

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Jonathan Marc Jones Classic Cleaners 10841 South Highway 441 Belleview, Florida 34420

Re: Facility I.D. No. 0830115

Dear Mr. Jones:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 1996.

Please note that in November 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. Louis Nichols, Central District

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

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SEP 1 2 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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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):
2.	Jonathan MARC Jenes classic cleaners Site Name (For example, plant name or number):
2.	
	Classic cleaners
3.	Hazardous Waste Generator Identification Number:
	FLD 981028871
4.	Facility Location:
	Street Address: 10841 5 Hwy 441 City: Belleview County: MArion Zip Code: 34420
5.	Facility Identification Number (DEP Use): 4500669: 45000 - 0830115
	Responsible Official
6.	Name and Title of Responsible Official:
	Name and Title of Responsible Official: Jorathan Sarcharc Jones, OWNER Responsible Official Mailing Address: Organization/Firm:
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: (404) (352) 245-4900 Fax: () -
*	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	-

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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.

	_	In .	D .	_	In .	In .	1	In	D 4:
		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
_		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	1D	Purchased	Installed
								02.1445.00	00.1440
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
٦	,								46
Dry-to-Dry Unit			1.1			. 1		112-	7-1
(1) w/ ref. condenser	# 1	6-12-85	6-12-85	#a	9-12-89	9-12-89		11/1	トナ
(2) w/ carbon adsorber								<i>y '</i>	' '
(3) w/ no controls									
Washer Unit		. 4							
(4) w/ ref. condenser			'						
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	.:		and the state of		·			·	
(7) w/ ref. condenser			<u> </u>		T				T
(8) w/ carbon adsorber									
(9) w/ no controls				·					
Reclaimer Unit			a see the	1. 1.		* *			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									-
(b) If less than 12 mont	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in		2 mor	nths?	
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small ar	urce Selec ea so	classification et one classifi urce []	based on the cation only.)	e defi	initions found	d in section (I		•	
Existing large are	ea soi	urce [Ne	ew lai	rge area sour	ce [1		

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(Indicate with an "X".)	art if of this notification form.
Existing large area source Carbon adsorber Refrigerated condenser	X DA 12-7-96
New small area source	
Refrigerated condenser []	
New large area source Refrigerated condenser []]]] 12-7-96	
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units	
exemption criteria or that no such units exist on-site:	on-site inect the following
All steam and hot water generating units on-site (1) have a total heat input of 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	\boxtimes
(c) Refrigerated condenser temperature monitoring	(X)
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	\succeq

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e 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)
ι Χ ι	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 12-7-96 8-75-96 Date

ſ	
	#0830115
	41 000011
	Classic Cleaners
	Classic cleaners
p.13	6. add name + title - from #/- Jonathan Marc Jones - Owner
	Tonothan Man Tongs - Durnen
	JOHANAN MACSONES OWNER
D.14	1.(a) add datels) control devices)
,	installed
	16) mank out 11/11 and institut
	he mark out v and invital
P.15	4. Should be existing large area
	Source W/ Control equipment
	4. Should be existing large area Source W/ Control equipment 5. (f) required
	3.C.) 1. Gui
	· ·
	1
	:
	1

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	JONATHAN MATC JONES CLASSIC CLEANERS					
2.	Site Name (For example, plant name or number):					
	Classic cleaners					
3.	Hazardous Waste Generator Identification Number:	,				
	FLD 981028871					
4.	Facility Location:					
	Street Address: 10841 5 Hwy 441 City: Belleview County: MAK	ion Zip Code: 34420				
	chy. Belleview county. MAIN	21p code. 3-17 & 0				
5.	Facility Identification Number (DEP Use):					
	9500669	0830115				
	Responsible Officia	ıl				
	(A. 7) (1992) CD (11 OCC 11	1				
6.	Name and Title of Responsible Official:					
	SAME					
7.	Responsible Official Mailing Address:					
	Organization/Firm: Street Address:					
	City: County:	Zip Code:				
8.	Responsible Official Telephone Number:					
	Telephone: (404) (352) 245-4900 Fax	x; () - 				
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant mana	ger):				
	SAME					
10.	Facility Contact Address:					
	Street Address:	·				
	City: County:	Zip Code:				
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax	x: () -				

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SEP 1 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

(1) 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	Machine Initially Purchased	Date Control Device Installed	ID	Machine Initially Purchased	Date Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			7 - 26	· .		to di series e		tije ta i i i i i je i j	
(1) w/ ref. condenser	#1	6-12-85			9-12-89				
(2) w/ carbon adsorber									
(3) w/ no controls					,	,,,			
Washer Unit			Jedine Company	7					
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	77.85					ti over filologi	· 🖈 🐩		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	3					The state of the s			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (c) (b) If less than 12 monto Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene ((perc)					
3. What is the facility's so (Indicate with an "X". Existing small are Existing large and	Selec ea so	et one classifi	cation only.)) ew sn	nitions found nall area sour	ce [3) of	Part II?	
LAISHING ICHECAN	va 301		140	vv 1d1	50 area sour	I	J		

DEP Form No. 62-213.900(2) Effective: 6-25-96

What control technology is required on machines (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1)	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following have a total heat input of 10 million BTU/hr or less (298 attural gas except for periods of natural gas curtailment
during which propane or fuel oil containing no more	
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site is	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	ιXι
(b) Leak detection inspection and repair	\bowtie
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	
•	

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Surrender of Existing Air Permit(s)

	(*)
Please indicat	e 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)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prod	mptly notify the Department of any changes to the information contained in this notification. 8-75-96 Date

DEP Form No. 62-213.900(2) Effective: 6-25-96

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N O	COMPLAINT/DISC	OVERY	
AIRS ID#: <u>()830115</u>	,				3.'00
FACILITY NAME:					
FACILITY LOCATION:		_			
_	Bellview	FL.			
RESPONSIBLE OFFICIAL	: Johnatha	n Marcson	PHONE: 300	-245	5-4900
CONTACT NAME:		_	PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARN	1 30 days prior to start	ир			
2. Facility failed to notify DA	RM to use general perm	nit			
		· <u> </u>		·	
PART II: CLASSIFICATIO					
Facility indicated on notificate (check appropriate box) A.	ion form that it is:		☐ No notification fo☐ Drop store/out of		roleum
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91	Vyr ·	2. New small and dry-to-dry only, transfer only, x < both types, x < 1 (constructed on constructed on the small and the small an	x < 140 gal/yr < 200 gal/yr 40 gal/yr	<u> </u>	1986
3. Existing large area soudry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91	2,100 gal/yr 00 gal/yr gal/yr	transfer only, 20	$140 \le x \le 2,100 \text{ gal/y}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	<u>П</u>	
5. This is a correct facility of	classification	DY DN	□Can not determine	e	
If no, please check the		tion:			
	lity qualified for a gen lity exceeds above lim	eral permit as nui			

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? no fant has cool down function DY DN DYNA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		ПИ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N ⁄Qਔ/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	DN DANA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	ΠY	ON DINA
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□N ŒN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	ПY	ON DIMIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	אואם אם
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	אואס אם

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DY DN				
2. Maintained rolling monthly total of perc consumption?	VEY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN DYNA				
4. Maintained calibration data? (for applicable direct reading instruments)	ם אועלם, אם אם A				
5. Maintained exhaust duct monitoring data on perc concentrations?	אומאל אם צם				
6. Maintained startup/shutdown/malfunction plan?	Ж. ПИ				
7. Maintained deviation reports?	DY ON PANIA				
Problem corrected?	A/אואל אם צם				
8. Maintained compliance plan, if applicable?	DY DN ÆN/A				

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	<u></u>		DA.			
2. Has the facility maintained a leak log	?		MA ON			
3. Does the responsible official check th	e following areas for leaks?					
Hose connections, fittings, couplings, and valves	QY ON ON/A	Muck cookers	ΦY ON ON/A			
couplings, and valves	TI GIV GIVA	Muck cookers				
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A			
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A			
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by	the responsible official?		,			
Visual examination (condensed	solvent on exterior surfaces)					
Physical detection (airflow felt	through gaskets)	/	/ /			
Odor (noticeable perc odor)						
Use of direct-reading instrumen	tation (FID/PID/calorimetric	tubes)	´			
Halogen leak detector						
If using direct-reading ins	trumentation, is the equipm	ent:	□N/A			
a. Capable of detectin	g perc vapor concentrations in	a range of 0-500 ppm?	OY ON			
	standard gas prior to and afte	er each use				
(PID/FID only)?		11 1 10	OY ON			
	and obvious signs of wear on	a weekly basis?				
•	secure area when not in use?		OY ON			
e. Verified for accurac	cy by use of duplicate samples	s (calorimetric only)?	OY ON			
		<u></u>				
JAADIA LYUREST	<u>H</u>	12/17/98				
Inspector's Name (Please P	rint)	Date of Inspection				
1 Shit Mari		12199				
Inspector's Signature		Approximate Data of	Next Increasion			

15 going to reepoxy

Only using one machine

magestic 7 has ordensor => \$\times 430

255 gallyear >> has receipts

keeping trade

weekly.

has zen waste machine

mto clean up program.

had condensate water covered with foilexplained snot he needed to get an actual lid. will do:

(Kerps waste in machines pan)

no smell of perc => machine was running

during time of inspect in

Owner was filling out calendar improperly

(baks check => was puthing "y" for all => (because

he inought it meant did you check for leaks)

explained. Had recorded when leaks were foundt

IN COMPLIANCE

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COM	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2.00 TIM	E OUT: 3,00	AIRS ID#:	0830115
TYPE OF FACILITY: Dryclea	nera	·	·
FACILITY NAME: Classic	s Cleane	K	DATE: 12117/98
FACILITY LOCATION: 10841	S. WHWW	441 Bellnew	34420
	. ,		
RESPONSIBLE OFFICIAL: Jonatha L	n Moure J	PHONE NUMBE	ER: 352-245-4900
Based on the results of the compliance compliance with DEP Rule 62-213.30	•		facility is found to be in
Based on the results of the compliance discrepancies were noted:	e requirements evalua	ated during this inspection, the	following compliance
COMPLIANCE REQUIREMENT	T/PROBLEM	FOLLOW-UP AC	TION REQUIRED
			.
-			
·			
	•		•
COMMENTS:		2	
COMMENTS: pleuse see inspectu	on Chelk IL	.sl.	
		·	
The Annual Compliance Certification form ha	s been properly certif		tor. YES NO
DATE OF NEXT INSPECTION:	Sa ad	ada Qureshi'	11/99
INSPECTION CONDUCTED BY:	- W		
$\overline{\bigcirc}$	(PI	ease Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBE	CR: <u>40173333</u> 3

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Revised 10/96

Revised 09/15/97

0830115

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	CLASSIC	cleA	ners	DAT	E: 12-17-98
FACILITY LOCATION:	10841	5 Hwy L	141	•	
Annual Reporting Period:	De		19 97 TO	bec	1998
Eased on each term or con 62-213.300, Fiorida Admi	-			ined in compliance with	DEP Rule
If NO, complete the follow	ing:				
#1. Term or condition of	the general permit that h	as not been in co	ntinuous complianc	e during the reporting p	eriod stated above:
Exact period of non-comp	liance: from				
Action(s) taken to achieve	compliance:				·
Method used to demonstra	ate compliance:	····			
#2. Term or condition of	the general permit that	has not been in co	ntinuous complian	ce during the reporting p	eriod stated above:
Exact period of non-comp	oliance: from		· to		
Action(s) taken to achieve	e compliance:				
Method used to demonstr	ate compliance:				 .
As the responsible official made in this notification upon purchase receipts, combination facilities. RESPONSIBLE OFFICIAL	are true, accurate and d does not exceed 2.100 g	complese. Further	r, my annual consul r dry-to ary factiliti	mption of perchloroethyl	lene solvent, baseci

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Page of

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0830115 JONATHAN MARC JONES Bureau of Air Monitor JONATHAN MARC JONES 10841 S HWY 441 **BELLEVIEW FL 34420** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. **∟**NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TAVAILABLE COPY	INSPECTION SUM	
TYPE OF INSPECTION:	ANNUAL 🛣 COM	PLAINT/DISCOVERY RE-INSPECTION ?
TIME IN: 1:30	TIME OUT: 2:30	AIRS ID#: 0830115
TYPE OF FACILITY:	Has Drylleaning	
FACILITY NAME:(Jassics Clean	Ners DATE: 3/3/98
FACILITY LOCATION:	10841 5. thry	441
	Bell VIEW FO	2.34420
RESPONSIBLE OFFICIAL:	on lone!	PHONE NUMBER: 352 - 245-4
compliance with DEF	Rule 62-213.300, Fiorida Administr	
Eased on the results of discrepancies were no	-	ated during this inspection, the following compliance
COMPLIANCE REC	UTREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
,		P Burea &
		APR 7 1998 APR 7 1998 A Mobile Sources
		rces
Can be put on. No sero waste r. IN COMPL	Voing a lot kes perc nachine also. Reco	86/97) One not in use untile condent because he added askern line and keeping good, now using calin
The Annual Compliance Cer	011CN	curied and submitted to the inspector. YES NOT

(Approximate)

(Please Print)

Page___of___

PHONE NUMBER: 469-897-3333

Revised 10/96

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE (OF	INSPE	CTI	$\cap N$

ANNUAL

COMPLAINT/DISCOVERY OF

		The state of
AIRS 10#: 0630115 DATE: 313/98	TIME IN: 1:30 TIME OUT	2.30
FACILITY NAME: CLOSSIC CLE	aners	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
FACILITY LOCATION: 108415	FL. 34420	
RESPONSIBLE OFFICIAL: JON JON	(35) 245-49 PHONE: 245-49	00
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	
2. Facility failed to notify DARM to use general per		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of busines	s/petroleum
	2. New small area source dry-to-dry only, x < 140 gal/yr	s/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business. 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge	Drop store/out of business. 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Can not determine	

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?

onsite

not stored DY DN DN/A

2. Examining the containers for leakage?

AND AND AD

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

ÆY □N □N/A

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? condensary

DY DN **X**N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

NAI DO DE SECTION A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? - dd wadune

DY DY DN/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

Y ON ON/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	_	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		.
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	ı İzi n/a
	Is the temperature differential equal to or greater than 20° F?	OY ON	1 0 X /A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	OY ON	1 Delaya
	Is the perc concentration equal to or less than 100 ppm?	OY 01	A/MZ
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
 	or expansion; and downstream from no other inlet?		N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מם עם	AV X (IA
6.	Routed airflow to the carbon adsorber (if used) at all times?		AND A

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days AND UD DNA and parts installed w/in 5 days of receipt? AND NO YOU 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ZN/A 5. Maintained exhaust duct monitoring data on perc concentrations? Y □N 6. Maintained startup/shutdown/malfunction plan? A/ND ND YX 7. Maintained deviation reports?

Inadurin wel.

Problem corrected?

8. Maintained compliance plan, if applicable?

PART V: RECORDKEEPING REQUIREMENTS

DY DN ANA

DY ON DYNA

PART VI-	LFAK	DETECTION	AND	REPAIRS

1. D	oes the responsible official conduct a we	eekly (for	small sources, b	i-weekly) leak detection an	d repa	nir
in	spection?				NY.	□и
2. H	as the facility maintained a leak log?			_	MA	□и
3. D	oes the responsible official check the fo	llowing a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	фy Ои	「□N/A	Muck cookers	фү	□N □N/A
	Door gaskets and seating	φy ON	I □N/A	Stills	dY	ON ON/A
	Filter gaskets and seating	фy Ои	I □N/A	Exhaust dampers	фY	□N □N/A
	Pumps	DY ON	I □N/A	Diverter valves	þΥ	ON ON/A
	Solvent tanks and containers	OY ON	I DN/A	Cartridge filter housings	Ьч	ON ON/A
	Water separators	DY ON	I □N/A			
4. W	Which method of detection is used by the	responsi	ible official?			
	Visual examination (condensed solv	vent on e	xterior surfaces)			
	Physical detection (airflow felt thro	ugh gask	ets)	2		-
	Odor (noticeable perc odor)				-0-	•
	Use of direct-reading instrumentation	on (FID/I	PID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading instru	mentatio	n, is the equipm	ent:	□N/	'A
	a. Capable of detecting pe	rc vapor	concentrations in	n a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a sta (PID/FID only)?	ındard ga	s prior to and aft	er each use	QΥ	□N
	c. Inspected for leaks and	obvious	signs of wear on	a weekly basis?	ΩY	□и
	d. Kept in a clean and sec	ure area	when not in use?	•	ΠY	מם
	e. Verified for accuracy by	y use of d	luplicate samples	(calorimetric only)?	ΩY	□и

SAADIA QUEESHI	3/3/98
Inspector's Name (Please Print)	Date of Inspection
Jack Br	3199
Inspector's Signature	Approximate Date of Next Inspection

May STX

pan put on year afo

waiting to get religiounit on 2nd machine

Coverd, waste in panaice Zerowaste machine in have homemad hazardouse waste pern

perc consumption dropped Used to be 305-310) double duis to scave perc + added stramline

In compliance



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 0830115 DATE: 12/6/96 TIME IN: 18:45 TIME OUT:/// FACILITY NAME: CLASSIC CLEANERS FACILITY LOCATION: 10841 S. HWY 441 BELLEVIEW, F. 34420	130
BELLEVIZW, FI 34420	
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,>	
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""><td></td></x<2,>	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? STURES 5 GAL 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 1N5TA LLING SECONDARY ADSORBER 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON MYNA condenser upon opening the door? WHEN SECONDARY INSTALLED, WILL MODIFY 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	j a Y □N .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	NOYON
	is the temperature differential equal to of greater than 20 T?	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	באיא אם אם אם אם
	Is the perc concentration equal to or less than 100 ppm?	□Ү □И
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ОУ ОИ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	0
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MINA
PA	ART V: RECORDKEEPING REQUIREMENTS	
н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	,
H:	as the responsible official:	MO YA
H: (cl	as the responsible official: heck appropriate boxes)	MY DN DY MY
H: (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	MA DA
H: (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	AY ON AY ON
H: (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	MY ON MY ON
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	XY DN
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Д л ои Д л ои
H: (cl 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	YY ON YY ON OY ON ON/A
H: (cl 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	YY ON YY ON OY ON ON/A OY ON
H: (cl 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	YY ON YY ON OY ON ON/A OY ON

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	A DN

2	Which method of Jerseins in used bear		noible act	19		
۷.	Which method of detection is used by Visual examination (condensed s	_			\d	
	Physical detection (airflow felt th					
	Odor (noticeable perc odor)	∕ ₹ x i				
	Use of direct-reading instrument	ation (FII)/PID/calo	rimetric tubes)	/ <u>"</u>	
	, -			·	ш	
	If using direct-reading instrum		_	rations in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a				u 1	<u>un</u>
	(PID/FID only)?	Junian a	даз риот к	and after each use	ПY	□N
	c. Inspected for leaks a	nd obviou	s signs of v	wear on a weekly basis?	ΠY	ΠN
	d. Kept in a clean and s	secure are	a when not	t in use?	ΠY	□N
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	ΠY	□N
3.	Has the facility maintained a leak log?				XΥ	□и
4.	Does the responsible official check the	followin	g areas for	leaks?	•	
	Hose connections, fittings, couplings, and valves	Y	ΠN	Muck cookers	XY	ΠN
	Door gaskets and seating	YY	ПΝ	Stills	Y	□N
	Filter gaskets and seating	×Υ	□N	Exhaust dampers	ΠY	ПN
	Pumps	YY	□N	Diverter valves	ПY	□N
	Solvent tanks and containers	YY	□N	Cartridge filter housings	YY	□N
	Water separators	5 (Y	ПN			
_	JONATHAN MARC 61 Name of Responsible Offici					
	LOUIS A. NICHOLS			12/4/96	,	
_	Inspector's Name (Please Pri			Date of Inspe	ction	
	Louis (With I.			:		
_	Inspector's Signature	-		Approximate Date of 1	Next I	nspection
	, 		-	Jon & Stacie Jones		
		•		@		

8 Classic CLEANERS

""Ne Enjoy Serviny Scople"

10841 SE Hwy. 441 Belleview, Florida (352) 245-4900 954 Bichara Blvd. Lady Lake, Florida (352) 750-3773

ADDITIONAL SITE INFORMATION:

- · MCF PICKS UP FILTERS & WASTE
- * KNOWLESGABLE HAS READ UP EXTENSIVELY # #/ MANESTC 35 LB MACH

#2 MALTIMATIC 25 LB MACA

· CONTAINMENT PANS IN PLACE



Department of Environmental Protection

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

David B. Struhs Secretary

December 20, 1999

Ms. Carolyn M. Jones 5557 Grove Manor Lady Lake, Florida 32159

Dear Ms. Jones:

Thank you for your December 9 note informing the Department of your purchase of Classic Cleaners of Belleview (AIRS ID #0830115) and your inquiry about an application.

Rule 62-213.300(3), Florida Administrative Code (F.A.C.), states that the general permit is non-transferable and does not follow a change in ownership. Therefore, a Perchloroethylene Dry Cleaner Air General Permit Notification Form will need to be completed and submitted to the Division of Air Resource Management.

I am enclosing the Perchloroethylene Dry Cleaners Air General Permit Notification Form for your convenience. If you have any questions concerning the form or the Title V general permit program, please call Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

SB/

Enclosure

Title V Air-General Permits Receipts P. O. Box 3070 Tallahassee, FL 32315-3070

Dear Sir or Madam:

This is to inform you that we have purchased Classic Cleaners of Belleview from Jonathan Marc Jones. The purchase was made by Edward G. Jones and Carolyn M. Jones, the only two shareholders of Legends, Inc. We would like to maintain the eligibility for the Title V Air General Permit. The business will be an ongoing concern.

I have enclosed our check for \$50.00 for Classic Cleaners of Belleview AIRS ID#0830115. If there are any other forms or applications that I need to do, please, inform me. Thank you.

Sincerely,

Carolyn M. Jones

5557 Grove Manor

Lady Lake, FL 32159

Home/Office (352) 750-6448

Fax (352) 750-6489

KY Home/Office (606) 623-0970

Bureau of his hooming hooming hooming hooming hooming alloom of his hooming alloom of his hooming hoom







TITLE V - General Permit ATTN: David Struhs
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32312X3070

Inflantafilm Heber Heber Lind and Headlest



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389490

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

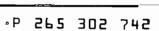
Do NOT Remove Label

AIRS ID # 0830115

CLASSIC CLEANERS JONATHAN MARC JONES 10841 S HWY 441 BELLEVIEW FL 34420

FOR GOVERNMENCUSE ON THE OTHER CONTROL OF STREET OF STRE

•



US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID#: 0850115 MCDERMOTT MANAGEMENT INC WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
ű	Postmark or Date	
PS Form 3800,	2/14,	197

SENDER: Complete items 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. So wish to receive the contowing services (for an extra fee): 1. Addressee's				
N ADDRESS completed on	3. Article Addressed to: AIRS ID#: 0850115 MCDERMOTT MANAGEMENT INC WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990	4a. Article Number P 2 65 302 742 4b. Service Type Registered Certifie Express Mail Insured Return Receipt for Merchandise COD 7. Date of Delivery		
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X WW C PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested paid) Domestic Return Receipt	

~	CERTIFIED MA (Domestic Mail Only; No	A .
5.5.8		
7825	Postage \$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
2000 0000	CLASSIC CLEANERS CAROLYN M JONES 10841 HWY 441 SOUTH EA BELLEVIEW FL 34420	AIRS ID # 0830115 AST
SENDER: COM Complete items 1, 2, item 4 if Restricted D Print your name and a so that we can return Attach this card to the	and 3. Also complete elivery is desired. address on the reverse the card to you.	A. Received by (Please Print Clearly) C. Signature Agent
or on the front if space 1. Article Addressed to: CLASSIC CLEANERS CAROLYN M JONES	AIRS ID # 0830115	D. Is-delivery address different from item 1?
10841 HWY 441 SOUTH BELLEVIEW FL 34420	EAST	3. Service Type
2. Article Number (Copy from 2000)	0026 782	4. Restricted Delivery? (Extra Fee)

P 265 302 743 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 0830115 JONATHAN MARC JONES JONATHAN MARC JONES 10841 S HWY 441 **BELLEVIEW FL 34420** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date 2/14/97

	ssaid in things at the state of				
	orer top of endeloper	old at line		}	
rse side	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 card to you.	I'also wish to receive the following services (for a extra fee):	an di l		
the reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	his form to the front of the mailpiece, or on the back if space does not eturn Receipt Requested* on the mailpiece below the article number.		very of tee.	
on t	delivered.	d the date	Consult postmaster for	fee.	
pleted	3. Article Addressed to:		5 302 74	2 ª	
E O	atter	4b. Service	* '	Return	
S	AIRS ID#: 0830115 JONATHAN MARC JONES	☐ Registered		Certified (F)	
DRESS	JONATHAN MARC JONES 10841 S HWY 441	☐ Return Receipt for Merchandise ☐ COD			
N AD	BELLEVIEW FL 34420	7. Date of De	alivery 8-97C	you for	
RETUF	5. Received By: (Print Name)	8. Addressee's Address (Only if reques and fee is paid)		ested Yugh	
s your	6. Signature: (Addresseefor Agent) X WIND HUNGHER FOR	mes			
<u> </u>	PS Form 3811, December 1994		Domestic Return R	eceipt	

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J J(US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation ONATHAN MARC JON ONATHAN	Provided. nal Mail (See revers AIRS ID 0830	
	Certified Fee	· 	
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		
			· · · · · · · · · · · · · · · · · · ·
4b.	dditional services. the reverse of this form so t	hat we can return this	I also wish to receive the following services (for an extra fee):
t of th	ne mailpiece, or on the back i	f space does not	1. Addressee's Addres
			l - 🗖

1	CENDED.					
	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.					
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address		rvice	
the r	Write *Return Receipt Requested* on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an		2. Restricted	d Delivery	Ser	
91	delivered.	o uno duto	Consult postmast	er for fee.	ceipt	
	3. Article Addressed to: AIRS ID 0830115 JONATHAN MARC JONES JONATHAN MARC JONES		4a. Article Number 2333-6/3-636 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD		using Return Re	
RN ADD	·	7. Date of De	2-14	-9F	you for	
RETU	5. Received By: (Print Name)	8. Addresses and fee is	e's Address (Only if paid)	requested	Thank	
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