

Department of Environmental Protection

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

Colleen M. Castille Secretary

November 6, 2006

Ms. Sandra Powell Touch of Quality Cleaners #1 1194 South Broad Street Brooksville, Florida 34601

Re: Facility No.: 0530052-003

Dear Ms. Powell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 2, 2006.

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,

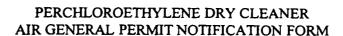
Errin Pichard, Acting Chief Bureau of Air Monitoring and Mobile Sources

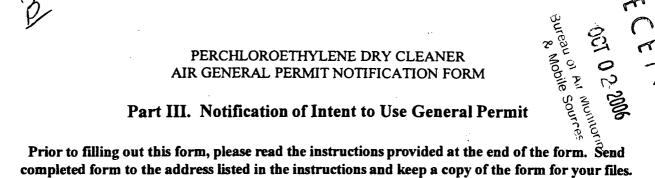
EP/pg

cc: Mr. Christopher Bradley, Southwest District

"More Protection, Less Process"

Printed on recycled paper.





1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
2	RUSSELL + SANDRA POWELL TOUCH OF QUALITY Site Name (For example, plant name or number):			
	TOUCHOF QUALITY CLEANERS #1			
3.	Hazardous Waste Generator Identification Number:			
	FLR 060 130 393			
4.	FLR 066 130 393 Facility Location: Street Address: 1194 S. BROAD ST			
	City: BROKKSVILLE County: HERNANDO Zip Code: 34601			
5 .	Facility Identification Number (DEP Use ONLY do not fill in)			
4	"LE 18 18 18 18 18 18 18 18 18 18 18 18 18			
Res	sponsible Official			
	Name and Title of Responsible Official:			
	ne: SANDRA POWELL Title: OWNER			
7.	Responsible Official Mailing Address:			
	Organization/Firm: Street Address: 1194 5. BROAD ST.			
	City: BROOKSVILLE County: HERNANDO Zip Code: 34601			
8.	Responsible Official Telephone Number:			
	Telephone: (352)786 - 7965 Fax: (352)796 - 8678			
Facility Contact (If different from Responsible Official)				
rac	rility Contact (If different from Responsible Official)			
	Name and Title of Facility Contact (For example, plant manager):			
	Name and Title of Facility Contact (For example, plant manager):			
9.				
9.	Name and Title of Facility Contact (For example, plant manager): THOMAS SPENCER PLANT MOR. Facility Contact Address: Street Address: 1/94 S. BROAD ST			
9.	Name and Title of Facility Contact (For example, plant manager): THOMAS SPENCER PLANT MOR.			
9.	Name and Title of Facility Contact (For example, plant manager): THOMAS SPENCER PLANT MOR. Facility Contact Address: Street Address: 1/94 S. BROAD ST			

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Name and Location

14

Íν

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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: Control Device Required* Date Initially Purchased Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 1994 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 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 Control Device Installed Date Initially Purchased Status Control Device Required* From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required RC/CA/None required Existing/New RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [//8] 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 [____]

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Unopened store [____] (date of expected opening ____

3. What is the facility's Indicate with an "X	source classification (". Select one class		efinitions found in s	ection (3) of Part II?)	
Small Area So	urce	\angle				
Trans	Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site			(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)		
Large Area So	urce					
Trans	o-dry machines only fer only on-site machine types on-si	(used	140 - 2,100 gallons 200 - 1,800 gallons 140 - 1,800 gallons	of perc per year)		
4. What control technol (Indicate with an "X		machines pursua	nt to section (5) of I	Part II of this notification	ation form?	
Existing mach (NONE REQU	ines at small area source. IRED)]	ource	New machines a Refrigerated con	t small area source denser [X]		
Existing mach Carbon adsorb Refrigerated co		<u>ource</u>	New machines a Refrigerated con	t large area source denser []		
5. A facility which con Rule 62-213.300, F.A.C exemption criteria or th	C. Verify that all st	eam and hot wat	er generating units o	on-site meet the follo		
All steam and hot wate No such units on-site	r generating units e	xempt [X] OR			
How many boilers do y	ou have on-site?	نا				
For each boiler, indicat	e its horsepower (H	P) rating: [201			
What type of fuel do yo		propane No. 2 fuel oil No. 6 fuel oil	natural gall No. 4 fue	l oil	·	
6. Equipment Monitori	ng and Recordkeep	ing Information	•			
Check all logs which as	re required to be ke	pt on-site in acco	ordance with the req	uirements of this ge	neral permit:	
(a) Purchase receipts ar	nd solvent purchase	s/solvent addition	n log	(X)		
(b) Leak detection insp	ection and repair			(<u>X)</u>		
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber ex	haust perc concentr	ation monitoring	;			
(e) Startup, shutdown,	malfunction plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	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.							
SANGRA S. POWE!							
Print nam	edig d. Souell 961/06 Date						

DEP Form No. 62-213.900(2) Effective: 2/24/99

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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.

470858 MAR12207

TOTAL AMOUNT DUE: \$50.00

