of the dry cleaning facility

600 N. CONGRESS AVE. #210
Mailing address line 2

DELRAY BEACH FLORIDA 33445
City State Zip Code

The address (that is, physical location) of the dry cleaning facility;

LAKE IDA CLEANERS
Name of the dry cleaning facility

600 N. CONGRESS AVE. SUITE 210
Address of the dry cleaning facility (physical location)

Address line 2

DELRAY BEACH FLORIDA 33445
City State Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), if the residence is vacant at the time of this notification?

Check one: No Yes
Bureau of Air Monitoring & Mobile Sources

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one: No Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year
 Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 155 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one: No Yes

All information contained in this statement is accurate and true.

Ralph Ronzoni
Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Road, MS #5510
Tallahassee, Florida 32399-2400

RECEIVED RECEIVED

SEP 10 2008

SEP 10 2008

To Whom It May Concern:

Bureau of Air Moni
& Mobile Source

Bureau
& Mobile Source

LAKE IDA CLEANERS

has

Name of Facility

just received, on 9/5/08 2008, notice of

the need to file the attached form. Since we were not aware of the ruling requiring this information prior to the date above, please accept this information as our attempt to remain compliant with Local, State and federal statutes.


Signature

RALPH RONZONI
Print

PRESIDENT
Title

LAKE IDA CLEANERS
600 NORTH CONGRESS AVENUE
DELRAY BEACH, FL 33445

7008 1140 0003 3451 4186

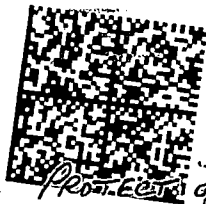
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7008 1140 0003 3451 4186

FLORIDA DEPT. OF ENVIRONMENTAL
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING + MOBILE SOURCES
2600 BLAIR STONE ROAD MS #5510
TALLAHASSEE, FLORIDA 32399-2400



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