

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 3, 2002

Mr. Kapadia Narendra  
A Touch of Class Cleaners  
160 South Nova Road  
Ormond Beach, Florida 32174

Re: Facility No.: 1270126-002

Dear Mr. Narendra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 2002.

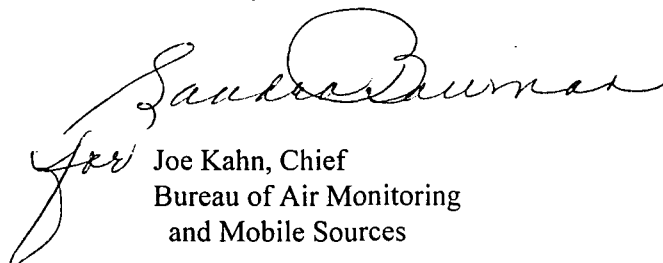
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

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

Printed on recycled paper.

Page 15

1. (a) Date should be placed in space provided for Date Initially Purchased From Manufacturer.  
New should be circled under Status for 1998 machine.  
None required should not be marked under Control Device Required for 1998 machines.  
If facility has one machine, information for machines 2 & 3 should not be marked.

Page 16

4. New Machines at small area source Refrigerated Condenser should be marked.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
AUG 30 2002  
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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): SENKAY ENT, INC DBA TOUCH OF CLASS CLEANERS
2. Site Name (For example, plant name or number): A TOUCH OF CLASS CLEANERS
3. Hazardous Waste Generator Identification Number: FLD039386768
4. Facility Location: 160 South NOVA ROAD Street Address: City: ORMOND BEACH County: VOLUSIA Zip Code: 32174
5. Facility Identification Number: (DEP Use ONLY - do not fill in) 1270126-002

Responsible Official

6. Name and Title of Responsible Official: Name: KAPADIA NARENDRA A. Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: A TOUCH OF CLASS CLEANERS Street Address: 160 S. NOVA ROAD City: ORMOND BEACH County: VOLUSIA Zip Code: 32174
8. Responsible Official Telephone Number: Telephone: (386) 673-4611 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (386) 673-4611 Fax: ( ) -

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ ONE ]

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")
<u>JUNE 1998</u>			
_____	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>

\*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?**

[ 110 ] 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".)

- |   |  |
|---|--|
| <u>Existing machines at small area source</u>         | <u>New machines at small area source</u>                   |
| (NONE REQUIRED) <input checked="" type="checkbox"/> X | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>         | <u>New machines at large area source</u>                   |
| Carbon adsorber <input type="checkbox"/>              | Refrigerated condenser <input type="checkbox"/>            |
| Refrigerated condenser <input type="checkbox"/>       |  |

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? ONE

For each boiler, indicate its horsepower (HP) rating: 10

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 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.

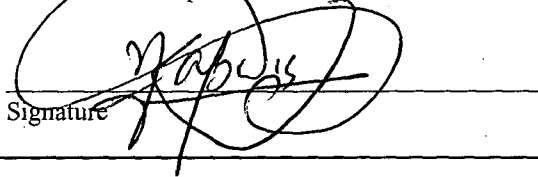
**Responsible Official Certification**

*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.*

KARAJIA NARENDRA A.

Print name of responsible official



Signature

8/26/02

Date

**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)

Postmark  
 Here

*03*  
*Z. Kapadia*

Total | AIRS ID#1270126  
 TOUCH OF CLASS CLEANERS

Sent To NARENDRA A KAPADIA  
 160 S NOVA ROAD  
 ORMOND BEACH FL  
 32174

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0001 7976 2692

**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#1270126  
 TOUCH OF CLASS CLEANERS  
 NARENDRA A KAPADIA  
 160 S NOVA ROAD  
 ORMOND BEACH FL  
 32174

2. Article Number  
 (Transfer from service label)

7001 0320 0001 7976 2692

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*3-8-03*

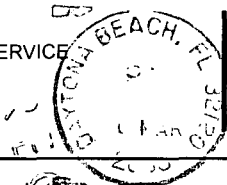
C. Signature  
 Agent  
 Addressee

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

UNITED STATES POSTAL SERVICE



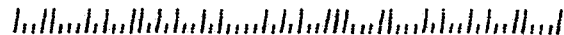
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

Bureau of Air Monitoring  
& Mobile Sources

DEYTONA BEACH, FL 32115  
FEB 11 11 11  
AIR/MOBILE SOURCE CONTROL PROGRAM  
U.S. DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

32399+2400





**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

Postmark Here  
 AIRS ID#1270126

Sent To TOUCH OF CLASS CLEANERS  
 NARENDRA A KAPADIA  
 Street, or PO 160 S NOVA ROAD  
 City, S ORMOND BEACH FL  
 32174

7001 0320 0001 7975 5731

**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#1270126

TOUCH OF CLASS CLEANERS  
 NARENDRA A KAPADIA  
 160 S NOVA ROAD  
 ORMOND BEACH FL  
 32174

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 5731

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

S N. Kapadia 2-7-03

C. Signature

X *S. Kapadia*

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

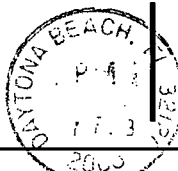
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

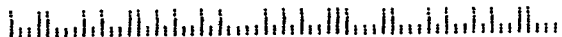
• Sender: Please print your name, address, and ZIP+4 in this box •

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

FEB 10 2003

RECEIVED



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)	

*Postmark Here*  
*158*  
*Cent*  
*03*

Total ID# 1270126  
 NARENDRA KAPADIA  
 TOUCH OF CLASS CLEANERS  
 160 S NOVA ROAD  
 ORMOND BEACH, FL 32174

Sent To  
 Street,  
 or PO  
 City, S

PS Form 3800, June 2002

See Reverse for Instructions

7002 2260 0003 5651 1342

**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# 1270126  
 NARENDRA KAPADIA  
 TOUCH OF CLASS CLEANERS  
 160 S NOVA ROAD  
 ORMOND BEACH, FL 32174

2. Article N  
 (Transfer)

7003 2260 0003 5651 1342

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
 Addressee

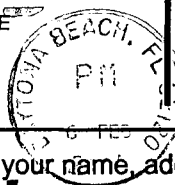
B. Received by (Printed Name) *KAPADIA Noreen* C. Date of Delivery *2-6-04*

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



ENVELOPE TO BE  
FOLD AT DOTTED LINE

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

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Motion  
Mobile Source

FEB 10 2004

RECEIVED

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

7001 1140 0001 7556 3432

**OFFICIAL USE**

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

Postmark  
Here

**Sent To:** AIRS ID# 1270126 1stC  
 TOUCH OF CLASS CLEANERS  
**Street, or PO B:** 160 S Nova Road  
**City, Sta:** ORMOND BEACH, FL 32174

PS Form 3811, August 2001

**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.

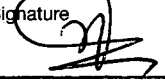
1. Article Addressed to:

AIRS ID# 1270126 1stC  
 TOUCH OF CLASS CLEANERS  
 160 S Nova Road  
 ORMOND BEACH, FL 32174

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 3432

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature    Agent  
 Addressee

B. Received by (Printed Name) **KARADIA** C. Date of Delivery **2-7-05**

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 •

DARW/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 0310  
2600 DIANE PIONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Quality  
& Mobile Sources

FEB 16 2003

RECEIVED



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**

7004 2510 0002 3939 5084

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To	AIRS ID# 1.27013e+006.....2 <sup>nd</sup> Cert 05	
Street, A or PO Box	TOUCH OF CLASS CLEANERS	
City, State	160 S Nova Road	
	ORMOND BEACH, FL	32174

**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:

1270126

AIRS ID# 1.27013e+006.....2<sup>nd</sup> Cert 05  
 TOUCH OF CLASS CLEANERS  
 160 S Nova Road  
 ORMOND BEACH, FL 32174

2. Article Number

(Transfer from serv

7004 2510 0002 3939 5084

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

KAPADIA

C. Date of Delivery

3-4-05

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

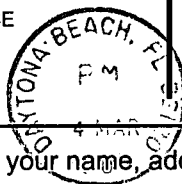
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



GREEN MAIL FROM FAR EAST

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

Mobile Sources  
vintonm

MAR 7 2005

RECEIVED

2399+6342





**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**

468710 FEB 8 2007

Do NOT Remove Label

AIRS ID#1270126  
SENKAY ENTERPRISES INC ✓  
160 S Nova Road  
ORMOND BEACH, FLORIDA 32174

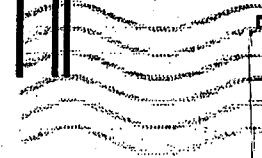
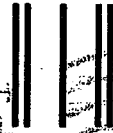
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FEB 1 2007  
Bureau of All Monitoring  
& Mobile Sources

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

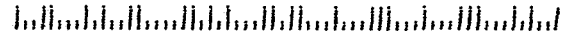
*Printed on recycled paper.*

DAYTONA BEACH  
FL 321 2 L  
08 FEB 2007 PM



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070 BO99



-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

459739 MAR 6 2006

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# 1270126 1st  
TOUCH OF CLASS CLEANERS  
160 S Nova Road  
ORMOND BEACH, FL 32174

Bureau of Air Monitoring  
& Mobile Sources  
MAR 08 2006

RECEIVED

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

Printed on recycled paper.

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

448518 MAR 7 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# 1270126 1stC  
TOUCH OF CLASS CLEANERS  
160 S Nova Road  
ORMOND BEACH, FL 32174

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

RECEIVED  
MAR 9 2005  
Bureau of Air Monitoring  
& Mobile Sources

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436843 FEB25 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

ID# 1270126  
 NARENDRA KAPADIA  
 TOUCH OF CLASS CLEANERS  
 160 S NOVA ROAD  
 ORMOND BEACH, FL 32174

RECEIVED  
 MAR 3 2004  
 Bureau of Air  
 & Mobile  
 Services  
 Department  
 FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425184 MAR 7 2003

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#1270126  
TOUCH OF CLASS CLEANERS  
NARENDRA A KAPADIA  
160 S NOVA ROAD  
ORMOND BEACH FL  
32174

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

Bureau of Air Monitoring  
& Missile Sources

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