

Department of **Environmental Protection**

leb 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, of 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

DD/jw

cc: Mr. Al Grasso, Palm Beach County

PERCHLOROETHYLENE DRY CLEANER

PERCHLOROETH I LENE DRI 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. Seed completed form to the address listed in the instructions and keep a copy of the form for your files.
Facility Name and Location
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JCS INC
2. Site Name (For example, plant name or number):
WEBB'S C/KOWERS.
3. Hazardous Waste Generator Identification Number:
FLD 048061865
4. Facility Location: 1601 BROAD WAY Street Address:
City: Rivings Bench County: Palm Bil Zip Code: 33404
5, Facility Identification Number (DEP Use ONLY - do not fill in):
0990419-002
Responsible Official
()
()
6. Name and Title of Responsible Official: Name: Title: Responsible Official Mailing Address: Organization/Firm: 160 12 ROADWAY WEBB'S C/LONNOS.
6. Name and Title of Responsible Official: Name: Sixph C Smith Title: Parsignation 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Organization O
6. Name and Title of Responsible Official: Name: Title: Responsible Official Mailing Address: Organization/Firm: 160 12 ROADWAY WEBB'S C/LONNOS.
6. Name and Title of Responsible Official: Name: Josiph C Smith Title: President Street Address: Organization/Firm: 160) 12000000 WASB'S Chiron Street Address: City: Riv. Bol. County: P.B. Zip Code: 33404 8. Responsible Official Telephone Number:
6. Name and Title of Responsible Official: Name: Josiph C Smith Title: President Single Official Mailing Address: Organization/Firm: 160) 1220ADWAY WEBB'S Cheonium Single Code: 33404 City: Riv. Bol. County: P.B. Zip Code: 33404
6. Name and Title of Responsible Official: Name: Josieph C Smith Title: President Since Presi
6. Name and Title of Responsible Official: Name: Joseph C Smith Title: President Control of County: Title: President County: Proceedings of County: Proceeding County: Proceeding County: Proceeding County: Proceeding County: Proceeding County: Proceedings of County: Proceeding C
6. Name and Title of Responsible Official: Name: Josiffa C Smith Title: President Provided P
6. Name and Title of Responsible Official: Name: Josiffa C Smith Title: President Provided P
6. Name and Title of Responsible Official: Name: Josie Ph. C. Smith. 7. Responsible Official Mailing Address: Organization/Firm: 160) BROADWAY WEBB'S Chennels Street Address: City: Riv. Bel. County: P.B. Zip Code: 33404 8. Responsible Official Telephone Number: Telephone: (561) 842-2344 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): The D. Smith. 10. Facility Contact Address: WARB'S CML's
6. Name and Title of Responsible Official: Name: Title: Responsible Official Mailing Address: Organization/Firm: Street Address: City: Responsible Official Telephone Number: Telephone: T
6. Name and Title of Responsible Official: Name: Title: Responsible Official Mailing Address: Organization/Firm: Street Address: City: Responsible Official Telephone Number: Telephone: T
6. Name and Title of Responsible Official: Name: Solitification Title: Palsing

0990419-002

p 15 1.6) "New" should be circled under Status

4. Existing machine at small area source should not be marked. Marbout and 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 Date Control Device Installed Status Control Device Required* From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") 5-28.98 JOME Existing/New RC/QA/None required 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser *CONTROL DEVICE KEY: CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? 70 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 New machine

Unopened store [____] (date of expected opening ____

3. What is the facility's source classification based of Indicate with an "X". Select one classification of	
Small Area Source	
ADry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source []	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser [X]
Existing machines at large area source Carbon adsorber Refrigerated condenser [X]	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions a Rule 62-213.300, F.A.C. Verify that all steam and h exemption criteria or that no such units exist on-site	
All steam and hot water generating units exempt No such units on-site	□ OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	முட்ட
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	<u> </u>
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site \boldsymbol{i}	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	<u>(X)</u>
(d) Carbon adsorber exhaust perc concentration monitoring	itoring [X_]
(e) Startup, shutdown, malfunction plan	

7. Surrender	of Existing DEP Air Permit(s)
Please indica	ate 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 10-73-00841 No DEP air permits currently exist for the operation of the facility indicated in this notification
·	form.
Responsible	Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and at the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	omptly notify the Department of any changes to the information contained in this notification.
ز ا	To JAM C Smith me of responsible official,
Print nar	me of responsible official,
Signature	2.15.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 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.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 FO: A1

FUND: 20-2-035001 OBJECT: 002273

0

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

AIRS ID # 0990419

WEBBS CLEANERS 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

Fund: 20-2-0350 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 FEB102803

Do NOT Remove Label

AIRS ID#0990419

WEBBS CLEANERS IOSEPH C SMITH 1601 BROADWAY RIVIERA BEACH FL 33404

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436858 FEB252894

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

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

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A

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

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AIRS ID#0990420

ELITE CLEANERS DREW SPOTO 405 S FEDERAL HWY BOCA RATON FL 33432 FOR GOVERNMENT USE ONLY Org. 375501 200 EO; A1 Fund 20-2-035001 Obj.10012273

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0350	Total AIRS ID # 099041 Sent To WEBBS CLEANERS	9
10	JOSEPH C SMITH Street, / 1601 BROADWAY or PO B RIVIERA BEACH FL 334	04
20	PS Form 3800: January 2001	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION THE RETURN ADDRESS TO BOTTOM SEARCH A BIANTER HIGH THE RETURN ADDRESS TO BOTTOM SEARCH A BIANTER HIGH THE RETURN ADDRESS TO BOTTOM SEARCH A BIANTER HIGH THE RETURN ADDRESS TO BOTTOM SEARCH A BIANTER HIGH A BIANTE	S SECTION ON 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. 	A. Received by (Please Print Clearly) B. Date of Pelivery C. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0990419 WEBBS CLEANERS	AURO
JOSEPH C SMITH 1601 BROADWAY RIVIERA BEACH FL 33404	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7001 0320 0001 7975 81	76
PS Form 50 i i , July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Pelivery 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. Article Addressed to: 	A. Received by (Please Print Clearly) B Date of Delivery C. Signature
AIRS ID # 0990419 WEBBS CLEANERS JOSEPH C SMITH 1601 BROADWAY RIVIERA BEACH FL 33404	3. Service Type Certified Mail
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7001	0320 0001 7976 1176

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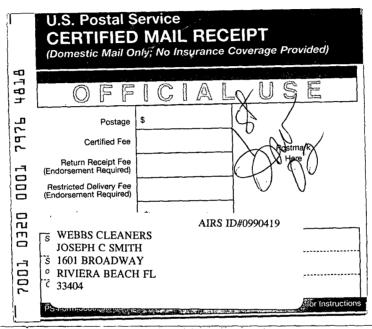
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DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 6510 2609 ELAIR STOLIE ROAD

TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring & Mobile Sources



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON 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: 	B. Received by (Printed Name)
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WEBBS CLEANERS	
JOSEPH C SMITH 1601 BROADWAY	
RIVIERA BEACH FL	3. Service Type
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	4. Restricted Delivery? (Extra Fee)
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PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035

United States Postal Service BEACH PM	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
BUR. OF AIP MONITORING & MOBILE SOURCES	EER 1 1 2003

Sent JOSEPH SMITH WERDS CLEANEDS		U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only: No Insurance Coverage Provided) For delivery information visit our website at www.usps.coms OFFICIA U.S. Postage Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Tote' ID# 990419	
or PC 1601 BROADWAY City, RIVIERA BEACH, FL 33404)	Sent JOSEPH SMITH Stree WEBBS CLEANERS or PC 1601 BROADWAY City, RIVIERA BEACH, FL 33404	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON 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. 	A. Signature X Addressee B. Received by Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
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1601 BROADWAY RIVIERA BEACH, FL 33404	3. Service Type Coertified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
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Article Addressed to:			D. Is delivery address di If YES, enter delivery		
WEBBS CLEANERS MICHAEL T SMITH	. А	AIRS ID # 0990419			
1601 BROADWAY RIVIERA BEACH FL 33	404	ני	3. Service Type		

Certified Mail
Registered

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

PS Form 3811, July 1999

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2. Article Number (Copy from service label)

Domestic Return Receipt

102595-99-M-1789

☐ Yes

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