



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

August 27, 1997

Mr. William F. Milford  
Prestige Cleaners, Inc.  
3044 West Tharpe Street  
Tallahassee, Florida 32303

Re: Facility No. 0730096

Dear Mr. Milford:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 1997.

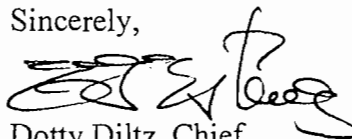
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
for 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

JUN 18 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Landlord Prestige Cleaners Inc. / Bud Warehouses Inc.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FL 0000041384		
4. Facility Location:	Prestige Cleaners Plant		
Street Address:	3044 W. Tharpe St		
City:	Tallahassee	County:	Leon
		Zip Code:	32303
5. Facility Identification Number (DEP Use):	0730096		

Responsible Official

6. Name and Title of Responsible Official:	William F. Milford - President		
7. Responsible Official Mailing Address:	Prestige Cleaners, Inc - Corporate Office		
Organization/Firm:	3044 W. Tharpe St		
Street Address:	Tallahassee	County:	Leon
City:		Zip Code:	32303
8. Responsible Official Telephone Number:	Telephone: (904) 576-7737 Fax: (904) 576-6584		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Charles "Chuck" Shrode - Plant Manager		
10. Facility Contact Address:	3044 W Tharpe St		
Street Address:	Tallahassee	County:	Leon
City:		Zip Code:	32303
11. Facility Contact Telephone Number:	Telephone: (904) 576-2918 Fax: (904) 576-6584		

**Facility Information**

1.(a) 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>#1</i>	<i>7/1/85</i>	<i>11/1/93</i>	<i>#2</i>	<i>12/8/91</i>	<i>11/1/93</i>	<i>#3</i>	<i>8/1/93</i>	<i>11/1/93</i>
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

205 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

*new large n.c.*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
 (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
 No such units on-site

**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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**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) \_\_\_\_\_.

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 Part II of this notification form.*

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

*William F. Melford*  
Signature

*6/16/97*  
Date

✓

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0845 TIME OUT: 0940 AIRS ID#: ~~0730096~~ 0730096  
 TYPE OF FACILITY: NEW LARGE  
 FACILITY NAME: PRESTIGE CLEANERS INC DATE: 6/13/97  
 FACILITY LOCATION: 3044 WEST THARPE ST  
TALLAHASSEE FL 32303  
 RESPONSIBLE OFFICIAL: William F. Milford PHONE NUMBER: 904-576-7737

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Some records need to be improved</i>	<i>None. Samples provided</i>

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Jun / July 98  
(Approximate)

INSPECTION CONDUCTED BY: Ralph STAPLIN  
(Please Print)

INSPECTOR'S SIGNATURE: *Ralph Staplin* PHONE NUMBER: 904-488-3704

0730096

*Acc*

AIRS ID#:

~~0730096~~

Revised 10/10/96

### DRY-CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PRESTIGE CLEANERS INC DATE: 6/13/97  
 FACILITY LOCATION: 3044 WEST THARPE ST  
TALLAHASSEE FL 32303

Annual Reporting Period: SEP 3 1996 TO JUN 13 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

**RECEIVED**

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

JUL 8 1997

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_ Bureau of Air Monitoring & Mobile Sources

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

**RECEIVED**

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_ JUN 18 1997

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_ DEP, TALLAHASSEE BRANCH OFFICE

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: William F. Millford *William F. Millford* 6/13/97  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

AIRS ID#: 0730090

*ABC*

RECEIVED

Revised 10/10/96

JUN 18 1997

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: PRESTIGE CLEANERS INC DATE: 6/13/97

FACILITY LOCATION: 3044 WEST THARPE ST

TALLAHASSEE FL 32303

Annual Reporting Period: SEP 3 1996 TO JUN 13 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: William F. Milford William F. Milford 6/13/97

Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



✓

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                            COMPLAINT/DISCOVERY        
   RE-INSPECTION                     

*0430096*

AIRS ID#:	<del>0730096</del>	DATE:	6/13/97	TIME IN:	0845	TIME OUT:	0940
FACILITY NAME:	PRESTIGE CLEANERS INC						
FACILITY LOCATION:	3044 WEST THARPE ST TALLAHASSEE, FL 32303						

### PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit *initial notif 3/4/97*

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

A.

- |  |   |
|--|---|
| <p>1. Existing small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/><br/>dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr<br/>transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr<br/>both types, <math>140 &lt; x &lt; 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p> <p>4. New large area source <input checked="" type="checkbox"/><br/>dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr<br/>transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr<br/>both types, <math>140 &lt; x &lt; 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> |
|--|---|

This is a correct facility classification       Y       N

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 205 gallons. *as of last invoice*

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? *55 gal drums*  Y  N
- 2. Examining the containers for leakage?  Y  N
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? *use spin disks - no filters*  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
Is the temperature differential equal to or greater than 20° F?  Y  N
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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N
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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or,  Y  N
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N
6. Maintained startup/shutdown/malfunction plan? *Furnished generic*  Y  N
7. Maintained deviation reports? *None req. to date*  Y  N  
Problem corrected? *No problems*  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
  - Physical detection (airflow felt through gaskets)
  - Odor (noticeable perc odor)
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) *handheld*
- If using direct-reading instrumentation, is the equipment: *NONE*
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N
3. Has the facility maintained a leak log?  Y  N
4. Does the responsible official check the following areas for leaks?
- |  |  |   |  |
|--|--|---|--|
| Hose connections, fittings, couplings, and valves          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers  | <del><input type="checkbox"/> Y <input type="checkbox"/> N</del> |
| Door gaskets and seating                                   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| <i>Spin discs</i><br><del>Filter</del> gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <del>Disc (spin)</del><br>Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |   |  |

*WM F. Millford*

*Bill Millford*

Name of Responsible Official

*Ralph STAPLIN*

Inspector's Name (Please Print)

*Ralph Staplin*

Inspector's Signature

*13 JUN 97*

Date of Inspection

*JUN/JUL 98*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

3 machines

Multimate Shop Star SECO 500 Manu 1984 w/ cond.  
Metro P48M 1995 w/ condenser  
Union P35 1991-2 w/ condenser

Some documentation needs to be improved, i.e., rolling  
pic purchases, leak detection logs.

**PRESTIGE**  
*Cleaners*  
"Where Caring Means Quality"

RECEIVED

FEB 24 1998

Bureau of Air Monitoring  
& Mobile Sources

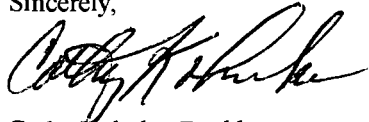
February 18, 1998

TITLE V AIR GENERAL PERMITS  
RECEIPTS  
POST OFFICE BOX 3070  
TALLAHASSEE, FL 32399-2400

TO GENERAL PERMITS DIVISION,

Please find enclosed the Annual Compliance Certification Form signed by Bill Milford, that was omitted with our payment.

Sincerely,



Cathy Kohnke, Bookkeeper

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

*REC*

**RECEIVED**

**FEB 24 1998**

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID 0730096
BUD WAREHOUSES INC WILLIAM F MILFORD 3044 W THARPE STREET TALLAHSEE FL 32304

Do **NOT** Remove Label

Annual Reporting Period: April 14 19 97 TO Feb. 14 19 98  
*(This is when we purchased the business)*

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RESPONSIBLE OFFICIAL:** William F. Milford William F. Milford 2/16/98  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1000 TIME OUT: 1030 AIRS ID#: 0730092(6)  
 TYPE OF FACILITY: NEW LARGE  
 FACILITY NAME: PRESTIGE CLEANERS INC DATE: 2 June 98  
 FACILITY LOCATION: 3044 WEST THARPE ST  
TALLAHASSEE FL 32303  
 RESPONSIBLE OFFICIAL: Bill Milford PHONE NUMBER: 850-576-7737

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>No problems. A well run facility with excellent records</i>	

**RECEIVED**  
 JUN - 3 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: June/July 99  
 (Approximate)

INSPECTION CONDUCTED BY: Ralph STAPLIN  
 (Please Print)

INSPECTOR'S SIGNATURE: Ralph Staplin PHONE NUMBER: 850-488-3704



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0730096 DATE: 4 MAY 1999 TIME IN: 0915 TIME OUT: 0935  
FACILITY NAME: PRESTIGE CLEANERS INC  
FACILITY LOCATION: 3044 WEST THARPE ST  
TALLAHASSEE FL 32303  
RESPONSIBLE OFFICIAL: Bill Milford PHONE: 850-576-7737  
CONTACT NAME: same, or CHUCK SHRODE PHONE: \_\_\_\_\_

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 notification form that it is:  
(check appropriate box)

- No notification form
- Drop store/out of business

A.

- 1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)
- 2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)
- 3. Existing large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)
- 4. New large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)
- 5. This is a correct facility classification   N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 271 gallons. as of Apr 99

Bureau of Air Monitoring  
& Mobile Sources  
MAY 5 1999

RECEIVED

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? *None required*  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
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?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  N/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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports? *None req.*  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Ralph A STAPLIN  
Inspector's Name (Please Print)

*Ralph A Staplin*  
Inspector's Signature

4 May 1999  
Date of Inspection

May - June 2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

(Have Zero Waste <sup>type</sup> machine (Safety  
Clean))  
Hay Waste recently visited

✓

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0915 TIME OUT: 0935 AIRS ID#: 0730096  
 TYPE OF FACILITY: NEW LARGE  
 FACILITY NAME: PRESTIGE CLEANERS DATE: 04 May 1999  
 FACILITY LOCATION: 3044 WEST THARPE ST  
TALLAHASSEE FL 32303  
 RESPONSIBLE OFFICIAL: BILL MILFORD PHONE NUMBER: 850-576-7737

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>No problems noted</i>	

**RECEIVED**  
 MAY 5 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: *Facility uses the DEP calendar for record keeping. Likes it. Also maintains a separate running annual perc usage record - cross ref to invoice #.*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: May - June 2000  
(Approximate)

INSPECTION CONDUCTED BY: Ralph Staplin  
(Please Print)

INSPECTOR'S SIGNATURE: *Ralph Staplin* PHONE NUMBER: 488-3704

**BEST AVAILABLE COPY**

Perc Use Monitoring Chart - 12 Months					
Year	Month	Use	12 Month Total	Monitored By	Notes
1996	January	45	N/A	Chuck	
1996	February	0	N/A	Chuck	
1996	March	45	N/A	Chuck	
1996	April	0	N/A	Chuck	
1996	May	0	N/A	Chuck	
1996	June	0	N/A	Chuck	
1996	July	45	N/A	Chuck	
1996	August	0	N/A	Chuck	
1996	September	45	N/A	Chuck	
1996	October	0	N/A	Chuck	
1996	November	0	N/A	Chuck	
1996	December	0	180	Chuck	
1997	January	40	175	Chuck	
1997	February	30	205	Chuck	
1997	March	45	205	Chuck	
1997	April	0	205	Chuck	
1997	May	0	205	Chuck	
1997	June	0	205	Chuck	
1997	July	38	198	Chuck	
1997	August	0	198	Chuck	
1997	September	38.4	191.4	Chuck	
1997	October	32	223.4	Chuck	
1997	November	0	223.4	Chuck	
1997	December	0	223.4	Chuck	
1998	January	16	199.4	Chuck	
1998	February	16	185.4	Chuck	
1998	March	0	140.4	Chuck	
1998	April	16	156.4	Chuck	
1998	May	16	172.4	Chuck	
1998	June	32	204.4	Chuck	
1998	July	16	182.4	Chuck	
1998	August	15	197.4	Chuck	
1998	September	16	175	Chuck	
1998	October	32	175	Chuck	
1998	November	32	207	Chuck	
1998	December	16	223	Chuck	
1999	January	32	239	Chuck	
1999	February	16	239	Chuck	
1999	March	16	255	Chuck	
1999	April				
1999	May				
1999	June				
1999	July				
1999	August				
1999	September				
1999	October				
1999	November				
1999	December				

# LOG OF SOLVENT PURCHASES

1999

Machine \_\_\_\_\_

Perc Purchase	Vendor	Inv. No.	Purchases Prev 12 Mo	\$/gal	Total \$
1/12/99	Phoenix	J-40300		16 <sup>99¢</sup>	16
1/24/99	Phoenix	J-040786		16	32
2/9/99	Phoenix	J-041235		16	48
3/12/99	Phoenix	J-042538		16	64
4/20/99	Phoenix	J-043451		30	90

Cleaned This Year \_\_\_\_\_

$$\frac{\text{lbs cleaned}}{\text{gallons used}} = \text{_____ lbs/gal} \times 52 = \text{_____ lbs (drum)}$$



222

Acc

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Prestige Cleaners Inc DATE: 31 MAY 00  
 FACILITY LOCATION: 3044 West Tharpe St.  
Tallahassee, FL 32303

Annual Reporting Period: MAY 4 1999 TO 5/31/ 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

JUN 5 2000  
DEP TALLAHASSEE  
BRANCH OFFICE

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: William F. Milford Will F. Milford 5/31/2000  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

677

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

Acc

<b>FACILITY NAME:</b> <u>Prestige Cleaners Inc</u>	<b>DATE:</b> <u>31 MAY 00</u>
<b>FACILITY LOCATION:</b> <u>3044 West Tharpe St. Tallahassee, FL 32303</u>	

Annual Reporting Period: MAY 01 2099 TO 5/31/ 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RESPONSIBLE OFFICIAL:** William F. Milford Will F. Milford 5/31/2000

Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

JUN 5 2000

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0730094 DATE: 21 Dec 00 TIME IN: 9:30 TIME OUT: 10:30  
FACILITY NAME: Prestige Cleaners  
FACILITY LOCATION: 3044 W. Tharpe Street.  
Tallahassee, FL 32303  
RESPONSIBLE OFFICIAL: William Milford PHONE: 850 576 2918  
CONTACT NAME: Chuck Shrode PHONE: SAME

### 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 notification form that it is:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |   |
|--|---|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)  |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input checked="" type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
| 5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine   |   |

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 249 gallons.

Dec 00'

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |   |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |

**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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  
 Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
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?  
 Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Danielle Brown  
Inspector's Name (Please Print)

21 Dec 2000  
Date of Inspection

Danielle Brown  
Inspector's Signature

\_\_\_\_\_  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

temperatures within RANGE.

*ACC* **DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Prestige Cleaners DATE: 21 Dec 00  
 FACILITY LOCATION: 3044 W. Tharpe St.  
Tallahassee, FL 32303

Annual Reporting Period: 5/2000 20 TO 12/2000 20

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED  
 JAN 5 2001  
 Bureau of Air Monitoring  
 & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: William F. Milford White 7. M. White 12/21/2000  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 TIME OUT: 10:30 AIRS ID#: 0730094  
 TYPE OF FACILITY: \_\_\_\_\_  
 FACILITY NAME: Pesticide Cleaners DATE: 21 Dec 00  
 FACILITY LOCATION: 3044 W. Tharpe Bl.  
Tallahassee, FL 32303  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: 850-576-7737

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>No Problems Noted</u>	

**RECEIVED**  
 JAN 5 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Dec / Jan 2001-2002  
 (Approximate)

INSPECTION CONDUCTED BY: Danielle Brown  
 (Please Print)

INSPECTOR'S SIGNATURE: Danielle Brown PHONE NUMBER: 488-3704



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393920

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 # 0730096

PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

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

RECEIVED  
MAIL ROOM  
MAR 30 80

**PRESTIGE CLEANERS, INC.**

020700

2/15/00

50.00

**3904**  
50.00

3/6/00

3904

DEPT OF ENVIRONMENTAL PROTECT

\$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357916

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

PRESTIGE CLEANERS WILLIAM F MILFORD 3044 W THARPE STREET TALLAHSEE FL 32304	AIRS ID # 0730096
--	-------------------

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

RECEIVED  
MAIL ROOM  
JUN 20 99

**PRESTIGE CLEANERS, INC.**

DEPT OF ENVIRONMENTAL PROTECT

Check Number: 2651

**2651**

Check Date: Jan 15, 1999

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken      Amount Paid

1998

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303050

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

RECEIVED  
MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** FEB 19 98

Do NOT Remove Label

*include on check*

AIRS ID 0730096

BUD WAREHOUSES INC  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

**PRESTIGE CLEANERS, INC.**

DEPT OF ENVIRONMENTAL PROTECT

Check Number: 1577

1577

Check Date: Feb 16, 1998

Duplicate

Check Amount: \$50.00

0 Item to be Paid - Description

Discount Taken      Amount Paid

AIRS ID0730096

50.00



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**

420707 DEC16 2002

Do **NOT** Remove Label

AIRS ID#0730096  
PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL  
32304

Bureau of Air Monitoring  
& Mobile Sources

DEC 18 2002

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



PRESTIGE CLEANERS, INC.

1234

BAL FORWARD

1/1/02

50.00

50.00

12/12/02

1234

FL DEPT OF REVENU

\$50.00



-----  
**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**

407197 MAR16 2001

Do **NOT** Remove Label

PRESTIGE CLEANERS WILLIAM F MILFORD 3044 W THARPE STREET TALLAHSEE FL 32304	AIRS ID # 0730096
--	-------------------

Bureau of Air Monitoring  
& Mobile Sources

FOR GOVERNMENT USE ONLY  
Ord: 7550101000 EO: A1  
Fed: 20-2033001  
ORI: 002273

MAR 20 2001

RECEIVED

**PRESTIGE CLEANERS, INC.**

**4670**

020701

2/7/01

50.00

50.00

3/12/01

4670

DEPT OF ENVIRONMENTAL PROTECT

\$50.00

PRESTIGE CLEANERS ,INC  
3044 W THARPE STREET  
TALLAHASSEE, FL 32303



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

32315+3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414356 FEB21 2002

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 # 0730096  
PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL  
32304

FOR GOVERNMENT USE ONLY  
Org.: 3755010100 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air Motion  
& Mobile Sources

FEB 22 2002

12  
D

**PRESTIGE CLEANERS, INC.**

**5230**

AIR

12/17/01

50.00

50.00

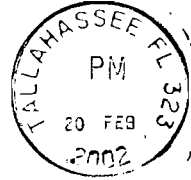
2/18/02

5230

DEPT OF ENVIRONMENTAL PROTECT

\$50.00

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



32315+3070 

Fold at line over top of envelope to

**SENDER: COMPLETE THIS SIDE** /ERY

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 # 0730096

PRESTIGE CLEANERS  
 WILLIAM F MILFORD  
 3044 W THARPE STREET  
 TALLAHSEE FL 32304

Z 210 663 115

A. Received by (Please Print Clearly) <b>G.E. Gathers</b>	B. Date of Delivery <b>4/3/00</b>
C. Signature <input checked="" type="checkbox"/> <b>G.E. Gathers</b>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Service Type

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

4. Restricted Delivery? (Extra Fee)     Yes

102595-99-M-1789

Z 210 663 115

US Postal Service  
**Receipt for Certified Mail**  
Postage Provided

AIRS ID # 0730096

PRESTIGE CLEANERS  
 WILLIAM F MILFORD  
 3044 W THARPE STREET  
 TALLAHSEE FL 32304

3rd  
2000

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800 April 1995



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0730096

BUD WAREHOUSES INC  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

4a. Article Number  
**7 333 612 858**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2-13-94**

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
**X** *Maryon. Richards*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

7 333 612 858

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)  
 AIRS ID 0730096

BUD WAREHOUSES INC  
 WILLIAM F MILFORD  
 3044 W THARPE STREET  
 TALLAHSEE FL 32304

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

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

2/25/00

C. Signature  
X Madelyn Keneady  Agent  Addressee

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

1. Article Addressed to:

AIRS ID # 0730096

PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

Z 210 661 880

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 label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 661 880

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

AIRS ID # 0730096

PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0730096

PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

4a. Article Number

2333667118

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2-11-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

*[Handwritten Signature]*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 667 118

2000

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0730096

PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS

**SENDER: COMP** **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 # 0730096

PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL 32304

0000600002641259185

2. Article Number (Copy from service label)

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

3/5/19

C. Signature

*[Signature]*  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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

7000 0600 0026 4125 9185

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

Postmark Here

AIRS ID # 0730096

**PRESTIGE CLEANERS**  
**WILLIAM F MILFORD**  
**3044 W THARPE STREET**  
**TALLAHSEE FL 32304**

PS Form 3800, February 2000

See Reverse for Instructions



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

7000 0600 0026 4128 7539

Postage \$	Postmark Here	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>		AIRS ID # 0730096
Rec <b>PRESTIGE CLEANERS</b>		
Stre <b>WILLIAM F MILFORD</b>		
City <b>3044 W THARPE STREET</b>		
<b>TALLAHSEE FL</b>		
<b>32304</b>		

PSI      of 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 # 0730096

**PRESTIGE CLEANERS  
WILLIAM F MILFORD  
3044 W THARPE STREET  
TALLAHSEE FL  
32304**

2. Article Number (Copy from service label)

**7000 0600 0026 4128 7539**

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

*Michael Smith*       Agent  
 Addressee

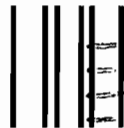
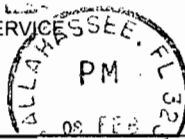
D. Is delivery address different from item 1?       Yes  
If YES, enter delivery address below:       No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)       Yes

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 •

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 11 2002

POSTNET

