

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 16, 2004

Mr. Howard I. Laichter
Priceless Dry Cleaners
4895 Windward Passage Drive
Boynton Beach, Florida 33436

Re: Facility No.: 0990609-002

Dear Mr. Laichter:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 15, 2004.

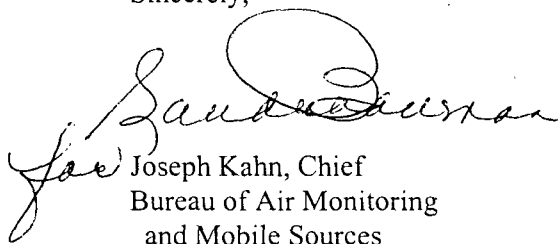
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

EMISSION FEE DATES 2002.....
SOC REPORTS 1.....
COMPLIANCE STATUS I.N......

2/6/04 Called and spoke with Howard Faichta and he will find the manufacturer of the dry-to-dry machine.



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 23, 2004

Mr. Harold Pantaleon
5989 Coy Glen Way
Lake Worth, Florida 33465

Dear Mr. Pantaleon:

Thank you for your note notifying the department that your business, BQ Cleaners (AIRS ID #0990609), has been sold. The department received your note on March 22.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that the responsible official shall notify the department in writing of any changes requiring corrections to information contained in the notification form. The facility status for BQ Cleaners is *inactive* in the database.

In addition, Rule 62-213.300, F.A.C., stipulates that an annual emissions fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that BQ Cleaners operated as a Title V general permit facility in 2003. Therefore, the annual operation fee for which you were recently invoiced is now due.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

cc: Ajaya Satyal, Palm Beach County
Martin Liebler, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN 15 2004
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): PRICELESS DRY CLEANERS, INC. |
| 2. Site Name (For example, plant name or number): PRICELESS DRY CLEANERS |
| 3. Hazardous Waste Generator Identification Number: |
| 4. Facility Location: Street Address: City: 4895 WINDWARD PASSAGE DRIVE County: Boynton Beach Zip Code: 33436 PALM BEACH |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in) 0990609-002 |

Responsible Official

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Title of Responsible Official: Howard I. Laichter Name: HOWARD I. LAICHTER Title: OWNER/PRES |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 4895 WINDWARD PASSAGE DRIVE City: BOYNTON BEACH County: Palm Beach Zip Code: 33436 |
| 8. Responsible Official Telephone Number: Telephone: (561) 742-1995 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? [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") |
|--------------------------------------------|-------------------------|---------------------------------------|---------------------------------------------------------------------------------------|
| _____ | Existing 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?

[45] gallons (You must fill this in)

(b) If less than 12 months, how many? [3] 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 checked="" type="checkbox"/> | <u>New machines at small area source</u> Refrigerated condenser <input 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: 20

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) Electric

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.

HOWARD I. LAICHTON
Print name of responsible official

Howard I. Laichton
Signature

1-7-04
Date

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

PS. Please remove it from your records. HABS-

Do **NOT** Remove Label

AIRS ID# 990609

HAROLD PANTALEON
 BQ CLEANERS
 5989 COY GLEN WAY
 LAKE WORTH, FL 33466

*No longer business Owner -
 business under sold -
 Thanks -*

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447752 FEB 28 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

Do **NOT** Remove Label

AIRS ID# 990609 1stC
 PRICELESS DRY CLEANERS
 4895 Windward Passage Dr. #10
 BOYNTON BEACH, FL 33436

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



Priceless Dry Cleaners, Inc
4895 Windward Passage Dr. # 10
Boynton Beach, FL 33436

990609

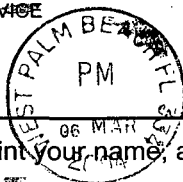


General Permits Section
Bureau of Air Monitoring & Mobile Sources, MS 5510
Dept of Environmental Protection
2600 Blain Stone Road
Tallahassee, FL 32309-2908

| | |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| 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) | 2nd Clx Postmark Here 2003 |
| AIRS ID # 990609 | |
| Total Pos Sent To Street, Apt. or PO Box # City, State | HAROLD PANTALEON BQ CLEANERS 5989 COY GLEN WAY LAKE WORTH, FL 33463 |
| PS Form 3800, June 2002 See Reverse for Instructions | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT | |
| SENDER: COMPLETE THIS SECTION <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. | COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) K Pantaleo C. Date of Delivery 3-6-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> AIRS ID # 990609 HAROLD PANTALEON BQ CLEANERS 5989 COY GLEN WAY LAKE WORTH, FL 33463 </div> | 3. Service Type <input checked="" 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. |
| 2. Article Number 7003 0500 0004 0144 8136 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |

UNITED STATES POSTAL SERVICE



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

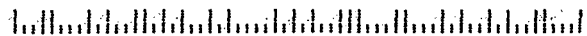
• Sender: Please print your name, address, and ZIP+4 in this box. •

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

Bureau of Air Monitoring
& Assessment
CROSS

MAR 8 2004

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| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|---------------|--|----------------------------------------------|--|---------------------------------------------------|--|------------------|
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| OFFICIAL USE | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table> | Postage | \$ | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | Postmark Here |
| Postage | \$ | | | | | | | | |
| Certified Fee | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | |
| AIRS ID# 990609 1stC PRICELESS DRY CLEANERS 4895 Windward Passage Dr. #10 BOYNTON BEACH, FL 33436 | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | | | | | |
| <small>PS Instructions</small> | | | | | | | | | |

7004 2510 0002 3938 7669

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# 990609 1stC
 PRICELESS DRY CLEANERS
 4895 Windward Passage Dr. #10
 BOYNTON BEACH, FL 33436

2. Article Number
 (Transfer from service label)

7004 2510 0002 3938 7669

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Howard L. Lenz Addressee

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

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
Environmental Sources
Monitoring

FEB 9 2005

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| | | |
|------------------------------------------------------------------|-----------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee <small>(Endorsement Required)</small> | | |
| Restricted Delivery Fee <small>(Endorsement Required)</small> | | |
| Total Postage & Fees | \$ | |

Sent To AIRS ID#0990609.....2nd Cert 05
PRICELESS DRY CLEANERS
Street, Apt. No., or PO Box No. 4895 Windward Passage Dr. #10
City, State, ZIP+4 BOYNTON BEACH, FL 33436

PS Form 3800, 10/01

7004 2510 0002 3939 7927

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#0990609.....2nd Cert 05
PRICELESS DRY CLEANERS
4895 Windward Passage Dr. #10
BOYNTON BEACH, FL 33436

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 7927

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Howard J. Lamb Agent Addressee

B. Received by (Printed Name) *H J Lamb* C. Date of Delivery *3/5/05*

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



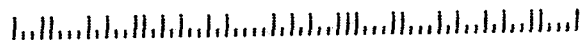
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

MAR 7 2005

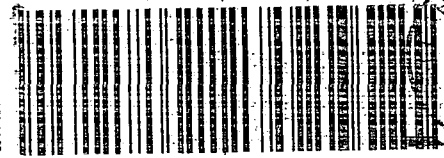
RECEIVED



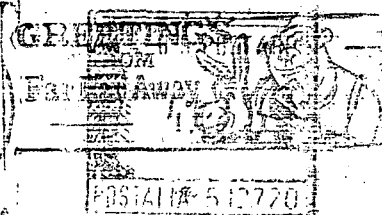
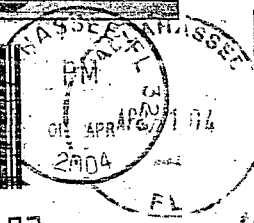
MS# 5510 MC Acct # 5521

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

DEPT. RETURN ADDRESS: TALLAHASSEE, FL 32399-2400
CERTIFIED MAIL



7001 1140 0001 7556 3197



#0990609

BO. CLEANERS
HAROLD BANTALEON
5989 COY GLEN WAY
LAKE WORTH FL 33463

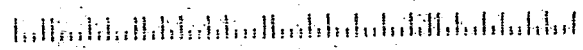
4-3
4/19/04

Bureau of
& Monitoring
Sources

APR 27 2004

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32399



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- 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:

AIKS ID # 990009
 BQ CLEANERS
 HAROLD PANTALEON
 5989 COY GLEN WAY
 LAKE WORTH, FL 33463

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) _____ G. 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.
- A. Restricted Delivery? (Extra Fee) Yes

7001 1140 0001 7556 3197

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7001 1140 0001 7556 3197

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

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| | | |
|------------------------------------------------|----|----------------------------------|
| Postage | \$ | 31 03 imw Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |

AIKS ID # 990009

Sent To BQ CLEANERS
 HAROLD PANTALEON
 5989 COY GLEN WAY
 LAKE WORTH, FL 33463

Street, Apt. or PO Box N _____

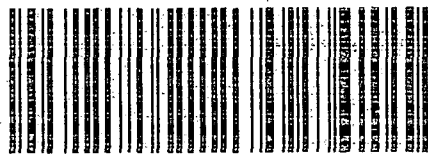
City, State, ZIP+4® #0990609

PS Form 3800, January 2001 See Reverse for Instructions

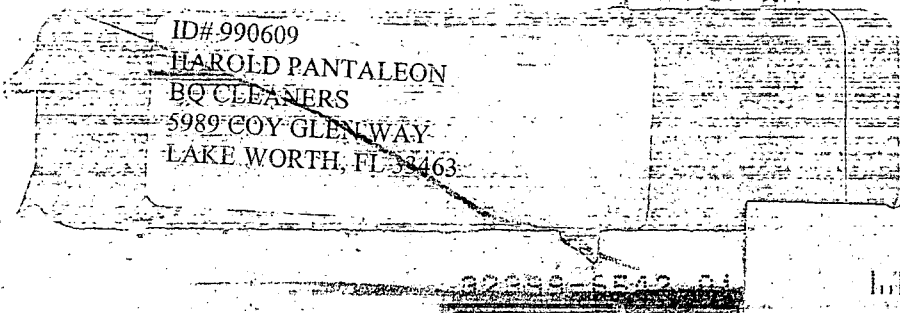
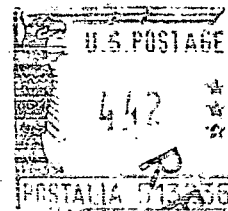
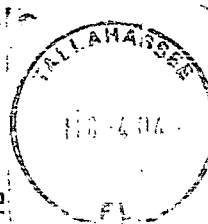
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7001 1140 0001 7556 3692



ID# 990609
HAROLD PANTALEON
EQ CLEANERS
5989 COY GLEN WAY
LAKE WORTH, FL 33463

UNCLAIMED

ST. N.L.
2/9/04
CKP
2-14
26

Bureau of Air Monitoring
& Mobile Sources

MAR 2 2004

RECEIVED

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# 990609
 HAROLD PANTALEON
 IBQ CLEANERS
 5989 COY GLEN WAY
 LAKE WORTH, FL 33463

2. Article Number
(transfer from service label)

7001 1140 0001 7556 3692

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

PS Form 3811, August 2001

Domestic Return Receipt

102505-02-M-1540

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

OFFICIAL USE

| | | |
|---------------------------------------------------|------------------------------------------------------------------------------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total | HAROLD PANTALEON BQ CLEANERS 5989 COY GLEN WAY LAKE WORTH, FL 33463 | |
| Sent | | |
| Street or PO | | |
| City, State, ZIP+4 | | |

PS Form 3800, January 2001

See Reverse for Instructions

7001 1140 0001 7556 3692