

Fees Paid 96-00

SOC 4

compliance IN



Department of Environmental Protection

Jeb Bush
Governor

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
1128 Sterling Avenue
Inverness, Florida 32650

Re: Facility No.: 0170039-002

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.

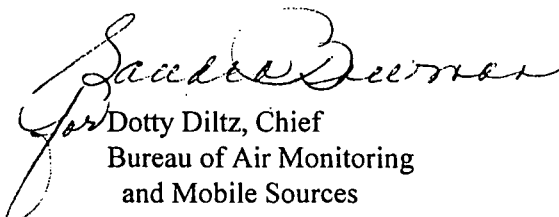
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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0170039-002

Page 15

1.(a) AC should be circled under Control Device Required.

2(c) Add number of gallons of Per purchased in past 12 months.

Page 16

5. Mark fuel type for boiler.

6 (a)

(b)

(c)

(e)

} All Required for New small sources
all should be marked.

Page 17

Responsible official sign and date for changes

10/17/01 Spoke to Sharon Hoffmon and she stated the facility has purchased 57 gallons of perchloroethylene. She also stated the boiler is fueled by natural gas.

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: _____

Jim

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
OCT - 1 1999 GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit & Mobile Sources

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):	SANDRA S. POWELL		
2. Site Name (For example, plant name or number):	Touch of Quality Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	1128 Sterling Av.		
City:	County:	Zip Code:	
Livermore	Citrus	32650	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0170039-002		

Responsible Official

6. Name and Title of Responsible Official:	SANDRA S. POWELL		
Name:	Title:		
Sharon E. Hoffman	Agent	owner	
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	1128 Sterling Av		
City:	County:	Zip Code:	
Livermore 71	Citrus	32650	
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
(352) - 795-7871	() -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Sharon E. Hoffman		
10. Facility Contact Address:			
Street Address:	SAME		
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	Fax:		
(352) - 795-7871	() -		

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")
1994	Existing 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?

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?

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

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.

Sandra J. Powell
Print name of responsible official

Sandra J. Powell
Signature

9/15/01
Date

(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# 170039
TOUCH OF QUALITY CLEANERS #3
1128 Sterling Av
INVERNESS, FL 32650

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.

7004 2510 0002 3939 4292	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	For delivery information, visit our website at www.usps.com	
	OFFICIAL USE	
	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here
	Total Post: AIRS ID# 170039 1stC TOUCH OF QUALITY CLEANERS #3 Sent To: 1128 Sterling Av Street, Apt. or PO Box INVERNESS, FL 32650 City, State, _____	
PS Form 3800, June 2002 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY								
<ul style="list-style-type: none"> ■ 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. 	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly) <i>J. Wilson</i></td> <td style="width: 50%;">B. Date of Delivery <i>2-7-5</i></td> </tr> <tr> <td colspan="2">C. Signature <i>Joyce Wilson</i></td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) <i>J. Wilson</i>	B. Date of Delivery <i>2-7-5</i>	C. Signature <i>Joyce Wilson</i>		<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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C. Signature <i>Joyce Wilson</i>									
<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> AIRS ID# 170039 1stC TOUCH OF QUALITY CLEANERS #3 1128 Sterling Av INVERNESS, FL 32650 </div>	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.								
2. Article Number (Transfer from service label)	<input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes								
7004 2510 0002 3939 4292									

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2803 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 21 2005
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 is located on the mailing label.

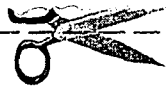
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 170039 10
TOUCH OF QUALITY CLEANERS #3
1128 Sterling Av
INVERNESS, FL 32650

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

Printed on recycled paper.



(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 can be found below on your mailing label. 436428 FEB17 2004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

ID# 170039
SANDRA POWELL
TOUCH OF QUALITY CLEANERS #3
130 NE HWY 19
CRYSTAL RIVER, FL 34429

Bureau of Air Monitoring
& Mobile Sources

FEB 20 2004

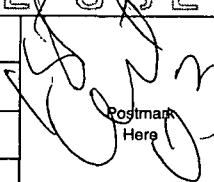
RECEIVED

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

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CERTIFIED MAIL™ RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

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

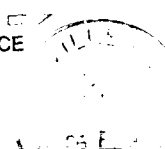
To ID# 170039
 SANDRA POWELL
 Sen TOUCH OF QUALITY CLEANERS #3
 Str 130 NE HWY 19
 or F CRYSTAL RIVER, FL 34429
 Ch

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7581

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 170039 SANDRA POWELL TOUCH OF QUALITY CLEANERS #3 130 NE HWY 19 CRYSTAL RIVER, FL 34429 </div>	<p>A. Signature <input checked="" type="checkbox"/> <i>Fawn Hungst</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Fawn Hungst</i> 2-6-04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80px;"> CRYSTAL RIVER, FL 34429 FEB -6 2004 </div> <p>3. Service Type(s) <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>2. Article Number (Transfer from service label)</p>	<p>7003 2260 0003 5650 7581</p>

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Permit No. G-10

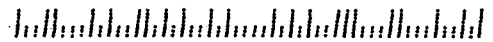
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED





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

426210 MAR20 2003

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0170039
TOUCH OF QUALITY CLEANERS #3
SANDRA S POWELL
130 NE HWY 19
CRYSTAL RIVER FL
34429

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

Bureau of Air Monitoring & Pollution Control

MAR 25 2003

RECEIVED

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	\$ _____
AIRS ID#0170039	
Sent To	TOUCH OF QUALITY CLEANERS #3
Street, Apt. No., or PO Box No.	SANDRA S POWELL 130 NE HWY 19
City, State, ZIP+4	CRYSTAL RIVER FL 34429
PS Form 3800, Jan 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#0170039

TOUCH OF QUALITY CLEANERS #3
SANDRA S POWELL
130 NE HWY 19
CRYSTAL RIVER FL
34429

COMPLETE THIS SECTION ON DELIVERY

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

PAULA FISCHER 3/8/03

C. Signature

 X Paula Fischer 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.

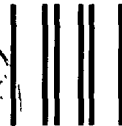
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 2814

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Permit No. G-10

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

Bureau of
& Mobile
Sources
Monitoring

MAR 11 2003

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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

413636
1/28/02

Do **NOT** Remove Label

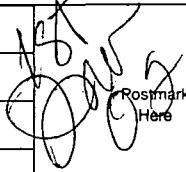
AIRS ID # 0170039
TOUCH OF QUALITY CLEANERS #3
SANDRA S POWELL
130 NE HWY 19
CRYSTAL RIVER FL
34429

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

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

OFFICIAL USE

7001 0320 0001 7976 5303

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

AIRS ID#0170039

TOUCH OF QUALITY CLEANERS #3
 SANDRA S POWELL
 130 NE HWY 19
 CRYSTAL RIVER FL
 34429

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:

AIRS ID#0170039

TOUCH OF QUALITY CLEANERS #3
 SANDRA S POWELL
 130 NE HWY 19
 CRYSTAL RIVER FL
 34429

COMPLETE THIS SECTION ON DELIVERY

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

Fawn Hungst 2-7-03

C. Signature

X *Fawn Hungst*

Agent
 Addressee

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



3. Service Type

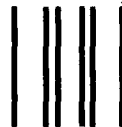
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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

2. Article Number (*Copy from service*)

7001 0320 0001 7976 5303

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
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 1850
2600 BLIND LEE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources
FEB 10 2003
11VFD