



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 8, 2002

Mr. Franz Menardy
Point Cleaners
15335 Tall Oak Avenue
Delray Beach, Florida 33446

Re: Facility No.: 0990451-002

Dear Mr. Menardy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 4, 2002.

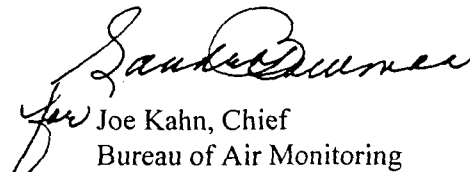
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


for Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

10/21/02 10:30A called + left message for Frong Kennedy. (CND)

2001 Notices

2/7/02 / 3/4/02 / 4/7/02

1998 Notices

Moved + left no forwarding address

No pay 98,01

Fees 96,97,99,00

SOL 1

Compliance IN

10/21/2002

Spoke to Mr. Franz Manardy, Responsible official for Point Cleaners, and he stated that the dry-to-dry machine was purchased in 1995. Mr. Manardy also stated that he had purchased 90 gallons of perchloroethylene in the past 12 months.

Page 15

1. (a) Add Date Initially Purchased From Manufacturer.
Choose New or Existing under Status
Add Date Control Device Installed in space provided.

2. (a) Add number of gallons of perchloroethylene purchased in past 12 months.

CRB

RECEIVED

OCT 04 2002

Bureau of Air Monitoring & Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>Somit Cleaners / GHP Corporation</i>
2. Site Name (For example, plant name or number):	<i>Somit Cleaners (Point Cleaners)</i>
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	<i>6576 W. Atlantic Ave Delray Beach FL 33446</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990451-002

Responsible Official

6. Name and Title of Responsible Official: Name:	<i>Francis Menardy</i>	Title:	<i>Manager</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	<i>15335 Fall Creek Dr. Delray Beach FL 33446</i>	County:	<i>Palm Beach</i>
8. Responsible Official Telephone Number: Telephone:	<i>561-499-2240</i>	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<i>Same</i>
10. Facility Contact Address: Street Address: City:	
11. Facility Contact Telephone Number: Telephone:	() -

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")
<u>SAME</u>	Existing/New	<u>RC</u> /CA/None required	<u>RC</u>
_____	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"/> | <input checked="" type="checkbox"/> <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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 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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

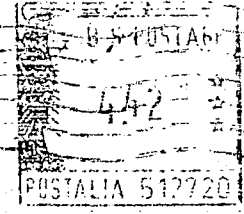
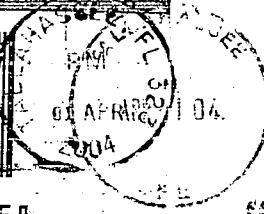
Franz Menardy
Print name of responsible official

[Signature]
Signature

9/20/02
Date

MS# 5510 MC Acct # 5524

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



#0990451

POINT CLEANERS
FRANZ MENARDY
15335 TALL OAK AVE
DELRAY BEACH, FL 33446

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Returned
- Attempted-Not Known
- No Such Street
- No Such Number
- Not Legible
- Mail Receptacle Closed
- No Order
- No For Better Address
- Postage Due

4/3/04
First Notice 4-10
Second Notice 4-20
Returned

RECEIVED
APR 23 2004
Bureau of Air Monitoring & Mobile Sources

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. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: AIRS ID # 990451 POINT CLEANERS FRANZ MENARDY 15335 TALL OAK AVE DELRAY BEACH, FL 33446		B. Received by (Printed Name)	C. Date of Delivery
2. Article (Rate) 7001 1140 0001 7556 3258		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811 August 2001		Domestic Return Receipt 102595-02-M-1540	
3. Service Type <input 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.G.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

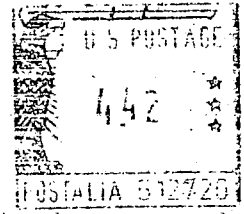
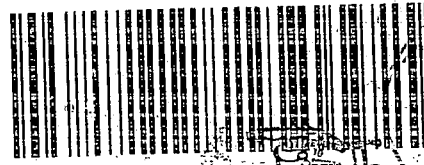
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>03</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 990451
Sent To	POINT CLEANERS
Street, Apt. or PO Box	FRANZ MENARDY
City, State	15335 TALL OAK AVE
	DELRAY BEACH, FL 33446
	#8990451
PS Form 3800 January 2001 See Reverse for Instructions	

7001 1140 0001 7556 3258

MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL™



7003 0500 6084 0144 5944 FL

- Unable To Forward
- Insufficient Address
- Mailed To Wrong Address
- Undelivered Return to Sender
- Attempted - Not Known
- No Such Street Number
- Recent Incomplete
- Postage Due
- No Order
- Better Address

AIR MAIL # 390751
FRANZ MENARDY
POINT CLEANERS
15335 TALL OAK AVE
DELRAY BEACH, FL 33446

First Notice
3/6
Second Notice
3-17
Returned
3-27

RECEIVED
MAR 30 2004
Bureau of Air Monitoring
& Mobile Sources

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 # 990451

FRANZ MENARDY
POINT CLEANERS
15335 TALL OAK AVE
DELRAY BEACH, FL 33446

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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
(Transfer from service label)

7003 0500 0004 0144 5944

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7003 0500 0004 0144 5944

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	

2nd Cert

Postmark Here
2003

AIRS ID # 990451

Sent To: FRANZ MENARDY
POINT CLEANERS
Street or PO: 15335 TALL OAK AVE
City, S: DELRAY BEACH, FL 33446

PS Form 3811, August 2001 See reverse for instructions

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

5090 0595 E000 0922 E007

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

[Handwritten Signature]
 Postmark Here

Total ID# 990451

Sent **FRANZ MENARDY**
POINT CLEANERS
 Street or P.O. **15335 TALL OAK AVE**
 City **DELRAY BEACH, FL 33446**

PS Form 3800, June 2002

Instructions

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:

ID#: 990451
FRANZ MENARDY
POINT CLEANERS
15335 TALL OAK AVE
DELRAY BEACH, FL 33446

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 0605

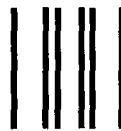
COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent Addressee
 B. Received by (Printed Name) *Franz Menardy* C. Date of Delivery *9-01*
 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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

426786 MAR27 2003

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#0990451

POINT CLEANERS
FRANZ MENARDY
15335 TALL OAK AVE
DELRAY BEACH FL
33446

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A-1
Fund: 20-2035001
Obj.: 002273

Bureau of Air Mail
& Mobile Services

MAR 27 2003

RECEIVED

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

OFFICIAL USE

7001 0320 0001 7976 6225

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

[Handwritten Signature]
 Postmark Here

AIRS ID#0990451

Sent To **POINT CLEANERS**
 Street, Apt. No.,
 or PO Box No. **FRANZ MENARDY**
 City, State, ZIP+4 **15335 TALL OAK AVE**
DELRAY BEACH FL
33446

PS Form 3800, J

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#0990451

POINT CLEANERS
FRANZ MENARDY
15335 TALL OAK AVE
DELRAY BEACH FL
33446

2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 6225

COMPLETE THIS SECTION ON DELIVERY

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

3/8

C. Signature

[Handwritten Signature]

- 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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

Bureau of Air, Noise,
& Mobile Sources

MAR 10 2001

RECEIVED

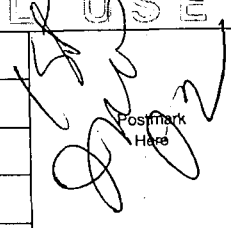
10 000 01



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

7001 0320 0001 7975 4857

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To POINT CLEANERS FRANZ MENARDY Street, Apt. No., or PO Box No. 15335 TALL OAK AVE City, State, ZIP+4 DELRAY BEACH FL 33446		AIRS ID#0990451
PS Form 3800, July 1999		

SENDER: COMPLETE THIS SECTION

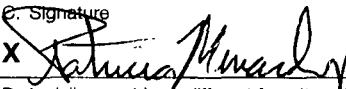
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0990451

POINT CLEANERS
 FRANZ MENARDY
 15335 TALL OAK AVE
 DELRAY BEACH FL
 33446

COMPLETE THIS SECTION ON DELIVERY

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
	2/7
C. Signature	<input type="checkbox"/> Agent
X 	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, enter delivery address below:	

3. Service Type

<input 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.

4. Restricted Delivery? *(Extra Fee)* Yes

2. Article Number *(Copy from service label)* 7001 0320 0001 7975 4857

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 •

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 10 2003

01

