



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 27, 2000

Mr. Joseph C. Smith
Webb's Cleaners
1601 Broadway
Riviera Beach, Florida 33404

Re: Facility No.: 0990419-002

Dear Mr. Smith:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 21, 2000.

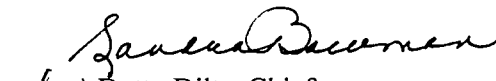
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Printed on recycled paper.

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
FEB 21 2005
Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <p align="center" style="font-size: 1.2em;">JCS Inc</p>
2. Site Name (For example, plant name or number): <p align="center" style="font-size: 1.2em;">WEBB'S CLEANERS</p>
3. Hazardous Waste Generator Identification Number: <p align="center" style="font-size: 1.2em;">FAD 48061865</p>
4. Facility Location: 1601 BROADWAY Street Address: City: RIVIERA BEACH County: Palm Bch Zip Code: 33404
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p align="right" style="font-size: 1.2em;">0990419-002</p>

Responsible Official

6. Name and Title of Responsible Official: Name: JOSEPH C SMITH Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: 1601 BROADWAY WEBB'S CLEANERS Street Address: City: Riv. Bch. County: P.B. Zip Code: 33404
8. Responsible Official Telephone Number: Telephone: (561) 842-2344 Fax: (561) 842-6812

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <p align="center" style="font-size: 1.2em;">TED SMITH</p>
10. Facility Contact Address: WEBB'S CLEANERS Street Address: 1601 B'WAY City: Riv Bch County: P.B. Zip Code: 33404
11. Facility Contact Telephone Number: Telephone: (561) 842-2344 Fax: (561) 842-6812

0990419-002

p15 1(a) "New" should be circled under
Status

p16 4. Existing machine at small area source
should not be marked. Mark about
and initial.
Initial

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")
5-28-98	Existing/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 _____)

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
X 50 - 73 - 00842
- 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.

Joseph C Smith
Print name of responsible official


Signature

2-15-00
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443378 DEC 15 2004

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# 990419	10
WEBBS CLEANERS	
1601 Broadway	
RIVIERA BEACH, FL 33404	

Printed on recycled paper.

RECEIVED
 Bureau of Air Monitoring & Mobile Sources
 DEC 16 2004

RECEIVED
 Bureau of Air Monitoring & Mobile Sources
 DEC 15 2004

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

395458

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

WEBBS CLEANERS	AIRS ID # 0990419
MICHAEL T SMITH	
1601 BROADWAY	
RIVIERA BEACH FL 33404	

RECEIVED
 MAIL ROOM
 MAY 30 00

FOR GOVERNMENT USE ONLY	
Org.: 37550101000	EO: B1
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

422719 FEB10 2003

Do NOT Remove Label

AIRS ID#0990419

WEBBS CLEANERS
JOSEPH C SMITH
1601 BROADWAY
RIVIERA BEACH FL
33404

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2003

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

436858 FEB25 2004

Do NOT Remove Label

ID# 990419
JOSEPH SMITH
WEBBS CLEANERS
1601 BROADWAY
RIVIERA BEACH, FL 33404

Bureau of Air Monitoring
& Mobile Sources

MAR 3 2004

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

420547 DEC12 2002

Do **NOT** Remove Label

AIRS ID#0990420

ELITE CLEANERS
DREW SPOTO
405 S FEDERAL HWY
BOCA RATON FL
33432

Bureau of
& Mobile

DEC 16 2002

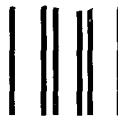
RECEIVED

FOR GOVERNMENT USE ONLY
Org. 375501000 EO: W1
Fund 20-2-035001
Obj. 000273

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	AIRS ID # 0990419
Sent To	WEBBS CLEANERS
Street, / or PO B	JOSEPH C SMITH 1601 BROADWAY
City, Sta	RIVIERA BEACH FL 33404
PS Form 3800, January 2001	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		RECIPIENT: 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. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0990419 WEBBS CLEANERS JOSEPH C SMITH 1601 BROADWAY RIVIERA BEACH FL 33404</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 (Copy from service label)</p> <p style="text-align: center;">7001 0320 0001 7975 8176</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3800, July 1999</p>		<p>Domestic Return Receipt</p>	
		102595-99-M-1789	

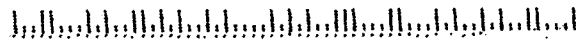
UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

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

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



BEST AVAILABLE COPY

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	AIRS ID # 0990419
Sent	WEBBS CLEANERS JOSEPH C SMITH 1601 BROADWAY RIVIERA BEACH FL 33404
Street or P.O. City	

7001 0320 0001 7976 1176

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 # 0990419
WEBBS CLEANERS
JOSEPH C SMITH
1601 BROADWAY
RIVIERA BEACH FL
33404

2. Article Number (Copy from service label)

7001 0320 0001 7976 1176

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent
 Addressee

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

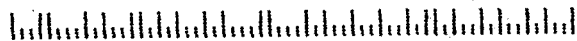
UNITED STATES POSTAL SERVICE



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Permit No. G-10

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

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 7053

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

AIRS ID # 0990419

Recip WEBBS CLEANERS
 JOSEPH C SMITH
Street, 1601 BROADWAY
 RIVIERA BEACH FL
City, St 33404

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 # 0990419

WEBBS CLEANERS
 JOSEPH C SMITH
 1601 BROADWAY
 RIVIERA BEACH FL
 33404

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Jessica Smith

C. Signature
 Jessica E. Smith Agent Addressee

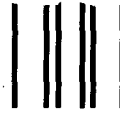
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0520 0020 9372 7053

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

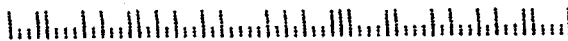
• Sender: Please print your name, address, and ZIP+4 in this box

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 6510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2002

RECEIVED



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

AIRS ID#0990419

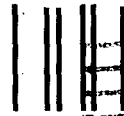
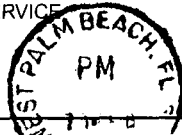
7001 0320 0001 7976 4818

WEBBS CLEANERS
 JOSEPH C SMITH
 1601 BROADWAY
 RIVIERA BEACH FL
 33404

PS Form 3811, August 2001 For Instructions

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>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0990419</p> <p>WEBBS CLEANERS JOSEPH C SMITH 1601 BROADWAY RIVIERA BEACH FL 33404</p>	<p>A. Signature</p> <p><i>Joseph C Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jessie M</i> <i>1/12/03</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0001 7976 4818</p>	<p>3. Service Type</p> <p><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>

UNITED STATES POSTAL SERVICE



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USPS
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• 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 Monitoring
& Mobile Sources

FEB 11 2003

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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)		
Total		

ID# 990419

Sent to: **JOSEPH SMITH**

Street or PO: **WEBBS CLEANERS**

City: **1601 BROADWAY**

RIVIERA BEACH, FL 33404

PS Form 3811, August 2001

7003 2260 0003 5650 0766

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 990419 JOSEPH SMITH WEBBS CLEANERS 1601 BROADWAY RIVIERA BEACH, FL 33404</p> </div>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Joseph Smith C. Date of Delivery 06/04</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>2. Article Number <i>(Transfer from service label)</i></p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>7003 2260 0003 5650 0766</p> </div>
<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 •

RECEIVED
FEB 11 2001
Bureau of Air Monitoring
& Mobile Sources

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
STATION 5510
3930 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Z 210 663 162

US Postal Service
Receipt for Certified Mail

AIRS ID # 0990419

WEBBS CLEANERS
 MICHAEL T SMITH
 1601 BROADWAY
 RIVIERA BEACH FL 33404

*3rd
2000*

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special 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	

SENDER: COMPLETE

Fold at line over top of envelope to

DELIVERY

- 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:

WEBBS CLEANERS
 MICHAEL T SMITH
 1601 BROADWAY
 RIVIERA BEACH FL 33404

AIRS ID # 0990419

2210 663 162

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery

Michael T Smith 4/13/00

C. Signature

[Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 •

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