

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 29, 2002

Ms. Anita Kerr
Classic Cleaners of Ocala
1621 Northeast Second Street, Unit 404
Ocala, Florida 34470

Re: Facility No.: 0830126-002

Dear Ms. Kerr:

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

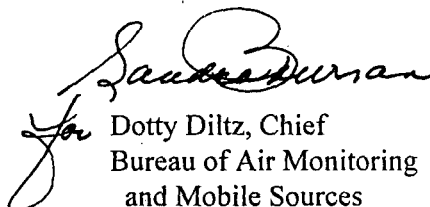
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 97-00
SOC 4
Compliance IN

0830126-002

Page 15

1(a) RC should be circled under
Control Device Required for 2000
machines.

Page 16 New machines at small source should be
marked.

1/3/02

Spoke to Anita Kerr and she stated
that the dry to dry machine at Classic
Cleaners of Ocala has a refrigerated condenser.

Page 17

Responsible official sign and date for changes

RECEIVED
DEC 27 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	QUOSA INC.
2. Site Name (For example, plant name or number):	CLASSIC CLEANERS of Ocala
3. Hazardous Waste Generator Identification Number:	9500198 AIRS ID# 0830126
4. Facility Location: Street Address: City:	2641 SW COLLEGE ROAD Ocala County: MARION Zip Code: 34474
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0830126-002

Responsible Official

6. Name and Title of Responsible Official: Name:	ANITA KERR Title: PRESIDENT OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	QUOSA INC 1621 NE 2ND STREET UNIT 404 Ocala County: MARION Zip Code: 34470
8. Responsible Official Telephone Number: Telephone:	(352) 622-1621 Fax: () - 352-237-1715

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City:	County: Zip Code:
11. Facility Contact Telephone Number: Telephone:	() - Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

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>Sept. 2000</u>	Existing/ <u>New</u>	RC/CA/ <u>None required</u>	<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?

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?

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

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

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

How many boilers do you have on-site?

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.

ANITA KERR
Print name of responsible official

AJKERR
Signature

12-22-01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445138 JAN31 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# 830126 10
CLASSIC CLEANERS OF OCALA #1
2641 SW College Road
OCALA, FL 34474

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

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources

FEB 2 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436546 FEB18 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

ID# 830126
ANITA KERR
CLASSIC CLEANERS OF OCALA #1
1621 NE 2ND STREET UNIT 404
OCALA, FL 34470

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)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
here

Total P# ID# 830126
 ANITA KERR

Sent To CLASSIC CLEANERS OF OCALA #1

Street, Apt or PO Box 1621 NE 2ND STREET UNIT 404
 City, State OCALA, FL 34470

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1113

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID# 830126 ANITA KERR CLASSIC CLEANERS OF OCALA #1 1621 NE 2ND STREET UNIT 404 OCALA, FL 34470 </div>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i> 2/16/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. 7003 2260 0003 5651 1113</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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 SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2004

RECEIVED

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

OFFICIAL USE

9599 80TE E100 079T 0002

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

Postmark Here
[Handwritten Signature]

AIRS ID#0830126

Sent to CLASSIC CLEANERS OF OCALA #1
 ANITA J KERR
 Street, 1621 NE 2ND STREET UNIT 404
 City, State, ZIP+4[®] OCALA FL 34470

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#0830126
 CLASSIC CLEANERS OF OCALA #1
 ANITA J KERR
 1621 NE 2ND STREET UNIT 404
 OCALA FL 34470

2. Article Number

(Transfer from service label)

7000 1670 0013 3108 6656

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paul Southern

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-12-03

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423160 FEB19 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: \$50.00

Do NOT Remove Label

AIRS ID#0830126
CLASSIC CLEANERS OF OCALA #1
ANITA J KERR
1621 NE 2ND STREET UNIT 404
OCALA FL
34470

*referred
paid 2/12/03
DD 422847*

Bureau of Air Monitoring
& Mobile Sources

FEB 21 2003

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422847 FEB12 2003

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

X

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0830126
CLASSIC CLEANERS OF OCALA #1
ANITA J KERR
1621 NE 2ND STREET UNIT 404
OCALA FL
34470

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)

7000 2870 0000 7027 4183

OFFICIAL USE

Postage	\$	Postmark <i>Receipt</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	10	
Sent To ANITA J KERR		AIRS ID # 0830126001AG
Street, Apt. CLASSIC CLEANERS OF OCALA #1		
City, State, OCALA FL 34470		

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td></td> <td>5/7/02</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>Paul B. South</i></td> </tr> <tr> <td><input type="checkbox"/> Agent</td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery		5/7/02	C. Signature		<i>Paul B. South</i>		<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
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C. Signature															
<i>Paul B. South</i>															
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D. Is delivery address different from item 1? <input type="checkbox"/> Yes															
If YES, enter delivery address below: <input type="checkbox"/> No															
<p>1. Article Addressed to:</p> <p>0 AIRS ID # 0830126001AG ANITA J KERR CLASSIC CLEANERS OF OCALA #1 1621 NE 2ND STREET UNIT 404 OCALA FL 34470</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>														
<p>2. Article Number (Copy from service label)</p> <p>70002870000070274183</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>														