



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

June 24, 1997

Mr. Ward P. Seedarnee
A Touch of Class Cleaners, Inc.
11026 Monet Lane
Palm Beach Gardens, Florida 33410

Re: Facility No.: 0990492

Dear Mr. Seedarnee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 21, 1997.

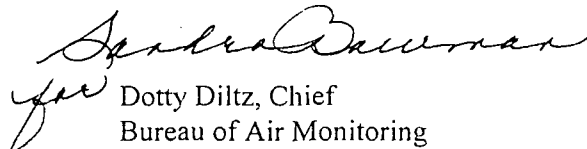
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

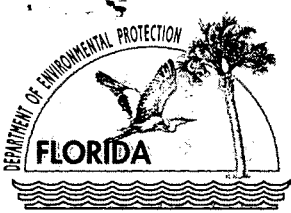

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

Printed on recycled paper.



Department of Environmental Protection

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Governor

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

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Secretary

LETTER OF NONCOMPLIANCE

TO: AIRS ID# 0990492
A TOUCH OF CLASS CLEANERS INC
WARD P SEEDARNEE
11026 MONET LANE
PALM BEACH GARDENS FL 33410

RECEIVED
JUL - 11 1998
Bureau of Air Monitoring
& Mobile Sources

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Nancy Seedarnee
Name (please print)

Nancy Seedarnee
Signature

6/29/98
Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,



Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

I spoke with Sandra Bowman
On June 29, 1998, concerning the
duplicate copy of this form. I
have made payment for
0990 482. The duplicate
to be terminated is # 0990492.

Thank you.
Amy Seelmaier

#0990492

A Touch of Class Cleaners

- spoke with business - 5/19/97

p.13 6. add title - Manager

7. add firm

11. # is 561/775-1500

p.15 5.(c) + 5.(d) not required,
mark out "V"s and initial

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

APR 21 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
A Touch of Class Cleaners, Inc

2. Site Name (For example, plant name or number):
Plant #1

3. Hazardous Waste Generator Identification Number:
982084261

4. Facility Location:
Street Address: 11940 US Hwy #1
City: North Palm Beach County: West Palm Beach Zip Code: 33408

5. Facility Identification Number (DEP Use):
0990492

Responsible Official

6. Name and Title of Responsible Official:
Ward P. Seedarnee

7. Responsible Official Mailing Address:
Organization/Firm: 11026 MONET LANE
Street Address: Palm Beach Gardens,
City: County: West Palm Beach Zip Code: 33410

8. Responsible Official Telephone Number:
Telephone: (561) 626-9949 Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Ward P. Seedarnee

10. Facility Contact Address:
Street Address: 11940 U.S Hwy One
City: No. Palm Beach, Fl. County: Zip Code: 33408

11. Facility Contact Telephone Number:
Telephone: (561) 775-1500 Fax: ()

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | | | | | | | | | |
| | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | #1 | 2-NOV-87 | 2-NOV-87 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

*existing
small
none*

Existing small area source

New small area source

Existing large area source

New large area source

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
- Ⓒ Refrigerated condenser temperature monitoring
- Ⓓ 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.



Signature

4/8/97

Date

BEST AVAILABLE COPY

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

7000 2670 0000 7027 4428

OFFICIAL USE

| | | |
|---|-----------------------------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage 10 AIRS ID # 0990492001AG | | |
| Sent To | WARD P SEEDARNEE | |
| | TOUCH OF CLASS #1 | |
| Street, Apt. No | 11026 MONET LANE | |
| | PALM BEACH GARDENS FL 33410 | |
| City, State, ZIP | | |

PS Form 3800, May 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:

10 AIRS ID # 0990492001AG
WARD P SEEDARNEE
TOUCH OF CLASS #1
11026 MONET LANE
PALM BEACH GARDENS FL 33410

DELIVERY

A. Frequency (Yearly) B. Date of Delivery
2/7/02

C. Signature
X *W.P. Seedarnee* 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.

40002870000070274428

2. Article Number (Copy from service label)

4. Restricted Delivery? (Extra Fee) Yes

2 333 613 552

US Postal Service
Receipt for Certified Mail

AIRS ID# 0990492
 A TOUCH OF CLASS CLEANERS INC
 WARD P SEEDARNEE
 11026 MONET LANE
 PALM BEACH GARDENS FL 33410

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 | |

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# 0990492
 A TOUCH OF CLASS CLEANERS INC
 WARD P SEEDARNEE
 11026 MONET LANE
 PALM BEACH GARDENS FL 33410

4a. Article Number

2 333 613 552

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

6-27-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Seedarnee

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



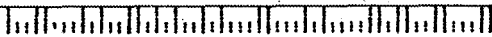
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
JUL - 6 1970

Bureau of Air Monitoring
& Mobile Sources



Z 333 613 723

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse).
AIRS ID# 0990492

A TOUCH OF CLASS CLEANERS INC
WARD P SEEDARNEE
11026 MONET LANE
PALM BEACH GARDENS FL 33410

PS Form 3800, April 1995

| | |
|---|----|
| 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 | |

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 1 and/or 2 for additional services.
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- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0990492
 A TOUCH OF CLASS CLEANERS INC
 WARD P SEEDARNEE
 11026 MONET LANE
 PALM BEACH GARDENS FL 33410

4a. Article Number

7333613723

4b. Service Type

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

7. Date of Delivery

4/9/95

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X [Signature]

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

Thank you for using Return Receipt Service.