

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 1, 1997

Mr. Scott H. Thornton President Prestige Cleaners, Inc. 2210 North Monroe Street Tallahassee, Florida 32303

Re: Facility No. 0730092

Dear Mr. Thornton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 4, 1997.

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. Charles Norman, Northwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. Fa | cility Owner/Company Nar | ne (Name of corporation, agend | y, or individual owner | ·): |
|--------------|---|---------------------------------|------------------------|-----------|
| BUD | WAREHOUSES, I | NC. / PRESTIGE | CLEANERS | INC. |
| 2. Si | te Name (For example, plar | it name or number): | | |
| | | | -8, | · · · |
| 3. Ha | zardous Waste Generator I | dentification Number: | | |
| | -L \$\$\$\$\$\$#17 | | đ | |
| 4. Fa \$1 | cility Location: PRESTIGATE Address: 3044 W | s Cleaner's Plant Tharpe St. | | |
| | ry-Tallahessee | County: Lon | Zip Cod | le: 32303 |
| 5. Fa | cility Identification Numbe | r (DEP Use): | 04300 | 92 |
| | | | | |

Responsible Official

6. Name and Title of Responsible Official:

Scott H. Thornton - President

7. Responsible Official Mailing Address: Prestige Cleaners, INC -CORP. OFFICE Organization/Firm:

Street Address: 2210N. MONROE STREET

City: THICAHASSEE

County: LEON

Responsible Official Telephone Number:

Telephone: (904)385-2273

Fax: (904) 385-4211

Facility Contact (If different from Responsible Official)

| 9. Name and Title of Facility Contact (For example, p Charles "Chuck" Shrode | plant manager): Plunt | - Manager |
|---|--------------------------|-----------------|
| 10. Facility Contact Address: | 1 | |
| Street Address: 3044 W. THARPE County: | STREET Leon | Zip Code: 32303 |
| 11. Facility Contact Telephone Number: Telephone: (904) 576-2918 | Fax: (/ | DONE |

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#0730092

| | Prestige Cleaners |
|---------------------------------------|--|
| | |
| D.14 | 1/20) see line (1) column two- |
| | 1198511 or 1199511 |
| | 1.10) mark out "V" and initial 3. should be new large area |
| | 3. Should be new large area |
| | \mathcal{L} \mathcal{L} |
| D.15_ | 4. should be new large area source w/refrig. con. 5.(d) not required |
| | source w/refrig. con. |
| · · · · · · · · · · · · · · · · · · · | 5.(d) not required |
| | 11 |
| D.16 | -need original signature and/or original form |
| | and/or original form |
| | |
| | |
| | |
| 1 | : : |
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| | |
| - | |
| | |
| | |
| | <u> </u> |

Facility Information

Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| | | Date | Date | | Date Machine | Date Control | | Date Machine | Date Control |
|--|-------------------------------------|---|------------------------------------|-------|-----------------|-----------------|----------------|-----------------|-----------------|
| | 1 | Machine | Control | | Initially | Device | | Initially | Device |
| T C. V h. in . | 1,5 | Initially | Device | 100 | Purchased | Installed | ID | Purchased | Installed |
| Type of Machine | ID | Purchased | Installed | IN | Purchased | Instance | 110 | Furchased | mstaneo |
| Example | #] | 03-OCT-93 | 12-NOV-93 | #2 | | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | 01 JUL | | | | | | | |
| (1) w/ ref. condenser | #1 | 1995 | 14 NOV 93 | 42 | OS DEC | <u> </u> | <u> </u> | 01 AU6 | |
| (2) w/ carbon adsorber | | | | #2 | 1991 | CP MON II | #3 | 1993 | [INOV9 |
| (3) w/ no controls | | | | | | | Ĺ | | |
| Washer Unit | | | - | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ earbon adsorber | | | | | | | ĺ <u> </u> | 1 | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | 1 | | | | | | |
| Reclaimer Unit | | | • | - | | · | | | |
| (10) w/ ref. condenser | | | | | 1 | | | | |
| (11) w/carbon adsorber | | | | | 1 | l | | | |
| (12) w/ no controls | | 1 | | 1 | | | | | 1 |
| (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less | are re juanti gallo hs, ho | equired to be ty of perchlo ns ow many? [_ | installed [_ proethylene (] months | perc) | | | | | |
| What is the facility's some (Indicate with an "X". Some Existing small are Existing large are | Selec ca soi | t one classifi urce [] | cation only.) | ew sm | ail area sour | ce [] | 3) of I | Part II? | |
| Existing large are | a sou | iice [| Ne | w iar | ge area sourc | -c | | | |

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- 1997

| Existing large area source | 4 |
|--|--|
| Carbon adsorber | Refrigerated condenser |
| New small area source Refrigerated condenser | |
| New large area source Refrigerated condenser [] | · |
| | £ |
| | |
| | |
| | ssions units shall not be eligible to use the general permit pursual am and hot water generating units on-site meet the following on-site: |
| poiler HP or less), and (2) are fired exclusive | ite (1) have a total heat input of 10 million BTU/hr or less (298 by by natural gas except for periods of natural gas curtailment |
| turing which propane or Juet ou containing n | o more than one percent sulfur is fired. |
| All steam and hot water generating units exem No such units on-site | 1 |
| All steam and hot water generating units exem | 1 |
| All steam and hot water generating units exem | 1 |
| All steam and hot water generating units exem | 1 |
| All steam and hot water generating units exem No such units on-site | 1 |
| All steam and hot water generating units exem No such units on-site Equipment Monito | apt [X] |
| All steam and hot water generating units exem No such units on-site Equipment Monito | oring and Recordkeeping Information |
| All steam and hot water generating units exem No such units on-site Equipment Monito Check all logs which are required to be kept of | oring and Recordkeeping Information |
| All steam and hot water generating units exem No such units on-site Equipment Monito Check all logs which are required to be kept of a) Purchase receipts and solvent purchases | oring and Recordkeeping Information n-site in accordance with the requirements of this general permit |
| All steam and hot water generating units exem No such units on-site Equipment Monitor Check all logs which are required to be kept on a) Purchase receipts and solvent purchases b) Leak detection inspection and repair | oring and Recordkeeping Information n-site in accordance with the requirements of this general permit oring |
| Equipment Monito Check all logs which are required to be kept of a) Purchase receipts and solvent purchases b) Leak detection inspection and repair c) Refrigerated condenser temperature monito | oring and Recordkeeping Information n-site in accordance with the requirements of this general permit oring |
| Equipment Monito Equipment Monito Check all logs which are required to be kept of a) Purchase receipts and solvent purchases b) Leak detection inspection and repair c) Refrigerated condenser temperature monito d) Carbon adsorber exhaust perc concentration e) Instrument calibration | oring and Recordkeeping Information n-site in accordance with the requirements of this general permit oring |

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

Y

No 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 Fart II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Date

Signature

BRANCH CARRY

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· Effective: 6-25-96

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5-LOCATIONS IN TALLAHASSEE TELEPHONE: (385-CARE)

ATTN: Ralph Staplin
From: Scott Thornson, Prus.
From: Scott Thornson, Prus.
Trustige Cleaners, Inc.

* 5 pages including cover

(904) 385-2273

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MAR 4 1997

DEP, TALLAHASSEE BRANCH OFFICE

CORPORATE OFFICE 2210 NORTH MONROE STREET TALLAHASSEE, FL 32303

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | 0 | COMPLAINT/D | ISCOVERY | PA |
|---|---|--|---|------------------|--|
| AIRS ID#: 073 0092 D | • | | | TIME OUT | 364 |
| facility name: | | | | | O ₂ |
| FACILITY LOCATION:3 | 1044 WEST 7 | HARPE | 55 | | The Same of the Sa |
| | TALLAHASSEE | FR | 32303 | | Vice To line |
| RESPONSIBLE OFFICIAL: | Bill Milfors | <u> </u> | PHONE: 850 | 576-7 | 7737 |
| CONTACT NAME: | pame | | PHONE: | | |
| | | | | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | · _ · · · · · · · · · · · · · · · · · · | | |
| 1. New facility notified DARM 3 | 0 days prior to startup | | | | |
| 2. Facility failed to notify DARM | I to use general permit | | | - | |
| | | | | | |
| PART II: CLASSIFICATION | | | | | |
| Facility indicated on notificatio (check appropriate box) | n form that it is: | | ☐ No notification ☐ Drop store/ou | | troleum |
| 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | r dry- tran both | to-dry only, sfer only, x 1 types, x < | x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) | | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$) | .00 gal/yr dry-) gal/yr tran al/yr both | to-dry only sfer only, 2 types, 140 | area source $140 \le x \le 2,100 \text{ g}$ $00 \le x \le 1,800 \text{ gal}$ $0 \le x \le 1,800 \text{ gal/yr}$ 0 or after 12/9/91) | /yr | |
| 5. This is a correct facility cla | assification 🖭 | N | □Can not deter | mine | |
| | appropriate classification y qualified for a general y exceeds above limits a | permit as n | | | |
| B. The total quantity of perchlor facility was 172 gallons. | roethylene (perc) purcha | sed within t | the preceding 12 m | onths by this dr | y cleaning |

Department of Environmental Regulation **Routing and Transmittal Slip** To: (Name, Office, Location) Marnie Brynes DARM MS 5510 Remarks: RECEIVED 8 1997 JUL Bureau of Air Monitoring & Mobile Sources

Ragu Staphi

Phone 3704

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) BY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at PY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BYNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 was been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN BY/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? No valve. No air outlets 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| B. Has the responsible official of an existing large or new large area source also: | |
|--|--------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | GY ON |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | DY ON GNA |
| Is the temperature differential equal to or greater than 20° F? | DY DN DAVA |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | |
| if machines are equipped with a carbon adsorber? | DY ON BONA |
| Is the perc concentration equal to or less than 100 ppm? | MY ON DWA |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | |
| or expansion; and downstream from no other inlet? | DY DN DNA |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ONA |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON 1910/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|-------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | DY ON |
| 2. Maintained rolling monthly averages of perc consumption? | OY ON |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | PY ON ON/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN DN/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY ON ON/A |
| 6. Maintained startup/shutdown/malfunction plan? | BY ON |
| 7. Maintained deviation reports? None neg | OY ON CHOIA |
| Problem corrected? | OY ON PN/A |
| 8. Maintained compliance plan, if applicable? | OY ON BYNA |

| PART VI: LEAK DETECTION AN | ND REPAIRS | 2000 3000 | | | | | | | |
|---|---|-----------------------------|-------------|--|--|--|--|--|--|
| 1. Does the responsible official condu | . Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | | |
| inspection? | | | DY ON | | | | | | |
| 2. Has the facility maintained a leak l | og? | | DY ON | | | | | | |
| 3. Does the responsible official check | the following areas for leaks | s? | | | | | | | |
| Hose connections, fittings, couplings, and valves | BY ON ON/A | Muck cookers | BY ON ON/A | | | | | | |
| Door gaskets and seating | PY ON ON/A | Stills | BY ON ON/A | | | | | | |
| Filter gaskets and seating | DY ON ON/A | Exhaust dampers | BY ON ON/A | | | | | | |
| Pumps | BY ON ON/A | Diverter valves | CY CH ON/A | | | | | | |
| Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | DY ON ON/A | | | | | | |
| Water separators Model 3 | 7 PY ON ON/A | | | | | | | | |
| 4. Which method of detection is used | by the responsible official? | | _ | | | | | | |
| Visual examination (condens | sed solvent on exterior surfac | ces) | | | | | | | |
| Physical detection (airflow fe | elt through gaskets) | | | | | | | | |
| Odor (noticeable perc odor) | | | 9 | | | | | | |
| Use of direct-reading instrum | nentation (FID/PID/calorime | etric tubes) - | -8 | | | | | | |
| Halogen leak detector | | | | | | | | | |
| If using direct-reading | instrumentation, is the equi | ipment: | PN/A | | | | | | |
| a. Capable of detec | ting perc vapor concentration | ns in a range of 0-500 ppm? | □Y □N | | | | | | |
| b. Calibrated again (PID/FID only)? | ist a standard gas prior to and | d after each use | OY ON | | | | | | |
| c. Inspected for lea | ks and obvious signs of wear | on a weekly basis? | □Y □N | | | | | | |
| d. Kept in a clean a | and secure area when not in t | use? | OY ON | | | | | | |
| e. Verified for accı | racy by use of duplicate sam | ples (calorimetric only)? | DY DN | | | | | | |
| | | | | | | | | | |
| | | | • | | | | | | |

| RAIDH A STAPLIN | 2 June 1998 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Oler Staplin | JUN / Jul 1999 |
| Inspector's Signature | Approximate Date of Next Inspection |

Have leased a Sifety Kleen Model 37 Water Processing Unit. Operator said the vapor exhaust is less Than 2 justs/millim. Didn't see any documentation on unit - have been trying to obtain some. Actual operating parameters slimed be verified - unit as - parently is "endorsed" by Hay Waste - need to make sure dir isn't an issue.

fame machines as before.

Hood records. Grunde, Church Strobe, very kumbledge -

| r | | Month | Use | 12 Month | Monitored | Notes |
|---------|------|---------------------|------|----------|-----------|---|
| | | | | Total | Ву | |
| | 1996 | January | 45 | N/A | Chuck | |
| | | February | | N/A | Chuck | |
| | | March | l | N/A | Chuck | |
| | 1996 | | | N/A | Chuck | |
| | 1996 | | | N/A | Chuck | - |
| | 1996 | | t | N/A | Chuck | |
| | 1996 | | | N/A | Chuck | |
| | | August | | N/A | Chuck | |
| | | September | l | N/A | Chuck | |
| | | October | .l | N/A | Chuck | |
| | | November | | N/A | Chuck | |
| | | December | 0 | | Chuck | |
| | | January | 40 | | Chuck | |
| | | February | 30 | | Chuck | |
| | | March | 45 | | Chuck | |
| <u></u> | 1997 | | 0 | | Chuck | |
| | 1997 | | 0 | | Chuck | |
| | | June | 0 | | Chuck | |
| | 1997 | | 38 | | Chuck | |
| | | August | 0 | | Chuck | |
| | | September | 38.4 | <u> </u> | Chuck | |
| | | October | 32 | | Chuck | |
| | | November | 0 | | Chuck | |
| | | December | 0 | | Chuck | |
| | | January | 16 | | Chuck | |
| | | February | 16 | | Chuck | |
| | | March | 0 | | Chuck | |
| | 1998 | | 16 | | Chuck | · |
| | 1998 | May | 16 | | Chuck | |
| | | June | 0 | 172.4 | CHUCK | |
| | 1998 | | - 0 | 172.4 | | |
| | | August | - | | | |
| | | September | | | | |
| | | October | | | | |
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| | 1999 | August | | | | & Mobile Sources |
| | 1999 | September | | | |) |
| | | October | | | | |
| | | November | ļ | | | Šố Mộc |
| | 1999 | December | | | <u> </u> | To an |

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TITI V AIR QUALITY GENERAL PER TITION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL [] | COMPLAINT/ | DISCOVERY [| RE-INSPEC | пои Д |
|----------------------------------|---|------------------------|-------------------------|--------------------------|---------------|
| TIME IN: /000 | TIME OUT: | 1030 | AIRS ID#: | 0730092 | - 21096 |
| | NEW LARGE | | | | |
| FACILITY NAME: | PRESTIGE CLE | MERS IN | <u></u> | DATE: 2 Ju | ne 98 |
| FACILITY LOCATION: | | | | | |
| | ALANASSEE 1 | | | | |
| RESPONSIBLE OFFICIAL: | Bill Milford | | PHONE NUMBER | R: 850-576 - | 7737 |
| | the compliance requirementule 62-213.300, Florida A | | | icility is found to be | in |
| Based on the results of to | the compliance requirement d: | nts evaluated during | this inspection, the fo | ollowing compliance | |
| COMPLIANCE REQU | | | OLLOW-UP ACT | TION REQUIRE | D |
| No problems. a. | well run faul | ity | | | |
| No problems. a with excellent re | inds | | • | | |
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| COMMENTS: | | | REC | EIVED | |
| | | | JUN (| 0 4 1998 | |
| | | | | | |
| The Annual Compliance Certific | | | bmitted to the inspect | vest Florida OFEP YES | NOU |
| DATE OF NEXT INSPECTIO | \mathcal{F}_{N} : $\mathcal{F}_{\mathcal{U}}$ | Ne/July 9 (Approximate | 29 e) | | |
| INSPECTION CONDUCTED | 0., | | -7 | | |
| INSPECTOR'S SIGNATURE | Q 14 | (Please Print | t) phone numbe: | p. 801.488- | 3704 |
| MIST LCTOR S SIGNATURE. | | | I HONE NUMBE. | K. 030 100 | <i></i> |
| | | Page f of f . | | | Revised 10/96 |

PERC LOROETHYLENE DRY CLI NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | | COMPLAINT/DISCO | OVERY 🗆 | | |
|--|--|-------------------------------------|---|------------------|----------|--|
| AIRS ID#: 073 0092 I | PRESTIGE CL | EANERS | INC | E OUT:/030 | , | |
| FACILITY LOCATION: RESPONSIBLE OFFICIAL: | TALLAHASSO | E FZ | 32303 | 57 / 772: | — — | |
| CONTACT NAME: | • | | • | | / | |
| PART I: NOTIFICATION | | | | | | |
| (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit | | | | | | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | rce 🗓 2 yr d tu b | cansfer only, x oth types, $x <$ | x < 140 gal/ут < 200 gal/уг | | ım | |
| 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) | ,100 gal/yτ d 00 gal/yτ t gal/yr b | ransfer only, 2 oth types, 140 | rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) | | | |
| ☐ facili | appropriate classificat ity qualified for a gene ity exceeds above limit | ral permit as n s and is not eli | □Can not determine umber above gible for a general perm | e nit | | |
| B. The total quantity of perchlofacility was 172 gallons | | | • •• •- | | | |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) THE DIN DIN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN BN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? No valve. No air outlets 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AVAD NO condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| B. Has the responsible official of an existing large or new large area source also: | |
|---|--------------|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser loon dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ocated DY DN |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON BYVA |
| Is the temperature differential equal to or greater than 20° F? | DY DN PANIA |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | |
| if machines are equipped with a carbon adsorber? | DY DN BNA |
| Is the perc concentration equal to or less than 100 ppm? | OY ON ON/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction or expansion; is at least 2 duct diameters upstream from any bend, contraction, | , |
| or expansion; and downstream from no other inlet? | DY DN DNA |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON BAYA |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON PMA |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | | | |
|---|------------|--|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | | | |
| 1. Maintained receipts for perc purchased? | DY ON | | | | | | |
| 2. Maintained rolling monthly averages of perc consumption? | OY ON | | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY ON ON/A | | | | | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON ON/A | | | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY ON PMA | | | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY ON ON/A | | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | BY ON | | | | | | |
| 7. Maintained deviation reports? None reg | OY ON GANA | | | | | | |
| Problem corrected? | DY DN BNA | | | | | | |
| 8. Maintained compliance plan, if applicable? | OY ON BM/A | | | | | | |

PART VI: LEAK DETECTION AND REPAIRS

| _ | | | | |
|----|---|---------------------------|---------------------------------|------------|
| 1. | Does the responsible official conduct a | weekly (for small sources | s, bi-weekly) leak detection ar | ıd repair |
| | inspection? | | | DY DN |
| 2. | Has the facility maintained a leak log? | | | DY ON |
| 3. | Does the responsible official check the | , | | |
| | Hose connections, fittings, couplings, and valves | BY ON ON/A | Muck cookers | BY ON ON/A |
| | Door gaskets and seating | OY ON ON/A | Stills | BY ON ON/A |
| | Filter gaskets and seating | BY ON ON/A | Exhaust dampers | BY ON ON/A |
| | Pumps | DY ON ON/A | Diverter valves | CY CH ON/A |
| | Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | DY ON ON/A |
| | Water separators Model 37 | ey on on/a | · | |
| 4. | Which method of detection is used by t | | | |
| | Visual examination (condensed s | 9 | | |
| | Physical detection (airflow felt th | 9 | | |
| | Odor (noticeable perc odor) | 9 | | |
| | Use of direct-reading instruments | - B | | |
| | Halogen leak detector | | | |
| | If using direct-reading instr | ON/A | | |
| | a. Capable of detecting | UY UN | | |
| | b. Calibrated against a (PID/FID only)? | □Y -□N | | |
| | c. Inspected for leaks a | □Y □N | | |
| | d. Kept in a clean and s | DY DN | | |
| | e. Verified for accuracy | by use of duplicate samp | oles (calorimetric only)? | NO YO |
| | | • | | |
| | | | | |

RAIPH A STAPLIN

Inspector's Name (Please Print)

Date of Inspection

Jun / Jul 1999

Inspector's Signature

Approximate Date of Next Inspection

Have leased a fafety Kleen Model 37 Water Processing Unit. Operator said the vapor exhaust is less Than 2 parts/millim. Didn't see any documentation on unit - have been trying to obtain some. Actual operating parameters stimed be ventued - unit as - parently is "endorsed" by Hay Waste - need to make sure dir isn't an issue.

Jame machines as before.

Good records. Great, Chuck Stroke, very kumbledge -

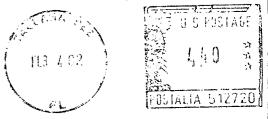
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| Year | Month | Use | 12 Month | Monitored | Notes |
| | | | Total | Ву | |
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| | March | | N/A | Chuck | |
| | April | | N/A | Chuck | |
| 1996 | | | N/A | Chuck | |
| | June | | N/A | Chuck | |
| 1996 | | | N/A | Chuck | |
| | August | | N/A | Chuck | |
| | September | | N/A | Chuck | |
| | October | | N/A | Chuck | |
| | November | | N/A | Chuck | |
| | December | 0 | | Chuck | |
| | January | 40 | | Chuck | |
| | February | 30 | | Chuck | |
| 1997 | March | 45 | 205 | Chuck | |
| 1997 | April | 0 | 205 | Chuck | |
| 1997 | May | 0 | 205 | Chuck | |
| | June | 0 | | Chuck | |
| 1997 | | 38 | | Chuck | |
| | August | 0 | | Chuck | |
| | September | 38.4 | | Chuck | |
| | October | 32 | | Chuck | |
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| | December | 0 | | Chuck | |
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| | February | 16 | | Chuck | |
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS \$\sigma 510-37550 304000
2600 BLAIR STONE ROAD
TA:LLAHASSEE FL 32399-2400



CEKTIFIED WAIL

7000 2870 0000 7027 4343



Unclosed Reason State of State

A S

AIRS ID # 0730092001AG
SCOTT H THORNTON
PRESTIGE OLEANERS
2210 N MONROE STREET
TALLAHASSEE FL

| 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 | A. Received by (Please Print Clearly) B. Date of Delivery | | | | |
| so that we can return the card to you. | C. Signature | | | | |
| Attach this card to the back of the mailpiece, or on the front if space permits. | X Agent Addressee | | | | |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No | | | | |
| 10 AIRS ID # 0730092001AG | | | | | |
| SCOTT H THORNTON | | | | | |
| PRESTIGE CLEANERS | | | | | |
| 2210 N MONROE STREET | | | | | |
| TALLAHASSEE FL 32303 | 3. Service Type | | | | |
| | Certified Mail | | | | |
| e e e e e e e e e e e e e e e e e e e | Registered Return Receipt for Merchandise | | | | |
| | ☐ Insured Mail ☐ C.O.D. | | | | |
| 100088400000 7027434 | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | | |
| 2. Article Number (Copy from service label) | | | | | |
| PS Form 3811, July 1999 Domestic F | Return Receipt 102595-00-M-0952 | | | | |

| | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | | | | | | | |
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| 2007 | City, State, ZIP. TALLAHASSEE FL 32303 | | | | | | | * | | | | |
| | PS Form 3800, May 2000 See Reverse for Instructions | | | | | | | | | | | |