

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 6, 2001

Mr. Sal Catado
Aldo's Cleaners
5970 Southwest 18th Street
Boca Raton, Florida 33433

Re: Facility No.: 0990396-002

Dear Mr. Catado:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 2001.

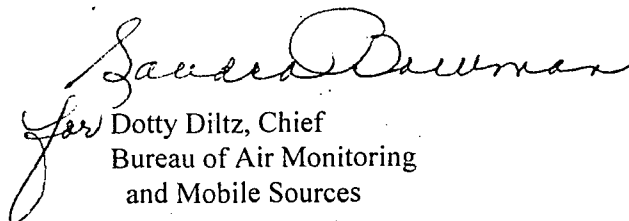
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

7/16/01 9 days

Fees Paid
SOC 2
Compliance IN

Wrong RO

0990396-002

P15

1(a) New should be circled under Status

P16

6(e) Required. Should be marked.

P17

Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
JUN 25 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): SAL CATALDO
2. Site Name (For example, plant name or number): ALDO'S Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 5970 SW 18th ST City: BOCA RATON County: PALM BEACH Zip Code: 33433
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990396-002

Responsible Official

6. Name and Title of Responsible Official: Name: SAL CATALDO Title: owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME County: Zip Code:
8. Responsible Official Telephone Number: Telephone: () - Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): ALDO CATALDO
10. Facility Contact Address: Street Address: 6670 NW 76 CT City: PARKLAND County: BROWARD Zip Code: 33067
11. Facility Contact Telephone Number: Telephone: (954) 345-5779 Fax: (561) 338-886999

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")
1994	Existing/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 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 checked="" 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.

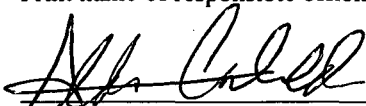
Responsible Official Certification

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.

ALDO CATALDO

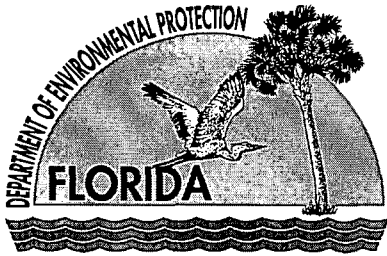
Print name of responsible official



Signature

6-20-01

Date



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 7/20/2001

TO: Mr. Aldo Cataldo

PHONE: 954-345-5779

FAX: 561-338-6999

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Aldo's Cleaners

CC: _____

Total number of pages including cover sheet: 5

Message

Please Make corrections and call if there are any questions. Fax corrections and send original signature by mail.

Rich Butler

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 25 2001
Bureau of Air Monitoring
C. Mastic 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):	SAL CATALDO
2. Site Name (For example, plant name or number):	ALDO'S Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	5970 SW 18 th STREET
City:	BOCA RATON
County:	PALM BEACH
Zip Code:	33433
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990396-002

Responsible Official

6. Name and Title of Responsible Official: Name:	SAL CATALDO	Title:	owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	SAME	County:	
8. Responsible Official Telephone Number: Telephone: () -		Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ALDO CATALDO
10. Facility Contact Address: Street Address:	6670 NW 76 COURT
City:	PARKLAND
County:	BROWARD
Zip Code:	33067
11. Facility Contact Telephone Number: Telephone: (954) 345-5779	Fax: (561) 338-836999

FROM :

TO : RICH BUTLER
FLA DEP

7/20/01

from : ALDO
ALDO'S CLEANERS
561-338 5373

RECEIVED
JUL 20 2001
Bureau of Air Monitoring
& Mobile Sources

HERE IS THE corrected form +
I WILL MAIL the originals.

CALL ME IF there are any
problems

THANK YOU
ALDO

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.

RECEIVED
JUN 25 2001
Division of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SAL CATALDO
2. Site Name (For example, plant name or number):	ALDO'S CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	5970 SW 18th CT COCA KATON
5. Facility Identification Number (DEP USE ONLY FROM 2001)	

Responsible Official

6. Name and Title of Responsible Official:	Name: BALDO CATALDO ALDO CATALDO	Title: OWNER Vice President
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: City:	County: SAME Zip Code:
8. Responsible Official Telephone Number:	Telephone: () -	Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ALDO CATALDO
10. Facility Contact Address:	Street Address: 6670 NW 76 CT SAME City: RAKELAND County: Broward Zip Code: 33067
11. Facility Contact Telephone Number:	Telephone: (954) 245-5799 Fax: (561) 338-036999

561 338 5373

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456863 DEC15 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

990396 10
ALDO'S CLEANERS
5970 SW 18th Street
BOCA RATON, FL 33433

Bureau of Air Mail
& Mobile Services

DEC 16 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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456845 DEC14 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# 990396
VILLAGE POINTE CLEANERS
INC
5970 SW 18th Street
BOCA RATON, FLORIDA 33433

Bureau of Air Mail
& Mobile Services

DEC 15 2006

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.

CKE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444481 JAN132005

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
JAN 14 2005
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID# 990396 10 ALDO'S CLEANERS 5970 SW 18th Street BOCA RATON, FL 33433

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436429 FEB172004

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

RECEIVED
FEB 20 2004
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

ID# 990396 SAL CATALDO ALDO'S CLEANERS 5970 SW 18TH STREET BOCA RATON, FL 33433

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



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

Do NOT Remove Label

AIRS ID#0990396
ALDO'S CLEANERS ALDO CATALDO 5970 SW 18TH ST BOCA RATON FL 33433

420744 DEC16 2002

DEC 18 2002

Bureau of Air Monitoring
& Mobile Sources

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

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: \$50.00

Do NOT Remove Label

990396
SAL CATALDO ALDO'S CLEANERS 5970 SW 18TH STREET BOCA RATON FL 33433

434450 DEC18 2003

DEC 19 2003

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

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



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

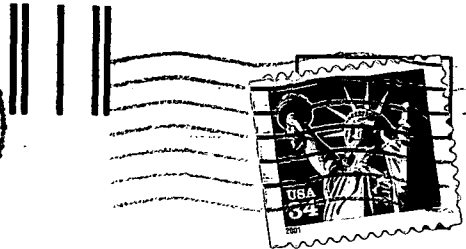
412278 DEC 26 2001

Do NOT Remove Label

AIRS ID # 0990396
 ALDO'S CLEANERS
 ALDO CATALDO
 5970 SW 18TH ST
 BOCA RATON FL
 33433

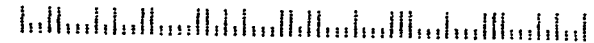
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

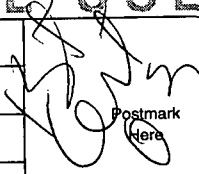
**ALDO'S CLEANERS
 5970 S.W. 18th ST.
 BOCA RATON, FL 33433**



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

32315+3070 99



U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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)	
Total ID# 990396	
Sent to	SAL CATALDO
Street or PO	ALDO'S CLEANERS
City	5970 SW 18TH STREET
	BOCA RATON, FL 33433
<small>PS Form 3811, August 2001</small>	

<p>SENDER: COMPLETE THIS SECTION</p> <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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>ID# 990396 SAL CATALDO ALDO'S CLEANERS 5970 SW 18TH STREET BOCA RATON, FL 33433</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Belomite Medinas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>2/6/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5650 0742</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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

Bureau of Air
& Mobile Sources
Monitoring

FEB 11 2004

RECEIVED

