



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 1, 1997

Ms. Mary K. McCallister
Kathy's Cleaners
202 West Howard Street
Live Oak, Florida 32060

Re: Facility No. 1210022

Dear Ms. McCallister:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 17, 1997.

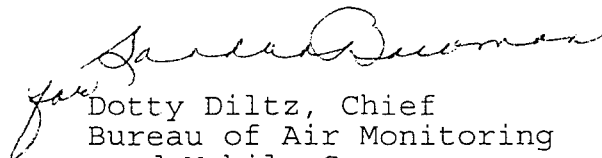
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

#1210022

Kathy's Cleaners

- spoke with Mary Mc Callister -
2/19/1997 - returned form for
revision - received form - 2/25/1997

p. 14 1.(a) add date control device
installed

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MARY K. McCALLISTER	FEB 17 1997	Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number):	KATHY'S CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 085 093 540		
4. Facility Location: 202 W. HOWARD ST. Street Address: City: LIVE OAK	County: SUWANNEE	Zip Code: 32060	
5. Facility Identification Number (DEP Use):	1210022		

Responsible Official

6. Name and Title of Responsible Official:	MARY K. McCALLISTER	Individual Owner
7. Responsible Official Mailing Address: Organization/Firm: KATHY'S CLEANERS Street Address: 202 W. HOWARD STREET City: LIVE OAK	County: SUWANNEE	Zip Code: 32060
8. Responsible Official Telephone Number: Telephone: (904) 362-2611	Fax: (904) 362-4927	

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: () -	

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FEB 25 1997

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate 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) _____

No 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 K. McCallister
Candice W. McCallister
Signature *manager*

Jan 31, 1997
Jan 31, 1997
Date

Is your RETURN ADDRESS completed on the reverse side?

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.
- 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.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KATHY'S CLEANERS
 MARY K MCCALLISTER
 202 W HOWARD STREET
 LIVE OAK FL 32060

AIRS ID# 1210022

4a. Article Number

2333 660 393

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

4/8

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Christy Box

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

2333 660 393

US Postal Service

Receipt for Certified Mail

AIRS ID# 1210022

KATHY'S CLEANERS
 MARY K MCCALLISTER
 202 W HOWARD STREET
 LIVE OAK FL 32060

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARY K MCCALLISTER
 MARY K MCCALLISTER
 202 W HOWARD STREET
 LIVE OAK FL 32060

AIRS ID 1210022

4a. Article Number

Z 333 613 258

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

Jan 28

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Mary K McCallister*

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 333 613 258

US Postal Service

Receipt for Certified Mail

AIRS ID 1210022

MARY K MCCALLISTER
 MARY K MCCALLISTER
 202 W HOWARD STREET
 LIVE OAK FL 32060

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443921 DEC29 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# 1210023 10
HOWARD STREET DRY CLEAN
705 West Howard Street
LIVE OAK, FL 32060

RECEIVED
DEC 30 2004
Bureau of Air Monitoring
& Mobile Sources

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

422067 JAN23 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

RECEIVED
JAN 27 2003

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#1210023

HOWARD STREET DRY CLEAN
 JIMMY MIDDLETON
 705 W HOWARD STREET
 LIVE OAK FL
 32060

FOR GOVERNMENT USE ONLY

Arg.: 37550101000 EO: A1
 Fund: 2022035001
 Obj.: 002273

Is your RETURN ADDRESS completed on the reverse side?

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.
- 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.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 1210022

KATHY'S CLEANERS
 MARY K MCCALLISTER
 202 W HOWARD STREET
 LIVE OAK FL 32060

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

4a. Article Number
 2 333 613 565

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-9-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.
 Bureau of Air Monitoring
 & Mobile Sources

RECEIVED
 JUN 30 1990

Z 333 613 565

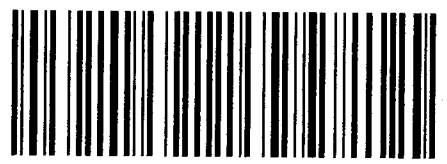
US Postal Service
Receipt for Certified Mail
 AIRS ID# 1210022
 KATHY'S CLEANERS
 MARY K MCCALLISTER
 202 W HOWARD STREET
 LIVE OAK FL 32060

PS Form 3800, April 1995

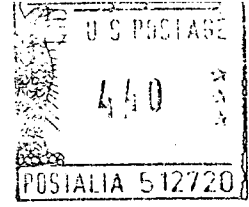
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL



7000 2870 0000 7027 4503



NOT DELIVERABLE
AS ADDRESSED,
UNABLE TO FORWARD



NOT DELIVERABLE
AS ADDRESSED,
UNABLE TO FORWARD

10 AIRS ID # 1210022001AG
MARY K MCCALLISTER
KATHY'S CLEANERS
202 W HOWARD STREET
LIVE OAK FL 32060

*Joe
WTF
w*

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

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:

10 AIRS ID # 1210022001AG
 MARY K MCCALLISTER
 KATHY'S CLEANERS
 202 W HOWARD STREET
 LIVE OAK FL 32060

M000281000010274503

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X Agent Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

7000 2870 0000 7027 4503

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

Receipt
Postmark Here

Total Pos 10 AIRS ID # 1210022001AG

Sent To MARY K MCCALLISTER
 KATHY'S CLEANERS
Street, Ap 202 W HOWARD STREET
 LIVE OAK FL 32060
City, State