



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 2, 2008

Mr. Rafael Lasprilla
Fountain Cleaners
4602 Jog Road
Lakeworth, Florida 33467

Re: Facility No.: 0990521-003

Dear Mr. Lasprilla:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 31, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

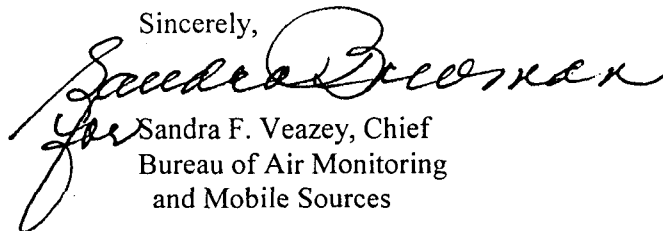
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Jeffrey Dizek, Palm Beach County

NO ACTIVITY FOR FACILITY.....
MISSION FEE DATES 197-2006.....
SOC REPORT 5.....
COMP. STATUS - SNC MNC (IN)

Insp - EWS 2 - compliance inspection
walkthrough - 3/1/2007 - IN
Insp - Lake Worth Palm Bch Co - JDizek

RECEIVED

MAR 31 2008

JEFF DIZOK

DOT

561-355-3070

X. 1145

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):	FOUNTAIN CLEANERS / RAFAEL LASPARRILLA
2. Site Name (For example, plant name or number):	FOUNTAIN CLEANERS
3. Hazardous Waste Generator Identification Number:	AIRS ID # 990521
4. Facility Location: Street Address: City: County: Zip Code:	4602 Jog Road LAKE WORTH PALM BEACH 33467
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990521-003

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	RAFAEL LASPARRILLA PRES.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	4602 Jog Road LAKE WORTH FLORIDA 33467
8. Responsible Official Telephone Number: Telephone: Fax:	(561) 968-3223 () -

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?

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")
2005	Existing <input checked="" type="radio"/> 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 _____
- 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.

RAFAEL LASPILLA

Print name of responsible official


Signature

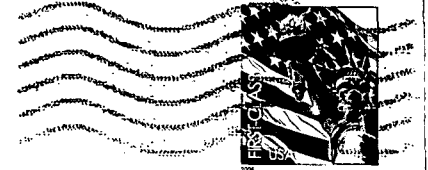
3-24-08
Date

Fountain Cleaners
4602 Jog Road
Lake Worth FL 33467-5072

WEST PALM BEACH

FL 334 2 T

27 MAR 2008 PM



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES, MS 5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

32399+6542

