

Department of **Environmental Protection**

leb 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, of 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

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):				
Touch of Quality Cleaners, Inc.				
2. Site Name (For example, plant name or number):				
3. Hazardous Waste Generator Identification Number:				
CESQG				
4. Facility Location: 37948 E. Meridian Hve. Street Address:				
City: Dade City County: Pasco Zip Code: 33525				
5. Facility Identification Number (DEP Use ONLY - do not fill in):				
1010338-002				
Responsible Official				
6. Name and Title of Responsible Official:				
Name: Sandra S. Powell Title: President				
7. Responsible Official Mailing Address: Organization/Firm: Touch of Quality Cleaners, Inc. Street Address: 37948 E. Meridian Ave City: Dade City County: Pasco Zip Code: 33525				
Street Address: 37948 E. Meridian Ave				
Street Address: 31948 E. Meridian Ave Zip Code: 33525				
8. Responsible Official Telephone Number:				
Telephone: (352) 52 - 7030 Fax: () -				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
10. Facility Contact Address:				
COM TESTING				
Street Address: City: County: Zip & ded 2				
Sollow M. A. A.				
11. Facility Contact Telephone Number:				
10. Facility Contact Address: Street Address: City: County: Zip Goden County: Telephone: (352)521-7030 Fax: (2) 100 100 100 100 100 100 100 100 100 10				
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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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 8-12-95 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 Initially Purchased Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New 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? DO 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 _____)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based on Indicate with an "X". Select one classification of			
Small Area Source			
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 Source			
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)		
4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?		
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 []		
	nits shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption and memo for the criteria).		
All steam and hot water generating units exempt No such units on-site	≥ OR		
How many boilers do you have on-site?	-		
For each boiler, indicate its horsepower (HP) rating:			
What type of fuel do you use? [] propane [] No. 2 fue [] No. 6 fue			
6. Equipment Monitoring and Recordkeeping Inform	aation		
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:		
(a) Purchase receipts and solvent purchases/solvent a	ddition log		
(b) Leak detection inspection and repair			
(c) Refrigerated condenser temperature monitoring	itoring (X)		
(d) Carbon adsorber exhaust perc concentration monitoring			
(e) Startup, shutdown, malfunction plan			

7 Surrender	of Existing DEP Air Permit(s)	
Please indicat	te with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air pe notification form; the permit number(s) a	ermits authorizing operation of the facility indicated in th are
لكا	No DEP air permits currently exist for the form.	ne operation of the facility indicated in this notification
Responsible	Official Certification	
this notif statemen maintain comply v I will pro	Sication. I hereby certify, based on informations and in this notification are true, accurate the air pollutant emissions units and air powith all terms and conditions of this general	efined in Part II of this form, of the facility addressed in tion and belief formed after reasonable inquiry, that the ate and complete. Further, I agree to operate and collution control equipment described above so as to I permit as set forth in Part II of this notification form. The set to the information contained in this notification.
Signatur	e	Date

RECEIVED

OCT - PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring

A 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 Thor	MAS? C. BUTTELMAN	
1. Facility Owner/Company Name (Name of corporation,	n, agency, or individual owner):	
2. Site Name (For example, plant hame or number):	& Quality Cleaners IN	0
1	•	_
Touch of Quality Clea 3. Hazardous Waste Generator Identification Number:	exere Lec.	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: 37948 Meridian Street Address:		
City: DAde City 41. County: PA		
15: Facility Identification Number (DEP Use ONLY - do no	not fill in):	
	-1010338 -002	, <u></u>
Responsible Official		_
6. Name and Title of Responsible Official:	RA S POWEII	
I Name:	Title:	
Thomas Butterman	UWNET	
7. Responsible Official Mailing Address:	L 1	
Organization/Firm: Street Address: 37948 Me RIGIAN	· Au	
City: Dade City, Fl. County: PASO		
8. Responsible Official Telephone Number:		
Telephone: (352) 521 7030	Fax: () -	
Facility Contact (If different from Responsible Official)		
9. Name and Title of Facility Contact (For example, plant	it manager):	
10. Facility Contact Address:	1/e/11/7W	
·	·	
Street Address: City: County:	Zip Code:	
11. Facility Contact Telephone Number:		
Telephone: (352) 521-7030	Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

I.(a) DRY-TO-DRY M	ACHINES ONL	Y .	
How many dry-to-dry ma	chines do you hav	ve on-site?	•
For each dry-to-dry mach	nine on∸site, pleas	e provide the following information	on:
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")
1995	Existing	RC/CA/None required	Same
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
CONTROL DEVICE K	EY: RC ≠ r	efrigerated condenser CA =	carbon adsorber
l.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site?	, .
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status	I from the manufacturer between I after September 22, 1993 are allow, please provide the following information Control Device Required*	Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(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	
<u>-</u>			
CONTROL DEVICE K	EY: $RC = rc$	efrigerated condenser CA =	carbon adsorber
) () II			
•		have you used within the last 12 m	nonuns?
	ns (You must fill	this in)	
(b) If less than 12 more	nths, how many?	months	
Check why it is les	ss than 12 months	: New owner: Did not kee	ep records: []
•		New store: New machin	e
			

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 No such units on-site OR			
How many boilers do you have on-site? []			
For each boiler, indicate its horsepower (HP) rating: [] []			
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 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	e 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
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Imputly notify the Department of any changes to the information contained in this notification. The Color of responsible official Date 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.

445132 JAN312865

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

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG: 37550101000 FO: \$1

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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 JAN 2

Do NOT Remove Label

1010338
SANDRA POWELL
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



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 426164 MAR 2 1 2003 BurMAR 2 1 2003 Mobile Source

FOR GOVERNMENT TUSE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

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J. Powell 352-796-7965

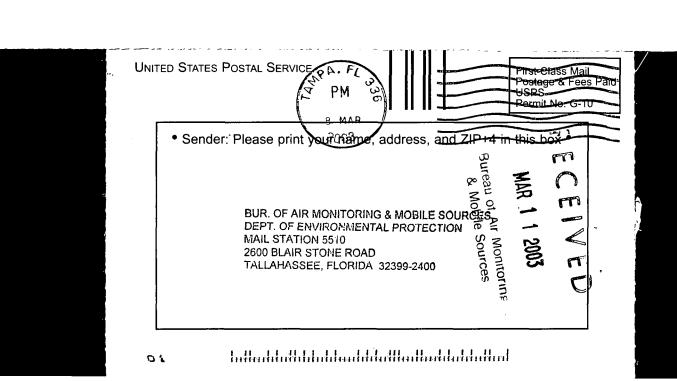
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	CONFECTE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID#10 ¹⁰ TOUCH OF QUALITY DRY CLEANERS OF DADE CY	A. Received by (Please Print Clearly) B. Date of Delivery 2 (7 (3)) C. Signature X D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
SANDRA S POWELL 37948 E MERIDIAN AVE	La Cédica Euro
DADE CITY FL 33525	3. Service Type ☐ Certified Mail ☐ Express Mail
	Registered
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Article Number (Copy from service label)	St. Bunch William
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BEST AVAILABLE COPY

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•				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3-8-03			
Article Addressed to:	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No			
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DRA S POWELL E MERIDIAN AVE E CITY FL 33525	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 7567				
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406600 MAR 12001

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

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

Org.: 37550101000 EO: A1

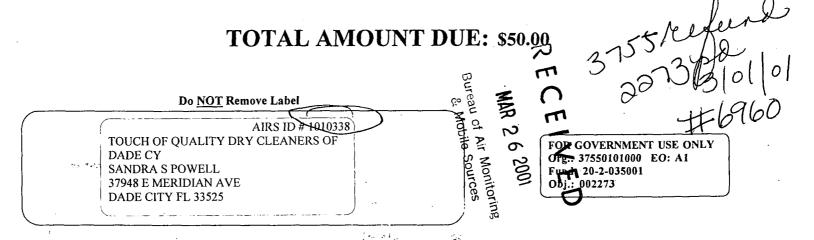
Fund: 20-2-035001 Obj.: 002273

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 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 1010338 TOUCH OF QUALITY DRY CLEANERS OF DADE CY SANDRA S POWELL 37948 E-MERIDIAN AVE DADE CITY FL 33525	Service Type Certified Mail □ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7 000 0600 0026 7825	5/36
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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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.





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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



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	N COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also contend 4 if Restricted Delivery is desironed. ■ Print your name and address on the so that we can return the card to you. ■ Attach this card to the back of the or on the front if space permits. 1. Article Addressed to: AIRS IN TOUCH OF QUALITY DRY CLEAR DADE CITY SANDRA S POWELL 37948 E MERIDIAN AVE DADE CITY FL 33525	Tom Buttetmen 3-5-01 C. Signature Agent Addres D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
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