



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

December 4, 2003

Ms. Aviva Davis
Towne and Country Cleaners
3511 North Federal Highway
Boca Raton, Florida 33431

Re: Facility No.: 0990560-002

Dear Ms. Davis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 23, 2003.


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,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

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Emission Fee - '98-2002
SOC REPORT - 1
COMPLIANCE STATUS - IN

3:10P

11/17/03

called + phone was busy CRB

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11/25/03

Fax # 850-922-6979

Bureau of Air Monitoring
& Mobile Sources

NOV 25 2003

RECEIVED

to: Rick Butler
Dept of Environmental Protection
Dry cleaning permit

From: Harvey DAVIS
and AVOA DAVIS

Town & Country Cleaners
35 N. Federal Highway
Boca Raton, FL 33430

phone # 561-391-7781

Please find enclosed the missing pages
you need.

AVOA DAVIS

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Bureau of Air
& Mobile Sol

NOV 25 2013

RECEIVED

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 1

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")
1997	Existing	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?

120 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)



Florida Department of Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 11/17/2003
TO: Mrs. Divina Davis
PHONE: 561-391-7781

FAX: 561-998-9536

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Title General Permit

CC: _____

Total number of pages including cover sheet: 4

Message

Mrs. Davis,

Please make changes to the Responsibility Official section on pages 14 and 17 respectively to reflect the owner of the dry cleaning facility.

Thanks you,

Rich Butler

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

DONE
SEE ENCLOSED

RECEIVED
NOV 21 2003

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
OCT 23 2003
Bureau of Air Monitoring
& Mobile Sources

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):	A-1 INC.		
2. Site Name (For example, plant name or number):	TOWN & COUNTRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLR 000013904		
4. Facility Location:			
Street Address:	3511 N. FEDERAL HWY.		
City:	County:	Zip Code:	
BOLTA RAYON	TALM BEACH	33431	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990560-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Title:		
Quincy Dales	Owner		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone: (561) 391 - 7781	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) 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")
1997	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	SAME
	<input type="radio"/> Existing / <input type="radio"/> New	<input type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	
	<input type="radio"/> Existing / <input type="radio"/> New	<input type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> 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")
	<input type="radio"/> Existing / <input type="radio"/> New	<input type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	
	<input type="radio"/> Existing / <input type="radio"/> New	<input type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	
	<input type="radio"/> Existing / <input type="radio"/> New	<input type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> 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 _____)

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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".)

Existing machines at small area source (NONE REQUIRED)

New machines at small area source Refrigerated condenser

Existing machines at large area source

- Carbon adsorber
- Refrigerated condenser

New machines at 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 (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 UNKNOWN
- 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.

ANITA DAVIS
 Print name of responsible official

Anita Davis
 Signature

10/19/03
 Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
OCT 23 2003
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): A-1 INC.
2. Site Name (For example, plant name or number): TOWN & COUNTRY CLEANERS
3. Hazardous Waste Generator Identification Number: FLR 000013904
4. Facility Location: Street Address: 3511 N. FEDERAL HWY. City: Boca Raton County: Palm Beach Zip Code: 33431
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990560-002

Responsible Official

6. Name and Title of Responsible Official: Name: HARVEY DAVIS Title: MANAGER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (561) 391 - 7781 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:
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	<input type="radio"/> Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	
	<input type="radio"/> Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	

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Responsible Official Certification

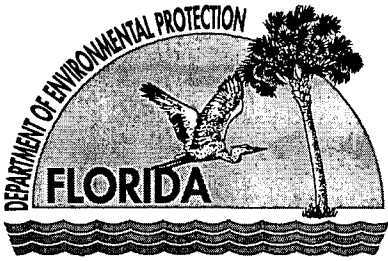
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I will promptly notify the Department of any changes to the information contained in this notification.

HARVEY DAVIS
Print name of responsible official

Harvey Davis
Signature

10/18/03
Date



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 11/17/2003

TO: Mrs. Diva Davis

PHONE: 561-391-7781

FAX: 561-998-9536

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Little General Permit

CC: _____

Total number of pages including cover sheet: 4

Message

Mrs. Davis,

Please make changes to the Responsibility Official section on pages 14 and 17 respectively to reflect the owner of the dry cleaning facility.

*Thank you,
Rich Butler*

If there are any problems with this fax transmittal, please call the above phone number.

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458421 JAN25 2006

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

990560	10
TOWN & COUNTRY	
3511 N Federal Hwy	
BOCA RATON, FL	33431

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FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

TOWN & COUNTRY
CLEANERS
3511 N. Federal Hwy.
Boca Raton, FL 33431



State of Fla.
Dept of Environmental
Protection

MS 5510-37550304000

2600 Blau ~~St~~ RD

St. Johns
tallahassee, Fla 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434368 DEC17 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

RECEIVED
DEC 22 2003
Bureau of Air Monitoring
& Mobile Sources



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990560 HARVEY DAVIS TOWN & COUNTRY 3511 N FEDERAL HIGHWAY BOCA RATON FL 33431

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445071 JAN28 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
JAN 31 2005
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID# 990560 10 TOWN & COUNTRY 3511 N Federal Hwy BOCA RATON, FL 33431
--

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

D & B
INTERIORS

1200 Clint Moore Road • Suite #7
Boca Raton, Florida 33487



Fla dept of Environmental Protection
Tim Lowers office Bldg
2600 Black Stone Rd
Tallahassee, FL (32399-2400)

attn: Rick
Butler

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

469219 FEB14 2007

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#990560 ✓
4-1 INC
3511 N Federal Hwy
BOCA RATON, FLORIDA 33431

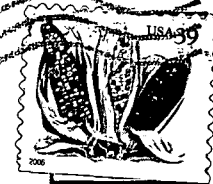
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BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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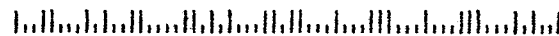
TOWN & COUNTRY
CLEANERS
3511 N. Federal Hwy.
Boca Raton, FL 33431

WEST PALM BEACH
FL 334 9 L
12 FEB 2007 PM



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

32315+3070



RECEIVED
FEB 16 2007
Bureau of A
& Mobile Sour