

Department of Environmental Protection

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

David B. Struhs Secretary

October 19, 2000

Ms. Maria Barker Express Cleaners of Ocala, Inc. 2488 Southeast 58 Avenue Ocala, Florida 34471

Re: Facility No.: 0830144-001

Dear Ms. Barker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 14, 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

"More Protection, Less Process"

. Printed on recycled paper.

0830144-001 10/10/00 Spoke with Maria Barker and She stated that she has not penchosed ony perchloroethy. when she notified. The absortated that the facility has a 2 HP boiler fueled by naturalgas. 2(a) Add # of gallons of sere Runhosed in Past 12 months. If no perc. was purchased add "O". add # of boiler on site. Also add the horsepower (HP) and the fuel used for the boder. Responsible Official sign and date for changes inside.

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

	Express Cleaners of Ocala, Inc.						
2.	Site Name (For example, plant name or number):						
	Express Cleaners of Ocala, Inc.						
3.	Hazardous Waste Generator Identification Number:						
	DEA MOUNTY IX \$40	951	7/8	1)-9			ľ
4.	DEP FACILITY ID #42 Facility Location:	7_0	/ 0	0		 .	_
7.	Street Address: 2488 SE 58 Avenue						
	City: Ocala County: Marion	າ		Zip Code:	34471		
5.	Facility Identification Number (DEP Use ONLY - do not		_	, ,			
	$\mathcal{O}_{\mathcal{C}}$	3.37	2/4	4-0	70/		
Re	sponsible Official						
	Name and Title of Responsible Official:	•••		:			7
Na	ne: Maria Barker	Title:	Pres	sident			1
			-100				_
7.	Responsible Official Mailing Address: Organization/Firm: Express Cleaners of Ocala	Tno					et sages a
	Street Address: 2488 SE 58 Avenue				133		
	City: Ocala County: Marion	-		Zip Code:	34471		
				•	k ^a N	S	
8.	Responsible Official Telephone Number:				ob Ob		T
	Telephone: (352) 624 - 9094	Fax:	(357	2)245-	4907 2	4	CONTRACT
				<u></u>	Bureau of Air Monitoring		╛┫
Fac	ility Contact (If different from Responsible Official)				nito	3	57
	Name and Title of Facility Contact (For example, plant ma	anager):			- S] (***
		0 /			0,0		
10.	Facility Contact Address:						į
	Street Address						
	Street Address: City: County:			Zip Code:			
	County.			Zip Code.			
11.	Facility Contact Telephone Number:						1
	Telephone: () -	Fax:	() -			
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DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

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 Status Control Device Required* Date Control Device Installed (circle one) From Manufacturer (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing New 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: Control Device Required* Date Initially Purchased Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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 CA = carbon adsorber*CONTROL DEVICE KEY: RC = refrigerated condenser 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? [\boldsymbol{O}] months Check why it is less than 12 months: New owner: [\inf] Did not keep records: [New store: [____] New machine [____]

DEP Form No. 62-213.900(2) Effective: 2/24/99

Unopened store [] (date of expected opening

'3. What is the facility's source classification based on the Indicate with an "X". Select one classification only	· • • • • • • • • • • • • • • • • • • •
Small Area Source [X]	
Transfer only on-site (1	used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (1	used 140 - 2,100 gallons of perc per year) used 200 - 1,800 gallons of perc per year) used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines put (Indicate with an "X".)	rsuant to section (5) of Part II of this notification form?
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 []
	ts shall not be eligible to use the general permit pursuant to water generating units on-site meet the following exemption memo for the criteria).
All steam and hot water generating units exempt No such units on-site	1 OR
How many boilers do you have on-site? [O]	
For each boiler, indicate its horsepower (HP) rating:	
What type of fuel do you use? [] propane [] No. 2 fuel o [] No. 6 fuel o	
6. Equipment Monitoring and Recordkeeping Informati	ion
Check all logs which are required to be kept on-site in a	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent add	ition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring]
(d) Carbon adsorber exhaust perc concentration monito	ring
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Sufferider C	DEFAIL FEITHIL(S)
Please indicat	te with an "X" the appropriate selection:
[]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in the 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
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with 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.
Maria	Barker
Print nam	ne of responsible official
$ \rangle$	
Signature	September 11, 2000 Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445941 FEB102005

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# 830144 1stC EXPRESS CLEANERS OF OCALA 2488 SE 58th Avenue OCALA, FL 34471

ORG.: 37550101000 EO: A1

FOR GOVERNMENT USE ONLY

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

7573	U.S. Postal Service TEM CERTIFIED MAIL TEM REC (Domestic Mail Only; No Insurance C	
#	For delivery information visit our website	2 2 620 722
7.7	UFFIGIAL	. USE
0 +0	Postage \$ Certified Fee	
000 0	Return Reciept Fee (Endorsement Required)	Postmark Here
050	Restricted Delivery Fee (Endorsement Required)	
003	To AIRS ID# 830144 1stC Sen EXPRESS CLEANERS OF OC	CALA
12	2488 SE 58th Avenue Stre OCALA, FL 34471	
	City PS Form 3800, June 2002	See Reverse for instructions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X. A. Grand Agent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID# 830144 1stC EXPRESS CLEANERS OF OCALA 2488 SE 58th Avenue	
OCALA, FL 34471	3. Service Type
	☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 0500 (Transfer from service lab.	0004 0144 7573
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

United States Postal Service PM Spirst Class Mail PM Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP Fermit No. G-10

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2800 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400



436353 FEB132094

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# 830144 **MARIA BARKER **EXPRESS CLEANERS OF OCALA **2488 SE 58TH AVENUE **COCALA, FL 34471

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Org.: 37550101000 EO: Fund: 20-2-035001

Obj.: 002273

0925	U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com _®
57	OFFICIAL USE
5E	Postage \$
m	Certified Fee
0003	Return Reciept Fee (Endorsement Required)
5	Restricted Delivery Fee (Endorsement Required)
먑	Tot ID# 830144
m	MARIA BARKER
003	Sent EXPRESS CLEANERS OF OCALA
尼	Stree 2488 SE 58TH AVENUE
-	or PC OCALA, FL 34471
	PS,Form 3800, June 2002 See Reverse for finistructions

THE BICKER TO OF ENVELOPE TO THE RIGHT COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ID# 830144 MARIA BARKER EXPRESS CLEANERS OF OCALA 2488 SE 58TH AVENUE OCALA, FL 34471 3. Service Type Certified Mail
Registered ☐ Express Mail ☐ Return Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7003 2260 0003 5651 0925 ... Domestic Return Receipt PS Form 3811, August 2001

UNITED STATES POSTAL SERVICE

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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 PROTECTIONAL
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 CEIVE

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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

TRemove Label

AIRS ID # 0250894
CLEANER
LET

407227 MAR192001

Do NOT Remove Label

DOUGHSAND DRY CLEANER JUANITA HERRERA **8243 SW 40TH STREET** MIAMI FL.33155

FOR COVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund 2012-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided				
1050			T		
9373	Postage Certified Fee	\$			
0020	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	A IDG ID # 0250	9804	Postmark Here	
0550	DOUGHSAND Fig. 10 Fig. 12 Fig	AIRS ID # 0250 DRY CLEANER RRERA	J&7 4	mailer)	
ļ	8243 SW 40TH Str MIAMI FL	STREET		***************************************	
7000	33155 Cit: PS Form 3800, Februa	ary 2000	Seë Rever	se for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY			
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly)	B. Date of Delivery			
 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. 	C. Signature X Agent Addressee				
Article Addressed to:	D. Is delivery address different from item 1?				
AIRS ID # 0250894 DOUGHSAND DRY CLEANER JUANITA HERRERA					
8243 SW 40TH STREET MIAMI FL	3. Service Type				
33155	Certified Mail Express Ma	ill			
	✓ □ Registered □ Return Record □ Insured Mail □ C.O.D.	eipt for Merchandise			
,	4. Restricted Delivery? (Extra Fee)	☐ Yes			
2. Article Number (Copy from service label) 9373/	050				
PS Form 3811 July 1999 Domestic Pet	urn Receipt	102505 00 M 1790			

Form 38 I I, July 1999

Domestic Return Receipt

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

Parmymorile source control program of Air Mobile Source Control protection of Air Monitoring Source Source ROAD 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 22399-2400

	U.S. Postal Service (Domestic Wall Only)		
	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here	
	DOUGHSAND DRY C JUANITA HERRERA 8243 SW 40TH STREE MIAMI FL 33155	т	
SENDER: GOWPEE Complete items 1, item 4 if Restricted Rrint your name ar so that we can rete	, 2, and 3. Also complete d Delivery is desired. nd address on the reverse turn the card to you. o the back of the mailpiece,	A. Received by (Please Print Clearly) C. Signature	B. Date of Delivery Agent Addressee
1. Article Addressed to: DOUGHSAND DR' JUANITA HERRE 8243 SW 40TH STE MIAMI FL 33155	AIRS ID # 0250894 Y CLEANER CRA	3. Service Type	ow: 🗆 No
2. Article Number (Copy	y from service label)	Certified Mail	ail ceipt for Merchandise
7000 00 PS Form 3811, July	600 0026 4	125 2686 Return Receipt	102595-99-M-1789