



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 18, 2003

Mr. Tom Richardson
Prestige Cleaners
3044 West Tharpe Street
Tallahassee, Florida 32303

Re: Facility No.: 0730092-002

Dear Mr. Richardson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 17, 2003.

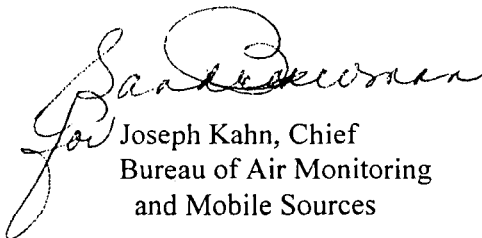
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Charlie Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

also # 0730096

NEW OWNER

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 0730096 RECEIVED

JAN 05 2008

Bureau of Air Monitoring & Mobile Sources

The name and address of the owner or operator;

Prestige Cleaners Inc

Name of the owner or operator of the dry cleaning facility

3044 W. THARPE ST
Mailing address of the owner or operator of the dry cleaning facility

TALLAHASSEE FL 32303

Mailing address line 2

City

State

Zip Code

The address (that is, physical location) of the dry cleaning facility;

SAME

Name of the dry cleaning facility

SAME

Address of the dry cleaning facility (physical location)

Address line 2

City

State

Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one:

No

Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one:

No

Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year

Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 90 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one:

No

Yes

All information contained in this statement is accurate and true.

[Signature]

Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

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

DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.

FEB 17 2003

DEP TALLAHASSEE
BRANCH OFFICE

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):	<i>PRESTIGE CLEANERS INC.</i>	Bureau of Air Monitoring & Mobile Sources	RECEIVED
2. Site Name (For example, plant name or number):	<i>PRESTIGE CLEANER MAIN PLANT</i>		
3. Hazardous Waste Generator Identification Number:	<i>FL 000 00 41384</i>		
4. Facility Location: Street Address: <i>3044 WEST THARPE STREET</i> City: <i>TALLAHASSEE FLA</i> County: <i>LEON</i> Zip Code: <i>32303</i>			
5. Facility Identification Number (DEP Use ONLY - do not fill in)	<i>0730096-002</i>		

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Tom Richardson</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>3044 WEST THARPE STREET</i> City: <i>TALLAHASSEE FLA</i> County: <i>LEON</i> Zip Code: <i>32303</i>
8. Responsible Official Telephone Number: Telephone: <i>(850) 576-2918</i> Fax: <i>(850) 576-6584</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Chuck Shrode (PLANT) PLANT MANAGER</i>
10. Facility Contact Address: Street Address: <i>3044 WEST THARPE</i> City: <i>TALLAHASSEE FLA</i> County: <i>LEON</i> Zip Code: <i>32303</i>
11. Facility Contact Telephone Number: Telephone: <i>(850) 576-2918</i> Fax: <i>(850) 576-6584</i>

FEB 17 2003

Facility Information

DEP TALLAHASSEE
BRANCH OFFICE

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

How many dry-to-dry machines do you have on-site? 3

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>1984</u>	Existing/New	RC/CA/None required	<u>SAME</u>
<u>1991</u>	Existing/New	RC/CA/None required	<u>SAME</u>
<u>1993</u>	Existing/New	RC/CA/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?

255 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 _____)

FEB 17 2003

DEP TALLAHASSEE
BRANCH OFFICE

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:

N/A

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.

Tom Richardson
Print name of responsible official

[Signature]
Signature

2/17/03
Date

FEB 17 2003
DEP TALLAHASSEE
BRANCH OFFICE

UNITED STATES POSTAL SERVICE



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

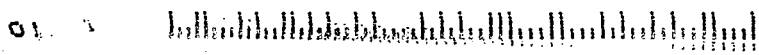
• Sender: Please print your name, address, and ZIP+4 in this box •

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 9 2004

RECEIVED



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>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Thad Pless</i></p>
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
<p>ID# 730096 TOM RICHARDSON PRESTIGE CLEANERS 3044 WEST THARPE STREET TALLAHASSEE, FL 32303</p>	<p>2/5/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
2. Article Number (Transfer from service label)	<p>3. Service Type</p> <p><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>
	7003 2260 0003 5650 9646

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

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)	

Total Postage & ID# 730096

Sent To TOM RICHARDSON
PRESTIGE CLEANERS
3044 WEST THARPE STREET
TALLAHASSEE, FL 32303

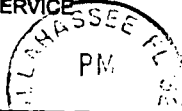
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Postmark here

PS Form 3800, June 2002 See Reverse for Instructions

9646 0595 5650 0003 2260 0922 0007

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 9 2004

RECEIVED

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>A. Signature <input checked="" type="checkbox"/> Agent <i>Shady Pleas</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>2/5/04</i></p>
<p>1. Article Addressed to:</p> <p>ID# 730096 TOM RICHARDSON PRESTIGE CLEANERS 3044 WEST THARPE STREET TALLAHASSEE, FL 32303</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7003 2260 0003 5650 9646</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102585-02-M-1540</p>	

9646 0595 0003 5650 2260 0002 7002

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

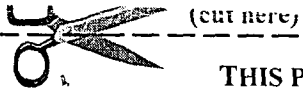
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Shady Pleas
Postmark Here

Total Postage & ID# 730096
Sent To TOM RICHARDSON
PRESTIGE CLEANERS
Street, Apt. No., or PO Box No. 3044 WEST THARPE STREET
City, State, ZIP+4 TALLAHASSEE, FL 32303



(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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 730096
TOM RICHARDSON
PRESTIGE CLEANERS
3044 WEST THARPE STREET
TALLAHASSEE, FL 32303

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

Prestige Cleaners, Inc.
3044 W. Tharpe St.
Tallahassee, FL 32303

TALLAHASSEE FL 323

06 MAR 2007 PM 1

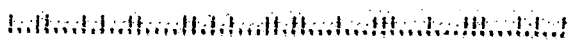


MAR 2007
Red Cross



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

32315+3070-70 8099



PRESTIGE CLEANERS, INC.

6019

Date	Type	Reference	Original Amt.	Balance Due	3/6/2007 Discount	Payment
1/9/2007	Bill	TITLE V PERMIT	50.00	50.00		50.00
				Check Amount		50.00

Tallahassee State Ba

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

470701 MAR 7 2007

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# 730096
PRESTIGE CLEANERS INC ✓
3044 W Tharpe Street
TALLAHASSEE, FLORIDA
32303

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

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MAR 09 2007

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Mail
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458954 FEB15 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

730096 10
PRESTIGE CLEANERS
3044 W Tharpe Street
TALLAHASSEE, FL 32303

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

436195 FEB10 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

730096
TOM RICHARDSON
PRESTIGE CLEANERS
3044 WEST THARPE STREET
TALLAHASSEE FL 32303

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

Bureau of Air Mail
& Mobile Services
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FEB 13 2004