

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 2, 2001

Ms. Sandra S. Powell  
Touch of Quality Cleaners  
1194 South Broad Street  
Brooksville, Florida 34601

Re: Facility No.: 0530052-002

Dear Ms. Powell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 1, 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. Bill Proses, Southwest District

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

*Printed on recycled paper.*

Fees Paid 96-00  
SOC 5  
Compliance IN

0530052-002

page 15

2.(a) Add number of gallons of perc  
purchased in past 12 months. (119)  
\* See note.

Page 17

Responsible official sign and date for  
changes made.

10/17/01

\* Called and spoke with Tom Spencer and he stated  
that 119 gallons of perc had been purchased in past  
12 months.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

OCT - 1 2009

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): <i>Sandra S. Powell</i>
2. Site Name (For example, plant name or number): <i>Touch of Quality Cleaners</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>1194 S. Broad St</i> Street Address: City: <i>Brooksville, FL</i> County: <i>HERNANDO</i> Zip Code: <i>34601</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0530052-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Sandra S Powell</i> Title: <i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1194 S Broad St.</i> City: <i>Brooksville FL</i> County: <i>HERNANDO</i> Zip Code: <i>34601</i>
8. Responsible Official Telephone Number: Telephone: <i>(352) 796-7965</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Tom Spencer</i>
10. Facility Contact Address: Street Address: <i>1194 S. Broad St</i> City: <i>Brooksville FL</i> County: <i>Hernando</i> Zip Code: <i>34601</i>
11. Facility Contact Telephone Number: Telephone: <i>(352) 796 7965</i> 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")
1993	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same
	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".)

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

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?  1

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

What type of fuel do you use?

propane

No. 2 fuel oil

No. 6 fuel oil

natural gas

No. 4 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.*

SANDRA S. POWELL

Print name of responsible official

Sandra S. Powell

Signature

9/15/01

Date



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID# 530052 1stC TOUCH OF QUALITY #1 DRY CLEANERS
Sent To		1194 S Broad St BROOKSVILLE, FL 34601
Street, Apt. No., or PO Box No.		
City, State, ZIP		

Postmark  
Here

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4308

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery  <i>Iris Helms</i> 2-9-05</p> <p>C. Signature  <i>Iris Helms</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>AIRS ID# 530052 1stC          TOUCH OF QUALITY #1 DRY          CLEANERS          1194 S Broad St          BROOKSVILLE, FL 34601</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 4308</p>	
<p>PS Form 3811, March 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-01-M-1424</span></p>	

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID# 530052  
TOUCH OF QUALITY #1 DRY  
CLEANERS  
1194 S Broad St  
BROOKSVILLE, FL 34601

*Printed on recycled paper.*

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# 530052 10  
TOUCH OF QUALITY #1 DRY  
CLEANERS  
1194 S Broad St  
BROOKSVILLE, FL 34601

*Printed on recycled paper.*

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

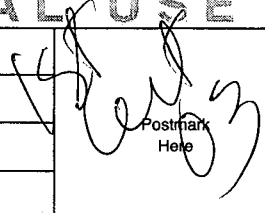
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

ID# 530052  
SANDRA POWELL  
TOUCH OF QUALITY #1 DRY  
CLEANERS  
1194 S BROAD STREET  
BROOKSVILLE, FL 34601

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

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance, Coverage Provided)</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	 Postmark Here
ID# 530052 SANDRA POWELL TOUCH OF QUALITY #1 DRY CLEANERS 1194 S BROAD STREET BROOKSVILLE, FL 34601	
PS Form 3811, June 2002 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:

ID# 530052  
 SANDRA POWELL  
 TOUCH OF QUALITY #1 DRY  
 CLEANERS  
 1194 S BROAD STREET  
 BROOKSVILLE, FL 34601

 2. Article Number  
*(Transfer from service label)*

7003 2260 0003 5650 0889

**COMPLETE THIS SECTION ON DELIVERY**

 A. Signature  
 *Gasminelli Gordon*  Agent  
 Addressee

 B. Received by (*Printed Name*) *Gasminelli Gordon* C. Date of Delivery *2-6-04*

 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

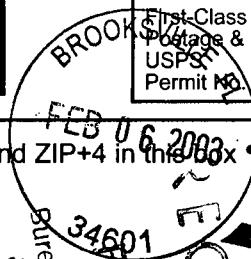
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 910

• Sender: Please print your name, address, and ZIP+4 in this area.

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 9 2004



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	03 Postmark Here <i>and insurance</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
AIRS ID#0530052	
Sent to:	TOUCH OF QUALITY #1 DRY CLEANERS
Street or PO:	SANDRA S POWELL 1194 S BROAD STREET
City:	BROOKSVILLE FL 34601
PS Form	Instructions

7001 0320 0001 7976 3804

**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#0530052  
TOUCH OF QUALITY #1 DRY CLEANERS  
SANDRA S POWELL  
1194 S BROAD STREET  
BROOKSVILLE FL  
34601

2. Article Number  
(Transfer from service label)

7001 0320 0001 7976 3804

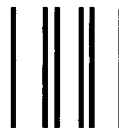
**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Agent  
 Addressee  
*Iris Helms*
- B. Received by (Printed Name)  
*Iris Helms*
- C. Date of Delivery  
*3-19-03*
- 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

UNITED STATES POSTAL SERVICE

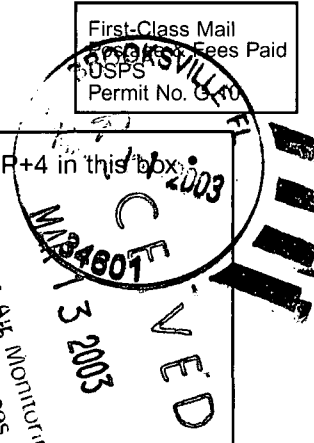


First-Class Mail  
Fees Paid  
USPS  
Permit No. 600

- Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources





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**

X H13636  
1/28/02

Do **NOT** Remove Label

AIRS ID # 0530052  
TOUCH OF QUALITY #1 DRY CLEANERS  
SANDRA S POWELL  
1194 S BROAD STREET  
BROOKSVILLE FL  
34601

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



**U.S. Postal Service**  
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**OFFICIAL USE**

7001 0320 0001 7975 6004

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>		

AIRS ID#0530052

Sent	TOUCH OF QUALITY #1 DRY CLEANERS
Street or PO	SANDRA S POWELL
City	1194 S BROAD STREET
	BROOKSVILLE FL
	34601

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#0530052  
 TOUCH OF QUALITY #1 DRY CLEANERS  
 SANDRA S POWELL  
 1194 S.BROAD STREET  
 BROOKSVILLE FL  
 34601

2. Article Number  
*(Transfer from service label)*

7001 0320 0001 7975 6004

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
<i>L. Holloway</i>	2-7-03
C. Signature	<input type="checkbox"/> Agent
<i>Sandra Holloway</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item	<input checked="" type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? *(Extra Fee)*  Yes

UNITED STATES POSTAL SERVICE



BROOKS  
DOWNING  
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

RECEIVED  
MAIL ROOM  
BY CLERK #9

03 FEB 10 AM 8:30

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 ELAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 13 2003

RECEIVED





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#0530052  
TOUCH OF QUALITY #1 DRY CLEANERS  
SANDRA S POWELL  
1194 S BROAD STREET  
BROOKSVILLE FL  
34601

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