

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

October 24, 2002

Ms. Mary Washington  
Mary's Dry Cleaner, Inc.  
2004 West Silver Springs Boulevard  
Ocala, Florida 34475

Re: Facility No.: 0830118-002

Dear Ms. Washington:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 19, 2002.

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,

Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

AIRS ID # 0830118-002

CRB

10/10/2002

I called Mary Washington to ask about the 1996 transfer machine listed on page 15 1(b). Mary Washington answered that she has only one dry cleaning machine on site She also stated that she does not have any washers on site.

RECEIVED

SEP 19 2002

Bureau of Air Monitoring & Mobile Sources

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):	Mary's Dry Cleaner Inc.		
2. Site Name (For example, plant name or number):	2004 W. S.S. Blvd		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:			
City:	Ocala	County:	Marion
		Zip Code:	34475
5. Facility Identification Number (DEP Use ONLY, do not fill in):	0830118-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Mary Washington	Title:	Owner
7. Responsible Official Mailing Address:			
Organization/Firm:	Mary Washington		
Street Address:	2004 W. S.S. Blvd		
City:	Ocala	County:	Marion-FI
		Zip Code:	34475
8. Responsible Official Telephone Number:			
Telephone:	(352) 351-4248	Fax:	(352) 351-3771

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:	2004 W. S.S. Blvd		
City:	Ocala	County:	Marion
		Zip Code:	34475
11. Facility Contact Telephone Number:			
Telephone:	(352) 351-4248	Fax:	(352) 351-3779

**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")
<u>1996</u>	Existing/New	RC/CA/None required	<u>Same</u>
_____	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?   1  

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")
<u>1996</u>	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?

  55   (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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

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.*

Mary Washington  
Print name of responsible official

Mary Washington  
Signature

9-14-02  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458046 JAN30 2007

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 830118  
MARY'S DRY CLEANER ✓  
2004 W S. S. Blvd  
OCALA, FLORIDA 34475

RECEIVED  
JAN 31 2007  
Bureau of the Inspector  
& Mobile Sources

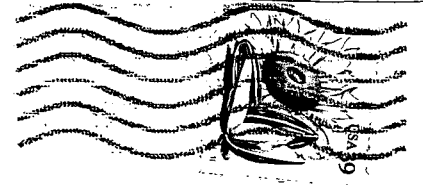
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

2004 W.S.S. Blvd  
Ocala FL 34475

GAINESVILLE/GNV  
FL 32631  
29 JAN 2007 PM



Title V Air General Permits  
Receipts

P. O. Box 3070

Tallahassee, FL 32310-3070



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**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.~~

~~459986~~ MAR20 2006

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 830118 1st  
MARY'S DRY CLEANER  
2004 W S. S. Blvd  
OCALA, FL 34475

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

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

-----  
*Printed on recycled paper.*

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

444728 JAN19 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# 830118 10  
MARY'S DRY CLEANER  
2004 W S. S. Blvd  
OCALA, FL 34475

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

Bureau of Air Monitoring  
& Mobile Sources

JAN 20 2005

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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**

Do **NOT** Remove Label

AIRSID # 860118  
 MARY WASHINGTON  
 MARY'S DRY CLEANER  
 2004 W SILVER SPRINGS BLVD  
 OCALA, FL 34475

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

437598 MAR 15 2004  
**RECEIVED**  
 MAR 16 2004  
 Bureau of Air Monitoring  
 & Noise Sources

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Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Tot:		AIRS ID# 850118

*2nd Cert*  
2003  
Postmark Here

Sent **MARY WASHINGTON**  
**MARY'S DRY CLEANER**  
 Street or PO **2004 W. SILVER SPRINGS BLVD.**  
 City, FL **OCALA, FL 34475**

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 5401

**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# 850118

MARY WASHINGTON  
 MARY'S DRY CLEANER  
 2004 W. SILVER SPRINGS BLVD  
 OCALA, FL 34475

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*x Mary Jacobs*  Addressee

B. Received by (*Printed Name*)  Date of Delivery  
*3-9-03*

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?  Yes

7003 0500 0004 0144 5401

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 •

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

BUR. OF AIR MONITORING  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
TALLAHASSEE, FLORIDA 32399-2400

MAR 11 2004

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7003 2260 0003 5650 9684

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**OFFICIAL USE**

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

Total Postage & ID# 830118

*Sent To* MARY WASHINGTON  
MARY'S DRY CLEANER

*Street, Apt. No.,  
or PO Box No.* 2004 W SILVER SPRINGS BLVD

*City, State, ZIP+4* Ocala, FL 34475

PS Form 3800, June 2002 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# 830118  
MARY WASHINGTON  
MARY'S DRY CLEANER  
2004 W SILVER SPRINGS BLVD  
OCALA, FL 34475

2. Article Number

*(Transfer from service label)*

7003 2260 0003 5650 9684

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

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

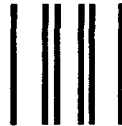
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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 •

Bureau of Air Monitoring  
& Mobile Sources

FEB 1 2004

F

C

BUR. OF AIR MONITORING & MOBILE SOURCES

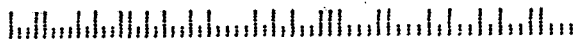
DEPT. OF ENVIRONMENTAL PROTECTION

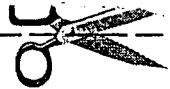
MAIL STATION 5510

600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

D





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

428192 APR15 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

AIRS ID#0830118  
MARY'S DRY CLEANER  
MARY WASHINGTON  
2004 W SILVER SPRINGS BLVD  
OCALA FL  
34475

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

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**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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7001 0320 0001 7975 6967

OFFICIAL USE

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

Postmark  
Here

Total Post AIRS ID#0830118

Sent To **MARY'S DRY CLEANER**  
**MARY WASHINGTON**  
Street, Apt. or PO Box # **2004 W SILVER SPRINGS BLVD**  
**OCALA FL**  
City, State, **34475**

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:

AIRS ID#0830118

**MARY'S DRY CLEANER**  
**MARY WASHINGTON**  
**2004 W SILVER SPRINGS BLVD**  
**OCALA FL**  
**34475**

2. Article Number (Conv from service label)

7001 0320 0001 7975 6967

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*Mary Washington* 3/10/03

C. Signature

*Mary Washington*

Agent  
 Addressee

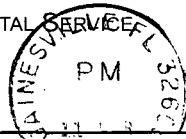
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2500 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2003

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**U.S. Postal Service**  
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**OFFICIAL USE**

7000 1670 0013 3108 6618

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total P:</b>	

*1st class*  
*only*  
 Postmark Here

AIRS ID#0830118

Sent To **MARY'S DRY CLEANER**  
 Street, A **MARY WASHINGTON**  
**2004 W SILVER SPRINGS BLVD**  
 City, Sta **OCALA FL**  
**34475**

PS Form

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:

AIRS ID#0830118

**MARY'S DRY CLEANER**  
**MARY WASHINGTON**  
**2004 W SILVER SPRINGS BLVD**  
**OCALA FL**  
**34475**

2. Article Number

*(Transfer from service label)*

7000 1670 0013 3108 6618

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Mayjae*

- Agent  
 Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

*2-8-03*

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.

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  
& Mobile Sources

FEB 10 2003

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

**OFFICIAL USE**

7001 0320 0001 7976 5570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>¢</b>

*028*  
*2/11/03*  
*Mary Jacob*  
 Postmark Here

AIRS ID#0830118

MARY'S DRY CLEANER  
 MARY WASHINGTON  
 2004 W SILVER SPRINGS BLVD  
 OCALA FL  
 34475

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:

AIRS ID#0830118

MARY'S DRY CLEANER  
 MARY WASHINGTON  
 2004 W SILVER SPRINGS BLVD  
 OCALA FL  
 34475

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*2-11-03*

C. Signature

*Mary Jacob*

- Agent
- Addressee

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 7001 0320 0001 7976 5570