

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

March 30, 2000

Ms. Carolyn M. Jones  
Classic Cleaners of Belleview  
10841 Highway 441 Southeast  
Belleview, Florida 34420

Re: Facility No.: 0830115-002

Dear Ms. Jones:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 28, 2000.

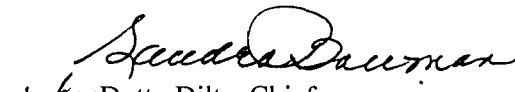
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

5510

0830115-002

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APR - 6 2003

Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED

P15  
2. (cc)

Add # gallons of Perc purchased in past 12 months. If none add 0. Include initial fill of new machine if any was ~~was~~ purchased.

rm. Send your files.

Prior to complete

Facility Name

1. Facility

2. Site No

3. Hazard

4. Facility Street City

5. Facility

Responsible

6. Name

7. Responsible Official Signature

8. Responsible Official Telephone

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
TINA Smith

10. Facility Contact Address:  
10841 Hwy 441 S.E.  
Street Address:  
City: Belleview FL County: Marion Zip Code: 34420

11. Facility Contact Telephone Number:  
Telephone: (352) 245-4900 Fax: ( ) -

5. All steam and hot water units exempt should be marked.  
6(b) required. Should be marked.

7. New Owner does not have authority to surrender old owners eligibility to operate under the Title V General Permit.

No DEP air permit... should be marked.

Responsible Official sign and date for changes made.

420

5-002

34420

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
FEB 28 2000  
Bureau of Air Quality  
Management 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):	Legends of Lady Lake, INC		
2. Site Name (For example, plant name or number):	Classic Cleaners of Belleview		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City: Belleview County: Marion Zip Code: 34420	10841 Hwy 441 S.E.		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0830115-002		

Responsible Official

6. Name and Title of Responsible Official: Name: CAROLYN M. JONES Title: President			
7. Responsible Official Mailing Address: Organization/Firm: Classic Cleaners of Belleview Street Address: 10841 Hwy 441 South East City: Belleview County: Marion Zip Code: 34420			
8. Responsible Official Telephone Number: Telephone: (352) 245-4900 Fax: (352) 750-6448			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TINA Smith		
10. Facility Contact Address: Street Address: City: Belleview FL County: Marion Zip Code: 34420	10841 Hwy 441 S.E.		
11. Facility Contact Telephone Number: Telephone: (352) 245-4900 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>1-15-00</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input checked="" type="radio"/> 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?

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?

151<sup>13</sup> gallons (You must fill this in)

(b) If less than 12 months, how many? 2 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>   | <u>New machines at small area source</u>                   |
| (NONE REQUIRED) <input type="checkbox"/>        | Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u>   | <u>New machines at large area source</u>                   |
| Carbon adsorber <input type="checkbox"/>        | Refrigerated condenser <input checked="" type="checkbox"/> |
| 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  <sup>T.S.</sup> OR  
 No such units on-site

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:   1 5

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 | <input checked="" type="checkbox"/>                 |
| (b) Leak detection inspection and repair                         | <input checked="" type="checkbox"/> <sup>T.S.</sup> |
| (c) Refrigerated condenser temperature monitoring                | <input checked="" type="checkbox"/>                 |
| (d) Carbon adsorber exhaust perc concentration monitoring        | <input type="checkbox"/>                            |
| (e) Startup, shutdown, malfunction plan                          | <input checked="" type="checkbox"/>                 |

RECEIVED  
FEB 28 2000  
Bureau of Air Monitoring  
Air Pollution Sources

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 AIRS ID# 0830115.
- 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.*

Carolyn M. Jones  
Print name of responsible official

Carolyn M. Jones  
Signature

2/25/00  
Date

Gene J. Smith asst manager  
Sign for changes

4/4/00  
date

0830115-002

P15

2.(a)

Add # gallons of Perc purchased in past 12 months. If none, add 0. Include initial fill of new machine if any was ~~was~~ purchased.

P16

5. All steam and hot water units exempt should be marked.
- 6(b) required. Should be marked.

P17

7. New Owner does not have authority to surrender old owner's eligibility to operate under the Title V General Permit.  
No DEP air permits... should be marked.  
Responsible Official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
FEB 28 2000  
Bureau of Air, Water,  
& Noise Sources

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Legends of Lady Lake, INC		
2. Site Name (For example, plant name or number):	Classic Cleaners of Belleview		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City: Belleview FL County: Marion	10841 Hwy 441 S.E.	Zip Code: 34420	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0830115-002		

Responsible Official

6. Name and Title of Responsible Official: Name: CAROLYN M. JONES Title: President			
7. Responsible Official Mailing Address: Organization/Firm: Classic Cleaners of Belleview Street Address: 10841 Hwy 441 South East City: Belleview County: Marion	Zip Code: 34420		
8. Responsible Official Telephone Number: Telephone: (352) 245-4900 (352) 750-6448	Fax:		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TINA Smith		
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<u>1-15-00</u>	Existing <u>New</u>	<u>RC</u> /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?

How many dryers/reclaimers do you have on-site?

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

RECEIVED  
FEB 28 2000  
Bureau of Air Monitoring  
& Mobile Sources

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*I will promptly notify the Department of any changes to the information contained in this notification.*

Carolyn M. Jones  
Print name of responsible official

Carolyn M. Jones  
Signature

2/25/00  
Date

February 25, 2000

Ms. Sandra Bowman  
Dept. of Environmental Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400


Dear Ms. Bowman:

I am sorry that it is taking so long to respond to your letter of December 20, 1999. We have been upgrading our plant to work more efficiently and to use less perc. In the last month we have traded our old machines in for the new Envirostar machine from AeroTech. It will be difficult to gauge the usage of perc for this year because I believe that it will show a lot more than we will use because of the filling of the bigger machine, etc.

I, also, thought that I had signed up for a Hazardous Waste Generator number, but I have not received at this time. I am going to have to do some research to see which numbers are which. I will let you know as soon as I have this number.

We have been out of the business for ten years and there are a lot more regs than there used to be, so we are trying to catch up and make sure that we are compliant in every way. Any help you could give us is greatly appreciated.

Sincerely,



Carolyn M. Jones  
Classic Cleaners of Belleview (Store)  
Legends of Lady Lake, Inc.  
10841 S.E. Hwy 441  
Belleview, FL 34420  
(352) 245-4900 Store  
(352) 750-6448 Home  
(352) 750-6489 Fax

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED

DATE 3-8-00

BY RE

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

AIRS ID#: 0830115 DATE: 3-8-00 TIME IN: 10:30 TIME OUT: 11:00  
FACILITY NAME: Classic Cleaners  
FACILITY LOCATION: 10841 SE Hwy 441  
Belleview, FL  
RESPONSIBLE OFFICIAL: Johnathan Jones PHONE: 352-245-4900  
CONTACT NAME: Tina Smith-Jessiman PHONE: \_\_\_\_\_

PART I: NOTIFICATION

- (check appropriate box)
- 1. New facility notified DARM 30 days prior to startup
  - 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

No notification form  
 Drop store/out of business/petroleum

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) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification   N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 156 gallons.

RECEIVED  
APR - 4 2000  
Bureau of Air Monitoring  
& Mobile Sources

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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?  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?  
 Y  N  N/A  
 Y  N  N/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?  
Is the perc concentration equal to or less than 100 ppm?  
 Y  N  N/A  
 Y  N  N/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?  
 Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  
 Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  
 Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A  
 Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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 instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Rdall Cunningham  
Inspector's Name (Please Print)

3-8-00

Date of Inspection

Rdall Cunningham  
Inspector's Signature

3-2001

Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

New Machine installed 1-15-00  
Aerotech USA 48lbs brand new machine  
only machine in store now

AIRS ID#: 0830115

*Acc*

Revised 01/18/00

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Classic Cleaners DATE: 3-8-00

FACILITY LOCATION: 10841 S.E. Hwy 441  
Belleview, FL 34420

Annual Reporting Period: March <sup>1999</sup>~~2000~~ TO March 2000

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.  YES  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 \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_ to \_\_\_\_\_

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.*

RESPONSIBLE OFFICIAL: Tina Smith *Tina Smith* 3/8/00  
Name (Please Print) Signature Date

\*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.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:30 TIME OUT: 11:00 AIRS ID#: 0830115  
 TYPE OF FACILITY: ~~Classic Cleaners~~ Dry Clean  
 FACILITY NAME: Classic Cleaners DATE: 3/8/00  
 FACILITY LOCATION: 10841 SE Hwy 441  
Ocala, FL  
 RESPONSIBLE OFFICIAL: Jonathan Jones PHONE NUMBER: 352-245-4900

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

In Compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3-2001  
(Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-893-3333

June 14, 2001

Department of Environmental Protection  
ATTN: Ms. Sandra Bowman  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

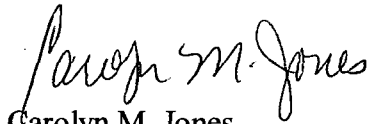
JUN 18 2001

RECEIVED

Dear Ms. Bowman:

We, at Classic Cleaners of Belleview, have had a personnel change. Greg West will be our General Manager and our Contact Person. I am enclosing copies of the related forms with the name change. If you have any questions, please, do not hesitate to contact me at the below numbers and address. Thank you.

Sincerely,



Carolyn M. Jones  
Legends of Lady Lake, Inc  
dba Classic Cleaners of Belleview  
5557 Grove Manor  
Lady Lake, FL 32159  
Home/Office (352) 750-6448  
Fax (352) 750 6489  
KY Home/Office (859) 623 0970  
Email ccajie@aol.com

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 18 2008  
Bureau of Air, Noise  
& 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):	Legends of Lady Lake, INC		
2. Site Name (For example, plant name or number):	Classic Cleaners of Belleview		
3. Hazardous Waste Generator Identification Number:	429500669		
4. Facility Location: Street Address: City: Belleview County: Marion Zip Code: 34420	10841 Hwy 441 S.E.		
5. Facility Identification Number (DEP Use)			

Responsible Official

6. Name and Title of Responsible Official: Name: Carolyn M. Jones Title: President			
7. Responsible Official Mailing Address: Organization/Firm: Classic Cleaners of Belleview Street Address: 10841 Hwy 441 South East City: Belleview County: Marion Zip Code: 34420			
8. Responsible Official Telephone Number: Telephone: (352) 245-4900 Fax: (352) 750-6448			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Greg West, Manager		
10. Facility Contact Address: Street Address: City: Belleview FL County: Marion Zip Code: 34420	10841 Hwy 441 S.E.		
11. Facility Contact Telephone Number: Telephone: (352) 245-4900 Fax: ( ) -			

**CLASSIC CLEANERS**  
984 BICHARA BLVD.  
LADY LAKE, FL 32159



Department of Environmental Protection  
ATTN: Ms. Sandra Bowman  
Twin Towers Office Bldg  
2600 Blain Stone Rd  
Tallahassee, FL 32399-2400

32399-2400



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

7000 0600 0026 4125 8997

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

AIRS ID # 0830115

**Total F** CLASSIC CLEANERS  
**Recipie** CAROLYN M JONES  
 10841 HWY 441 SOUTH EAST  
 Street, BELLEVIEW FL 34420  
 City, St.

PS Form 3800, February 2000 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 # 0830115  
 CLASSIC CLEANERS  
 CAROLYN M JONES  
 10841 HWY 441 SOUTH EAST  
 BELLEVIEW FL 34420

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *TINA SMITH* B. Date of Delivery *3-5-01*  
 C. Signature *Tina Smith*  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

*70000600002641258997*  
 2. Article Number (Copy from service label)



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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

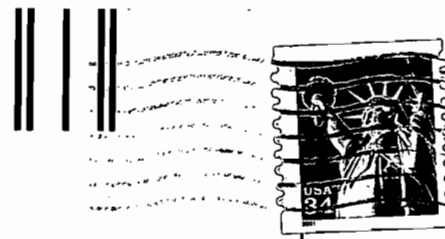
AIRS ID # 0830115  
CLASSIC CLEANERS  
GREG M WEST  
10841 HWY 441 SOUTH EAST  
BELLEVIEW FL  
34420

412234 DEC26 2001

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



**CLASSIC CLEANERS**  
984 BICHARA BLVD.  
LADY LAKE, FL 32159



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

32315+3070 99

