

RECEIVED

OCT 03 2011

PERCHLOROETHYLENE DRY CLEANERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0170038

0170038-004

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

_____ 6

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

SANDRA S POWELL

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

TOUCH OF QUALITY CLEANERS

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 130 NE Hwy 19
City: Crystal River County: Citrus Zip Code: 34428
34429-9237

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

_____ MP

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: SHARON HOFFMAN mgr.

Facility Contact Telephone Numbers

Telephone: 352-795-7871 Fax: _____
Cell phone: 352-697-1496
E-mail: _____

Facility Contact Mailing Address

Organization/Firm: TOUCH of Quality 34429 - 4231
Mailing Address: _____
City: CRYSTAL RIVER County: Citrus Zip Code: ~~34428~~ MP

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title
Print Name and Title: SANDRA S. POWELL owner

Other Contact/Representative Telephone Numbers

Telephone: 352-796-7965 Fax: _____
Cell phone: 352-232-1191
E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: Top Quality
Mailing Address: 1194 S BROAD ST.
City: Beechville County: Hernando Zip Code: 34601 - 3110 MP

Facility Information

1.(a) DRY-TO-DRY MACHINES

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 MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
1994	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

1. (b) Is the facility a co-residential Dry Cleaning facility?

Yes No

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	PERC DRY CLEANING MACHINE	CONTROL DEVICE (see key)	VAPOR BARRIER ENCLOSURE
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

2. Perchloroethylene Usage

If this is an **initial registration** for a perchloroethylene dry cleaner, provide an estimate of the facility's expected amount of perchloroethylene to be used over the next 12-month period.

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

90 gal.

12 year then 9/30/11

3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.

No steam and hot water generating units (boiler) onsite

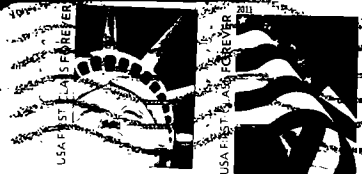
BOILER	HORSEPOWER	FUEL TYPE*
VALOR 5T	20	Natural gas

*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

Touch Of Cleaners

1194 So. Broad St.
Brooksville, FL 34601

TAMPA FL 336
SAINT PETERSBURG FL
29 SEP 2011 PM 6:1



ATTN:
Mike

FDCP-DARM
Air General Permit Program
Min. & Met. Section MS 5505
2600 Blair Stone Rd.
Galshausse, FL 32399 2400

32399654299



~~(I) 813-205-1656 2:00 pm Nelson~~

8/10/11 (II) 352 - 232 - 1191 2:40 pm
Sandra Powell
Torch of Quality

Brooksville
Crystal River

Called back and told her I
will mail 2 applications
TO Brooksville address

- NO computer
- NO email
- NO printer/copier

8/10/11 2 Applications mailed

****IMPORTANT****
AIR GENERAL PERMIT
RULE CHANGE NOTICE
Effective: June 29, 2011

After the effective date noted above, pursuant to Rule 62-4.050 and Rule 62-210.310, F.A.C., the following facility types eligible to construct or operate under an Air General Permit (AGP) will be required to **submit a \$100 fee** along with a registration or re-registration for a new or an existing facility every five years.

Note: Recent changes to the air general permit rules have rescinded the \$50 annual emissions fee that was previously required under this air general permit. This air general permit now requires a \$100 registration fee that is good for the life of the air general permit (up to 5 years).

New rule references replacing those in Rule 62-213.300, F.A.C. are noted below:

- **Perchloroethylene Dry Cleaners**-Rule 62-210.310 (5)(f), F.A.C.
- **Ethylene Oxide Sterilizers**-Rule 62-210.310 (5)(g), F.A.C.
- **Halogenated Solvent Degreasers**-Rule 62-210.310 (5)(h), F.A.C.
- **Chromium Electroplaters and Anodizers**-Rule 62-210.310 (5)(i), F.A.C.
- **Asbestos Manufacturers and Fabricators**-Rule 62-210.310 (5)(j), F.A.C.
- **Secondary Aluminum Sweat Furnaces**-Rule 62.210.310 (5)(k), F.A.C.

Please send your AGP Registration and the \$100 fee payable to FDEP:

FDEP Receipts
 PO Box 3070
 Tallahassee, Florida 32315-3070

For overnight delivery:
 FDEP Receipts
 3800 Commonwealth Blvd. MS 77
 Tallahassee, Florida 32399

Questions regarding the new rule changes should be directed to:

DEP's Air General Permit Section (850) 717-9000

Small Business Environmental Assistance Program 1-800-722-7457

or found on DEP's website at: http://www.dep.state.fl.us/Air/emission/air_gp.htm

Touch of Quality
 # 1 + # 2
 1194 S. Broad St.
 Branksville FL
 346 01
 \$ 200.00
 c/o Sandra Powell
 352-796-7465

Touch Of Quality Cleaners

1194 So. Broad St.
Brooksville, FL 34601

TAMPA FL 335
SAINT PETERSBURG FL
2000



IOEP Receipts

P.O. Box 3070

Tallahassee,

Fl. 32315-3070