

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

March 22, 2000

Ms. Sandra S. Powell  
Touch of Quality Cleaners, Inc.  
37948 East Meridian Avenue  
Dade City, Florida 33525

Re: Facility No.: 1010338-002

Dear Ms. Powell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 18, 2000.

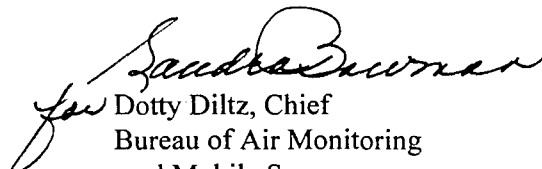
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

*Printed on recycled paper.*

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Touch of Quality Cleaners, Inc.</i>
2. Site Name (For example, plant name or number): —
3. Hazardous Waste Generator Identification Number: <i>CESQG</i>
4. Facility Location: Street Address: <i>37948 E. Meridian Ave.</i> City: <i>Dade City</i> County: <i>Pasco</i> Zip Code: <i>33525</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1010338-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Sandra S. Powell</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Touch of Quality Cleaners, Inc.</i> Street Address: <i>37948 E. Meridian Ave</i> City: <i>Dade City</i> County: <i>Pasco</i> Zip Code: <i>33525</i>
8. Responsible Official Telephone Number: Telephone: <i>(352) 521-7030</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: <i>(352) 521-7030</i> Fax: ( )

Bureau of Air Monitoring  
& Mobile Sources  
FEB 18 2000  
RECEIVED

**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")
8-18-95	Existing <u>New</u>	<u>RC/CA</u> /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 \_\_\_\_\_)



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.

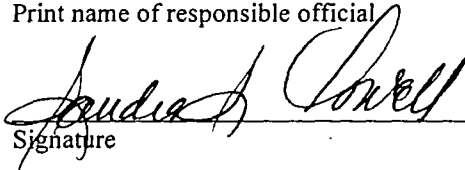
**Responsible Official Certification**

*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



Signature

2/11/00

Date

RECEIVED

*file*

OCT - 1 2001 PERMITHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM  
Bureau of Air Monitoring  
& 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

*THOMAS C. BUTTELMAN*

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>Sandra S. Powell, Touch of Quality Cleaners Inc</i>		
2. Site Name (For example, plant name or number):	<i>Touch of Quality Cleaners, Inc.</i>		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	<i>37948 Meridian Av</i>		
City:	County:	Zip Code:	
<i>Dade City Fl.</i>	<i>Pasco</i>	<i>33525</i>	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<i>1010338-002</i>		

Responsible Official

6. Name and Title of Responsible Official:	<i>Sandra S Powell</i>		
Name:	<i>Thomas Buttelman</i>	Title:	<i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm:	<i>Touch of Quality Cleaners Inc</i>		
Street Address:	<i>37948 Meridian Av</i>		
City:	County:	Zip Code:	
<i>Dade City Fl.</i>	<i>Pasco</i>	<i>33525</i>	
8. Responsible Official Telephone Number:			
Telephone:	<i>(352) 521-7030</i>		
Fax:	<i>( ) - 796-7965</i>		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<i>Same Thomas Buttelman</i>		
10. Facility Contact Address:			
Street Address:	<i>Same</i>		
City:	County:	Zip Code:	
<i>Same</i>			
11. Facility Contact Telephone Number:			
Telephone:	<i>(352) 521-7030</i>		
Fax:	<i>( ) -</i>		

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1995	Existing <input checked="" type="radio"/> New	RC/CA/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?

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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

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gallons (You must fill this in)

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)





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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

over 9/15/01

Date

# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445132 JAN31 2005

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# 1010338 10  
TOUCH OF QUALITY DRY CLEANERS  
OF DADE CY  
37948 E Meridan Ave  
DADE CITY, FL 33525

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 2 2005

RECEIVED

Printed on recycled paper.

(cut here)



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435480 JAN20 2004

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

1010338  
SANDRA FOWELL  
TOUCH OF QUALITY DRY CLEANERS OF  
DADE CY  
37948 E MERIDIAN AVE  
DADE CITY FL 33525

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

JAN 23 2004  
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**

Do NOT Remove Label

AIRS ID#1010338  
TOUCH OF QUALITY DRY CLEANERS OF  
DADE CY  
SANDRA S POWELL  
37948 E MERIDIAN AVE  
DADE CITY FL 33525

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

426164  
Bureau of Air Monitoring & Mobile Sources  
MAR 19 2005  
MAR 21 2005

RECEIVED

MAR 21 2003

Bureau of Air Mail Inquiries  
& Mobile Sources

We had an illness & death in  
our family and were out of  
state for over a month

Sorry for delay

J. Powell 352-796-7965

**PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS**

**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#1010338

TOUCH OF QUALITY DRY CLEANERS OF  
DADE CY  
SANDRA S POWELL  
37948 E MERIDIAN AVE  
DADE CITY FL 33525

2. Article Number (Copy from service label)  
7000287000070275944

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 2/7/03

C. Signature [Signature]  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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL USE**

7000 2870 0000 7027 5944

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

Postmark Here [Signature]

Tot AIRS ID#1010338  
TOUCH OF QUALITY DRY CLEANERS OF

Sen DADE CY  
SANDRA S POWELL  
Stro: 37948 E MERIDIAN AVE  
City, DADE CITY FL 33525

PS Form 3800, May 2000 See Reverse for Instructions

BEST AVAILABLE COPY

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

OFFICIAL USE

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

*[Handwritten signature]*

AIRS ID#1010338

TOUCH OF QUALITY DRY CLEANERS OF  
DADE CY  
SANDRA S POWELL  
37948 E MERIDIAN AVE  
DADE CITY FL 33525

Place for Instructions

7001 0320 0001 7976 7567

**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#1010338  
TOUCH OF QUALITY DRY CLEANERS OF  
DADE CY  
SANDRA S POWELL  
37948 E MERIDIAN AVE  
DADE CITY FL 33525

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 7567

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jessica Avalon*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-20-03

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

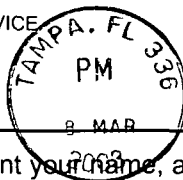
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



UNITED STATES POSTAL SERVICE



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

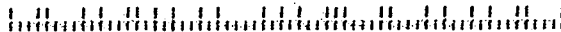
• Sender: Please print your name, address, and ZIP+4 in this box

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

MAR 11 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406600 MAR 12001

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 # 1010338  
TOUCH OF QUALITY DRY CLEANERS OF DADE  
CY  
SANDRA S POWELL  
37948 E MERIDIAN AVE  
DADE CITY FL 33525

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

Director of Air Monitoring  
& Mobile Sources

MAR - 5 2001

RECEIVED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**SENDER: C** **ION 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 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 # 1010338

TOUCH OF QUALITY DRY CLEANERS OF DADE  
CY  
SANDRA S POWELL  
37948 E. MERIDIAN AVE  
DADE CITY FL 33525

A. Received by (Please Print Clearly) **Shannon Johnson** B. Date of Delivery **2-10-01**

C. Signature **X Shannon Johnson**  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

2. Article Number (Copy from service label)  
**7000 0600 0026 7825 5136**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0600 0026 7825 5136

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

AIRS ID # 1010338

TOUCH OF QUALITY DRY CLEANERS OF DADE  
CY  
SANDRA S POWELL  
37948 E MERIDIAN AVE  
DADE CITY FL 33525

PS Form 3800, February 2000 See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407312 MAR22 2001

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 # 1010338

TOUCH OF QUALITY DRY CLEANERS OF  
 DADE CY  
 SANDRA S POWELL  
 37948 E MERIDIAN AVE  
 DADE CITY FL 33525

Bureau of Air Monitoring  
& Mobile Sources

MAR 26 2001

RECEIVED

*3755 refund*  
*2073*  
*3/01/01*  
*#6960*

FOR GOVERNMENT USE ONLY  
 Off: 37550101000 EO: A1  
 Fun: 20-2-035001  
 Obj: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413617 JAN28 2002

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 # 1010338  
TOUCH OF QUALITY DRYCLEANERS  
SANDRA S POWELL  
37948 E MERIDIAN AVE  
DADE CITY FL  
33525

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

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 (Please Print Clearly) <b>Tom Buttelman</b>      B. Date of Delivery <b>3-5-01</b></p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 1010338</p> <p>TOUCH OF QUALITY DRY CLEANERS OF DADE CITY SANDRA S POWELL 37948 E MERIDIAN AVE DADE CITY FL 33525</p>	<p>C. Signature <i>[Signature]</i>      <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>2. Article Number (Copy from service label) <b>70000600002641261584</b></p>	<p>D. Is delivery address different from item 1?      <input type="checkbox"/> Yes  If YES, enter delivery address below:      <input type="checkbox"/> No</p>
<p>PS Form 3811, July 1999</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>Domestic Return Receipt      102595-99-M-1789</p>	

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
<b>7000 0600 0026 4126 1584</b>	<div style="border: 1px solid black; height: 40px;"></div>										
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total</b>		<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total</b>											
<p>AIRS ID # 1010338</p>											
<table border="1"> <tr> <td style="width: 100px;">Recipient</td> <td>TOUCH OF QUALITY DRY CLEANERS OF</td> </tr> <tr> <td>Street</td> <td>DADE CITY</td> </tr> <tr> <td>City, S</td> <td>37948 E MERIDIAN AVE DADE CITY FL 33525</td> </tr> </table>		Recipient	TOUCH OF QUALITY DRY CLEANERS OF	Street	DADE CITY	City, S	37948 E MERIDIAN AVE DADE CITY FL 33525				
Recipient	TOUCH OF QUALITY DRY CLEANERS OF										
Street	DADE CITY										
City, S	37948 E MERIDIAN AVE DADE CITY FL 33525										
<p>PS Form 3811, July 1999      Instructions</p>											