

# Department of Environmental Protection

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

David B. Struhs Secretary

October 1, 2001

Mr. Joseph Mule JM Cleaners, Inc. 9060 Kimberly Boulevard Boca Raton, Florida 33434

Re: Facility No.: 0990456-002

Dear Mr. Mule:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27 2001.

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

"More Protection, Less Process"

Fees Paid 96-00 50C Compliance IN 0990456-002

7. Marsout permit # if plegebility should not be surrendered.

A.O. sign and date for cleanges.

DEP ROUTING AND TRANSMITTAL SLIP			
TO: (NAME, OFFICE, LOCATION)	3.		
1	4.		
2	5.	·	
PLEASE PREPARE REPLY FOR:	COMMENTS:		
SECRETARY'S SIGNATURE			
DIV/DIST DIR SIGNATURE		·	
MY SIGNATURE			
YOUR SIGNATURE			
DUE DATE			
ACTION/DISPOSITION	•		
DISCUSS WITH ME			
COMMENTS/ADVISE			
REVIEW AND RETURN			
SET UP MEETING			
FOR YOUR INFORMATION			
HANDLE APPROPRIATELY			
INITIAL AND FORWARD			
SHARE WITH STAFF	•		
FOR YOUR FILES			
FROM:	DATE:	PHONE:	

RECENTER LANGUE TO STATE OF THE PARTY OF THE

# 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):				
IM CLEANERS INC.				
2. Site Name (For example, plant name or number):				
3. Hazardous Waste Generator Identification Number:				
FL 098 1479066				
4. Facility Location: 9060 Kimbelly Blod. Street Address:				
4. Facility Location: 9060 Kimbeely Blod. Street Address: City: BOCA RAJON  County: PALM BEACH  Zip Code: 33434  5: Facility Identification, Number (DEP Use ONLY - do not fill in):				
5: Facility Identification Number (DEP Use ONLY - do not fill in):				
14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Responsible Official				
6. Name and Title of Responsible Official:				
Name: Joseph Mk. Title: President				
Organization/Firm: 9360 Kimbercy 13101. Street Address:				
Organization/Firm: 9560 Kimbery 13/0D. Street Address: City: Box Rator County: Parm Beath Zip Code: 33/3/  8. Responsible Official Telephone Number:				
8. Responsible Official Telephone Number:				
Telephone: $(52/)487 - 7482$ 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:				
Enp cour.				
11. Facility Contact Telephone Number:				
Telephone: ( ) - Fax: ( ) -				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	·
How many dry-to-dry ma	ichines do you hav	ve on-site?	
For each dry-to-dry mach	nine on-site, please	e provide the following information	on:
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")
17-10-97 Oct. 1997	Existing Ne	w ROCANone required	SAME
17-12-975	Existing/Ne	w RC/CA/None required	·
·	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	·	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer maching 1993, it is a <b>NEW</b> unit (repermit). For each transfer	ine was purchased to units purchased er machine on-site	from the manufacturer between after September 22, 1993 are alle, please provide the following in	<del></del>
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 K	FV· RC = re	efrigerated condenser CA =	= carbon adsorber
CONTROL DEVICE R	er. Re R	on igerated condenser CA	caroon adsorber
		have you used within the last 12 r	nonths?
gano	ns (You must fill	unis in)	
(b) If less than 12 mor	nths, how many? [	months	•
Check why it is les	ss than 12 months	New owner: Did not kee	ep records: []
•		New store: New machin	e []
		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 [ ]
Rı	A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to ale 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following emption criteria or that no such units exist on-site (see attached memo for the criteria).
	Il steam and hot water generating units exempt OR such units on-site
Н	ow many boilers do you have on-site?
Fo	or each boiler, indicate its horsepower (HP) rating: [15] []
W	hat type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 4 fuel oil  [] No. 6 fuel oil  [] Other (please list)
6.	Equipment Monitoring and Recordkeeping Information
Cl	neck 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	Purchase receipts and solvent purchases/solvent addition log  Leak detection inspection and repair  Refrigerated condenser temperature monitoring  Carbon adsorber exhaust perc concentration monitoring  Startup, shutdown, malfunction plan
(e	Startup, shutdown, malfunction plan

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7. :	Surrender	of Existing DEP Air Permit(s)		
Ple	ase indicat	te with an "X" the appropriate	selection:	
		I hereby surrender all existing this notification form; the period of the surrender all existing the period of the surrender all exists and the surrender a	-	rizing operation of the facility indicated in
		No DEP air permits currently form.	y exist for the operation of	of the facility indicated in this notification
Re	sponsible :	Official Certification		
	this notification statement maintain comply will produced to the statement of the statement	ication. I hereby certify, based ts made in this notification are the air pollutant emissions uni vith all terms and conditions of	d on information and beli true, accurate and comp its and air pollution conti this general permit as se f any changes to the infor	It II of this form, of the facility addressed in set formed after reasonable inquiry, that the selete. Further, I agree to operate and rol equipment described above so as to set forth in Part II of this notification form.
	Signature	2/		8-28-0/ Date
Y	1			

DEP Form No. 62-213.900(2) Effective: 2/24/99

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

465996 DEC132006

## TOTAL AMOUNT DUE: \$50.00

Do <u>NOT</u> Remove Label	Bureau & v
AIRS ID# 990456  JM CLEANERS INC 9060 Kimberly Blvd BOCA RATON, FLORIDA 33434	of Air Monitoring

Printed on recycled paper.

( )

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

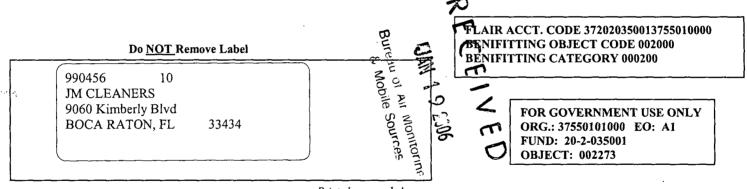
FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

458107 JAN17206



Printed on recycled paper.

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 443434 DEC17 2004

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# 990456 10 JM CLEANERS 9060 Kimberly Blvd BOCA RATON, FL 33434

ORG.: 37550101000 EO: A1

FOR GOVERNMENT USE ONLY

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434056 DEC10203

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

990456 JOSEPH MULE JM CLEANERS 9060 KIMBERLY BLVD **BOCA RATON FL 33434** 

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

Obj.: 002273



#### 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 labels:

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

JM CLEANERS JOSEPH MULE 9060 KIMBERLY BLVD BOCA RATON FL 33434 AIRS ID#0990456

FOR GOVERNMENT USEONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

M

Fund: 20-2-0. Obj.: 002273



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

32315+3070 33

412148 DEC242001

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

AIRS ID # 0990456

JM CLEANERS
JOSEPH MULE
9060 KIMBERLY BLVD
BOCA RATON FL

BOCA RATON FL

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273