



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 25, 1998

Mr. Milton Kokot
Masters of Boca
23269 South State Road 7 H115
Boca Raton, Florida 33428

Re: Facility No.: 0990539

Dear Mr. Kokot:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 16, 1998.

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"

INTEROFFICE MEMORANDUM

Date: 30-May-2000 10:08am
From: Martin_Liebler
Martin_Liebler@doh.state.fl.us
Dept:
Tel No:

To: Sandy.Bowman (Sandy.Bowman@dep.state.fl.us)

Subject: Title V permit delinquent payments

Airs id 0990511 and 0990545 are drop off only. Airs id0990539, 0990576, 0990514 are closed. Airs id0990538,0990507, 0990419, 0990552 I advised to pay asap. Airs id0990450 Ro stated he had sent check #1407 dated 17 April 2000 to us. I could find no record of .

RECEIVED
AUG 10 1998
 Bureau of Air Monitoring
 Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed
<i>DRY TO DRY</i> <i>AERO TECH</i> <i># 410</i>									
Type of Machine	ID			ID			ID		
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	(1)	4/1993	4/1993						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

- (b) Control devices are required, but not yet installed
- (c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

0990539

3/23/98 Spoke to Milton Kopot and
he is a co-owner with his son.

0990539

p13

6. Add title of Responsible official

p14

(B) Should not be marked. Mark out
and initial

p15

4. Existing large area source R.C.
should not be marked. Mark out
and initial. New small area source
R.C. should be marked.

(F) Required. Should be marked

p16

Add #'s of permits surrendered.
If none, correct by marking out
and choosing "No dis permits".

Responsible official sign and date
for changes

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No 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.

Signature Arthur K. K. V. I.
ARTHUR K-K-07 V.I

Date 8/5/98

RECEIVED

MAR 16 1998
Bureau of Air Monitoring
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MENT SOUTH INC.
2. Site Name (For example, plant name or number):	MASTERS OF BOCA
3. Hazardous Waste Generator Identification Number:	FL0000445999
4. Facility Location: 23269 SOUTH STATE ROAD 7 #115 Street Address: City: Boca RATON County: PALM BEACH Zip Code: 33428	
5. Facility Identification Number (DEP Use):	0990539

Responsible Official

6. Name and Title of Responsible Official:	MILTON KOKOT
7. Responsible Official Mailing Address: Organization/Firm: 23269 SOUTH STATE ROAD 7 #115 Street Address: MASTERS OF BOCA City: Boca RATON County: PALM BEACH Zip Code: 33428	
8. Responsible Official Telephone Number: Telephone: (561) 477-0000 Fax: () -	

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) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>AERO TECH</i> <i>H 410</i>									
<i>Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92</i>									
Dry-to-Dry Unit									
<i>DAY 2 DAY</i>									
(1) w/ ref. condenser	(1)	10 APR 93	10 APR 93						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
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(11) w/carbon adsorber									
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gallons

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Refrigerated condenser

New large area source

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(d) Carbon adsorber exhaust perc concentration monitoring

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I will promptly notify the Department of any changes to the information contained in this notification.

Milton Kohot
Signature *MILT. N K.K.T*

3/12/98
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359474

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

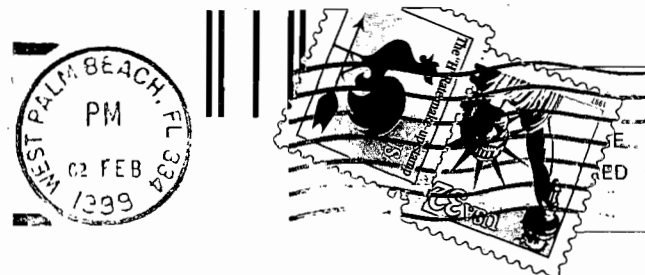
RECEIVED
MAIL ROOM
FEB-4 99

Do **NOT** Remove Label

AIRS ID # 0990539
MASTERS OF BOCA ARTHUR KOKOT 23269 SOUTH SR 7 #115 BOCA RATON FL 33428

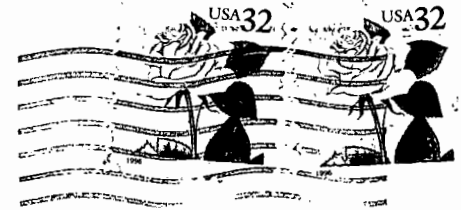
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

MASTERS OF BOCA
 FRENCH DRY CLEANERS
 23269 S. ST. RD. 7 SUITE 115
 BOCA RATON, FL 33428



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

MASTERS OF BOCA
FRENCH DRY CLEANERS
23269 S. ST. RD. 7 SUITE 115
BOCA RATON, FL 33428



GENERAL PERMITS SEC.

BUREAU OF AIR MONITORING MS 5510

DEPT OF ENVIRO. PROTECTION

2600 BLAIR STOVE RD.

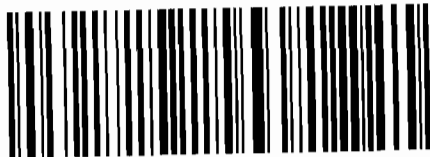
TALLAHASSEE, FL

32399-2400
32399/2400

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 MS 5510-37550 304000
 2600 BLAIR STONE ROAD
 TALLAHASSEE FL 32399-2400

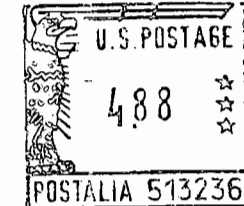
5510

5521



7000 0520 0020 9373 1753

CERTIFIED MAIL



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

5521 5216 0200 0020 0000

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

Receipt
 Postmark Here
 03

Total Postage 10 AIRS ID # 0990539001AG
Recipient's ARTHUR KOKOT
Street, Apt. No. MASTERS OF BOCA
 23269 SOUTH SR 7 #115
City, State, ZIP+ BOCA RATON FL 33428

PS Form 3800, February 2000 See Reverse for Instructions

RECEIVED
 DEC 17 2002
 Bureau of Air Monitoring
 & Mobile Sources



- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCL
 - ATTE
 - NO SU
 - VACA
 - NO REL
 - NOT DEL
 - MORE
- FORWARD
 ROUTE NO DATE
 CARR/INITIALS

10 AIRS ID # 0990539001AG
 ARTHUR KOKOT
 MASTERS OF BOCA
 23269 SOUTH SR 7 #115
 BOCA RATON FL 33428

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

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:

10 AIRS ID # 0990539001AG
ARTHUR KOKOT
MASTERS OF BOCA
23269 SOUTH SR 7 #115
BOCA RATON FL 33428

70000520008093731753

2. Article Number (Copy from service label)

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

C. 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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MC5521

BAMMS/BCO
JOEY ROBERTS
5510

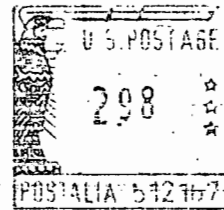
MASTERS OF BOCA
ARTHUR KOKOT
23269 SOUTH SR 7 #115
BOCA RATON FL 33428

AIRS ID # 0990539

CERTIFIED

Z 210 662 399

MAIL



- RETURNED TO SENDER
- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCLAIMED REFUSED
 - ATTEMPTED NOT KNOWN
 - NO SUCH STREET
 - VACANT
 - NO RECEPTACLE
 - NOT DELIVERABLE AS
ADDRESSED-UNABLE
TO FORWARD
- ROUTE NO. _____ DATE _____
CARR/INITIAL _____

SENDER

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

C. Signature Agent
 Addressee

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

1. Article Addressed to:

AIRS ID # 0990539

MASTERS OF BOCA
 ARTHUR KOKOT
 23269 SOUTH SR 7 #115
 BOCA RATON FL 33428

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)

2210662398

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

2 210 662 399

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Sent to

AIRS ID # 0990539

MASTERS OF BOCA
 ARTHUR KOKOT
 23269 SOUTH SR 7 #115
 BOCA RATON FL 33428

PS Form 3800, April 1995

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	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

32550301000-5510

CERTIFIED

Z 333 667 373

MAIL



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT

NO RECEPTACLE
NOT DELIVERABLE AS
ADDRESSED-UNABLE
TO FORWARD

TE NO. _____ DATE _____

INITIALS _____

MASTERS OF BOCA
23269 SOUTH SR 7 #115
BOCA RATON FL 33428

Bureau of Air Monitoring
& Mobile Sources

FEB 22 2000

RECEIVED

Is your RETURN ADDRESS completed on the reverse side?

SENDER

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
AIRS ID# 0112286

MARVIN'S CLEANERS
ANDREW F SMITH
3030 JOHNSON STREET
HOLLYWOOD FL 33021

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

4a. Article Number
Z333667373

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

Z- 333 667 352

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for international Mail (See reverse)

Sent to
AIRS ID # 0990539

MASTERS OF BOCA
ARTHUR KOKOT
23269 SOUTH SR 7 #115
BOCA RATON FL 33428

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	

PS Form 3800, April 1995

OH# 333 667 352

Z- 333 667 373

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for international Mail (See reverse)

Sent to
Masters of Boca
Street & Number
23269 SR 7 #115
Post Office, State, & ZIP Code
Boca Raton, FL 33428

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 <i>Arthur Kokot</i>	

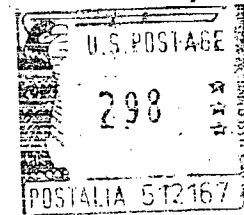
PS Form 3800, April 1995

2000

CERTIFIED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

210 663 175



MAIL

AC5521

BAMMS/BCO
JOEY ROBERTS
5510



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED
- ATTEMPTED
- NO SUCH ADDRESS
- REFUSED

Bureau of Air Monitoring
& Mobile Sources

APR 5 2000
RECEIVED

MASTERS OF BOCA
ARTHUR KOKOT
23269 SOUTH SR 7 #115
BOCA RATON FL 33428

AIRS ID # 0990539

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 # 0990539

MASTERS OF BOCA
 ARTHUR KOKOT
 23269 SOUTH SR 7 #115
 BOCA RATON FL 33428

Z 210 663 175

2. Article Number (Copy from service label)

RESTRICTED DELIVERY

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

C. 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 663 175

US Postal Service
Receipt for Certified Mail

AIRS ID # 0990539

MASTERS OF BOCA
 ARTHUR KOKOT
 23269 SOUTH SR 7 #115
 BOCA RATON FL 33428

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	

PS Form 3800, April 1995