

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 4, 2003

Mr. John Prece  
Garmen Care International  
7449 South Military Trail  
Lake Worth, Florida 33463

Re: Facility No.: 0990628-001

Dear Mr. Prece:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 1, 2003.

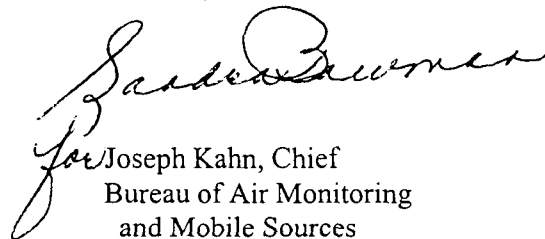
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

Emission Fee - 0 (None)  
SOC REPORT -  
Compliance Status -

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

OCT 1 2005

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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. After completing the 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):	Prece Enterprises, Inc.
2. Site Name (For example, plant name or number):	Gaermen CARE International
3. Hazardous Waste Generator Identification Number:	FLCESQG
4. Facility Location: Street Address: City:	7449 S. Military Trail County: Palm Beach Zip Code: 33463
5. Facility Identification Number (DEP Use ONLY, do not fill in)	0990628-001

Responsible Official

6. Name and Title of Responsible Official: Name:	John Prece	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	7449 S. Military Trail Lake Worth	County:	Palm Beach Zip Code: 33463
8. Responsible Official Telephone Number: Telephone:	(561) 968 9963	Fax:	(561) 304-0445

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same As above
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? [ 2 ]

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")
8/2001	Existing/New	RC/CA/None required	Standard
8/2001	Existing/New	RC/CA/None required	Standard
_____	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?**

[ 240 ] 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><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input checked="" type="checkbox"/><br>Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u><br>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?

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

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.*

John Rece  
Print name of responsible official

John Rece  
Signature

9/25/03  
Date

**Below facilities are listed as Active in GPCI even though they are Inactive**

- 1.) Bargain D/C- AIRS #453- Closed- Verified by inspection
- 2.) Garmen Care- AIRS #628- Closed- Verified by inspection - # 0990628
- 3.) Ivy French Cleaners- AIRS #384- Closed- Verified by phone call
- 4.) Oceanside Cleaners- AIRS #363- Closed- Verified by inspection
- 5.) Special Touch Cleaners- AIRS #584- Drop Store- Verified by inspection

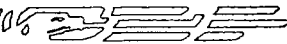
Page 15

- 1(a) New should be circled under Status for each 2001 dry-to-dry machine.

Page 16

4. New machines at large area source Refrigerated condenser should be marked for 2001 dry-to-dry machines using 140 gallons or more of perchloroethylene.



★  ★  
1362 U.S. POSTAGE PB2233371★  
0366 \$00.370 SEP 29 03★  
0355 FROM ZIP CODE 33401★

General Permits Section  
Bur. Air monitoring & mobile sources  
Dept. Env. Prot.  
2600 Blair Stone Rd  
Tallahassee, FL

32399+6542

32399



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436340 FEB12 2004

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

7449 → ID# 990628  
JOHN PRECE  
GARMEN CARE INTRNATIONAL  
7445 S MILITARY TRAIL  
LAKE WORTH, FL 33463

Bureau of Air Monitoring  
& Mobile Sources

FEB 18 2004

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

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

7001 1140 0001 7556 2848

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endr ID# 990628)		

**Tot** JOHN PRECE  
**Sen** GARMEN CARE INTRNATIONAL  
 7445 S MILITARY TRAIL  
**Stre or P** LAKE WORTH, FL 33463  
**City, State, ZIP**

PS Form 3800, January 2001 (See Reverse for 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# 990628  
 JOHN PRECE  
 GARMEN CARE INTRNATIONAL  
 7445 S MILITARY TRAIL  
 LAKE WORTH, FL 33463

2. Article Number

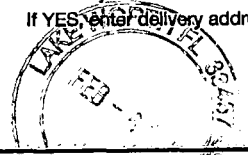
(Transfer from service label)

7001 1140 0001 7556 2848

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John Prece*  
 B. Received by (Printed Name) C. Date of Delivery  
 2-6-04

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 Code in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
Department of Environmental Protection

FEB 6 2004

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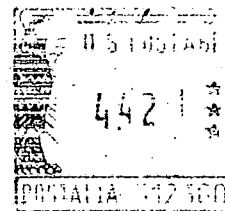
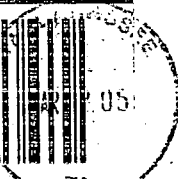
**CERTIFIED MAIL**

MS# 0510 MC Acct # 5521

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



7004 2510 0002 3939 7934



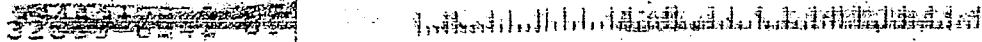
RECEIVED  
MAR 24 2005

Rufan A Williams  
& Mobile Source

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*Handwritten:*  
3-11-05  
2-19

AIRS ID#0990628.....2<sup>nd</sup> Cert 05  
GARMEN CARE INTRNATIONAL  
7419 S Military Trail  
LAKE WORTH, FL 33463



**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#0990628.....2<sup>nd</sup> Cert 05  
 GARMEN CARE INTRNATIONAL  
 7449 S Military Trail  
 LAKE WORTH, FL 33463

**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)

7004 2510 0002 3939 7934

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7004 2510 0002 3939 7934

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

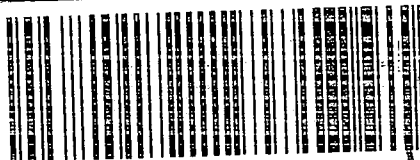
Sent To AIRS ID#0990628.....2<sup>nd</sup> Cert 05  
 GARMEN CARE INTRNATIONAL  
 Street, Apt. No., or PO Box No. 7449 S Military Trail  
 City, State, ZIP+4 LAKE WORTH, FL 33463

PS Form 3800-010

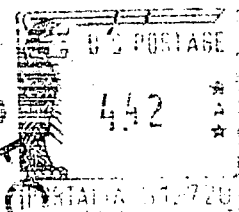
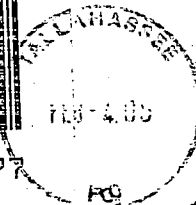
MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**



7004 2510 0002 3939 4377



**UNCLAIMED**

Bureau of Air Monitoring  
& Major Sources

*RECEIVED  
FEB 26 2003  
J. D. Smith  
9/1/02*

AIRS ID# 990628 1stC  
GARMEN CARE INTERNATIONAL  
7449 S Military Trail  
LAKE WORTH, FL 33463

~~32399-2400~~

**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# 990628 1stC  
 GARMEN CARE INTRNATIONAL  
 7449 S Military Trail  
 LAKE WORTH, FL 33463

2. Article Number  
 (Transfer from service label)

PS Form 3811, August 2001

**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.

7004 2510 0002 3939 4377 ed Delivery? (Extra Fee)  Yes

Domestic Return Receipt 102595-02-M-1540

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total AIRS ID# 990628 1stC  
 GARMEN CARE INTRNATIONAL  
 7449 S Military Trail  
 LAKE WORTH, FL 33463

7004 2510 0002 3939 4377



MS# 5510 MC Acct # 5527

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

GENERAL INVESTIGATIVE



7004 2510 0000 3738 4774

U.S. POSTAGE  
442  
POSTALIA 512720

AIRS ID# 990628 3<sup>rd</sup> Cert04  
GARMEN CARE INTRNATIONAL  
7449 S Military Trail  
LAKE WORTH, FL 33463

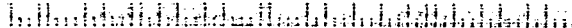
*Handwritten signature*

Bureau of Air Monitoring  
& Mobile Sources

APR 11 2005

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00000+0000 02



Vertical text on the right edge of the page, likely a scanning artifact or margin note.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS AND ABOVE THE MAILING LABEL

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>AIRS ID# 990628 3<sup>rd</sup> Cert04            GARMEN CARE INTRNATIONAL            7449 S Military Trail            LAKE WORTH, FL 33463</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>2. Article Number _____            (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below: _____</p>
<p>3. Service Type</p> <p><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.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

7004 2510 0002 3939 9778

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

Sent To AIRS ID# 990628 3<sup>rd</sup> Cert04  
 GARMEN CARE INTRNATIONAL  
 Street, Apt. No. 7449 S Military Trail  
 or PO Box No. LAKE WORTH, FL 33463  
 City, State, ZIP

PS Form 3800

7004 2510 0002 3939 9778