

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 8, 1998

Ms. Patti Good Premier One Low Price Cleaners 1242 North Monroe Street Tallahassee, Florida 32303

Re: Facility No.: 0730101

Dear Ms. Good:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 1, 1998.

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 Environemntal Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

Perchloroethylene Dry Cleaning Facility Notifica RoE CEIVED

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Bureau of Air Monitoring

& Mobile Co. & Mobile Sources GOOD SERVICES INC. Site Name (For example, plant name or number): PREMIER ONE LOW PRICE 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: 1242 NORTH MONROE STREET City: TALLAHASSEE County: LEON Zip Code: 32303 Pacility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: VICE PRESIDENT PATTI GOOD 7. Responsible Official Mailing Address: Organization/Firm: GOOD SERVICES, INC. Street Address: 1242 NORTH MONROE STREET Zip Code: 32303 City: TALLAHASSEE County: LEON 8. Responsible Official Telephone Number: Telephone: (850) 521 9818 Fax: (- N/A Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: City: County: 11. Facility Contact Telephone Number: Telephone: Fax: (()

DEP Form No. 62-213,900(2)

Effective: 6-25-96

Page 13 of 16

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	מו	Date Machine Initially Purchased	Date Control Device Installed	ıD	Date Machine Initially Furchased	Date Control Device Installed
Example	#/	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit						· · ·	• • •		
(1) w/ ref. condenser	#1	05-NOV-98	05-NOV-98		1				1
(2) w/ carbon adsorber				<u> </u>					
(3) w/ no controls							i		
Washer Unit	1								
(4) w/ ref. condenser							1		
(5) w/ carbon adsorber	1								
(6) w/ no controls	†	†		_		1			
Dryer Unit			Maria Maria		1 11 11 11 11				aled, Si
(7) w/ ref. condenser		1				1	T	.,	,
(8) w/ carbon adsorber		 							
(9) w/ no controls		<u> </u>				 			
Reciaimer Unit	100				 	taraa iii			
(10) w/ ref. condenser	· -	T				T	<u> </u>	1	1
(11) w/carbon adsorber		-				-		- 10-111-111	
(12) w/ no controls	-	 			 				
(b) Control devices are (c) No control devices 2.(a) What was the total of 150 (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchloms * To	installed [perc)	purchased in	FILL MACH	INE		[]
3. What is the facility's so (Indicate with an "X". Existing small at Existing large ar	Selec ea so	et one classifi	cation only.) Ne	w sn	nitions found nall area sour rge area sour	rce <u>X</u>		Part I!?	

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 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Retrigerated condenser []
New small area source Refrigerated condenser X	
New large area source Refrigerated condenser	
· · · · · · · · · · · · · · · · · · ·	units shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	<u>X</u>]
•	
Equipment Monitoring as	nd Recordkeeping Information
	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[<u>X</u>]
(b) Leak detection inspection and repair	<u> X </u>
(c) Refrigerated condenser temperature monitoring	[<u>*</u>]
(d) Carbon adsorber exhaust perc concentration moni	itoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[<u>X</u>]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	lersigned, am the responsible official, as defined in Part II of this form, of the faculty addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to eith all terms and conditions of this general permit as set forth in Part II of this notification form.
comply w	
	mptly notify the Department of any changes to the information contained in this notification.

Perchloroethylene Dry Cleaning Facility Notific RoE CEIVED

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Bureau of Air Monitoring

& Mobile C. & Mobile Source GOOD SERVICES. Site Name (For example, plant name or number): PREMIER ONE LOW PRICE 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: 1242 NORTH MONROE STREET City: TALLAHASSEE County: LEON Zip Code: 32303 5 Pacility Identification Number (DEP Use) Responsible Official Name and Title of Responsible Official: VICE PRESIDENT PATTI GOOD 7. Responsible Official Mailing Address: Organization/Firm: GOOD SERVICES, INC. Street Address: 1242 NORTH MONROE STREET City: TALLAHASSEE Zip Code: 32303 County: LEON 8. Responsible Official Telephone Number: Telephone: (850) 521 9218 Fax: (· N/A PECE A 1840 ED A Facility Contact (If different from Responsible Official) Name and Titte of Facility Contact (For example, plant manager). 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: Fax: (()

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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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	כונ	Purchased	Installed	ID	Purchased	Installed	10	Purchased	lustailed
Example	#}	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			: 22. · . :						
(1) w/ ref, condenser	# 1	05-NOV-98							I
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit							:		
(4) w/ ref. condenser					1			1	
(5) w/ carbon adsorber									· · · · · · · · · · · · · · · · · · ·
(6) w/ no controls									
Dryer Unit	,::::::;;	EBBORKSKI	88.1159.1111.			in this, has			
(7) w/ ref. condenser					1				
(8) w/ carbon adsorber		·							
(9) w/ no controls									
Reciaimer Unit	1741.7	Tip Ay Nobel			in the second	The sage of the	-		
(10) w/ ref. condenser	<u> </u>	1			T				
(11) w/carbon adsorber		1							
(12) w/ no controls		 							
(b) Control devices are (c) No control devices 2.(a) What was the total of 150 (b) If less than 12 montrol Check why it is less	are re tuant galic	equired to be ity of perchicons * The	installed [perc)	purchased in	TILL MACH	IHE		
3. What is the facility's so									

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	ng large area sourc	<u>e</u>	Refrigerated	condenser [
		b , , , to	ψ.			
	small area source gerated condenser	[X]				₩.
	arge area source					
Refrig	gerated condenser					
exemption crite	.306, F.A.C. Verif eria or that no such	units exist on-site	e:			
oiler HP or le				, -		
luring which p	ropane or fuel oil o					mone
il steam and h	ropane or fuel oil contraining	containing no moi				<i>iimeni</i>
di steam and h	ropane or fuel oil contraining	containing no moi				imen
	ropane or fuel oil contraining	containing no moi				imen
di steam and h	ropane or fuel oil contraining	containing no moi				imen
di steam and h	ropane or fuel oil o not water generating on-site	containing no moi	re than one perc	eni sulfur is fired.		imen
di steam and h lo such units o	ropane or fuel oil o not water generating on-site F.quipm	containing no mon	e than one perc	ent sulfur is fired. ping Information	1	
All steam and h No such units o	ropane or fuel oil o not water generating on-site	containing no mon	e than one perc	ent sulfur is fired. ping Information	1	
li steam and h lo such units o	ropane or fuel oil o not water generating on-site F.quipm	entaining no mon	e than one perc	ent sulfur is fired. ping Information	n ents of this gener	
ti steam and his such units of the such units of	ropane or fuel oil of not water generating on-site Equipment which are required	entaining no mon gunits exempt tent Monitoring to be kept on-site ourchases	e than one perc	ent sulfur is fired. ping Information	nus of this gener	
theck all logs variety Durchase rec	Figuipm which are required ceipts and solvent p	nent Monitoring to be kept on-site purchases	and Recordkee	ping Information	nas of this gener	
theck all logs of the logical purchase received the logical purcha	Fquipme or fuel oil of continuous transfer services which are required ceipts and solvent propertion and the continuous transfer and solvent propertion and the continuous transfer are required to the continuous transfer are required transfer are	ment Monitoring to be kept on-site ourchases repair	and Recordked	ping Information vith the requirement X	nas of this gener	
All steam and had such units of the such units of the such units of the such as all logs of the such as the such a	Equipme or fuel oil of continuous site Equipme which are required ceipts and solvent propertion and a condenser temper or ber exhaust percentage.	ment Monitoring to be kept on-site ourchases repair	and Recordked	ping Information vith the requirement X	nas of this gener	

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	c 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)
	V
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the faculty addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Inptly notify the Department of any changes to the information contained in this notification.
Po Signature	tti Yood NICE PRESIDENT Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ST COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /050 TIME OUT: //3 C	AIRS ID#: 0730/01
TYPE OF FACILITY: NEW SMALL	
FACILITY NAME: PREMIER ONE LOW PRICE	CLEANERS DATE: 11 Feb 99
FACILITY LOCATION: 1242 NORTH MONROE S	
TALCAHASSEE FC 32303	
RESPONSIBLE OFFICIAL: Ms PATTI GOOD	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility not yet operating-awaiting co. Most equipment in . Have submitted	Reinspect in about 6 months
papers for GP. Location unknown to	after they been in operation
inspector - competitor mentioned -	
Provided forms and quidance info.	
Spok with manager und owner	·
Mr. Fred Good). a franshice type	
startup, low cost pricing, will be in a tough market position.	RECEIVED
	FEB 1 5 1999
already have received initial 150	Bureau of Air Monitoring
get pere shipment.	& Mobile Sources
COMMENTS:	
** ~.	
The Annual Compliance Certification form has been properly certification	Tied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Aug 199	99
INSPECTION CONDUCTED BY: Raph (Ap (P)	pproximate) Staplin ease Print)
INSPECTOR'S SIGNATURE: Saph	PHONE NUMBER:
<i>V</i>	/of /

DEP ROUTING AND TRANSMITTAL SLIP								
TO: (NAME, OFFICE, LOCATION) 3								
1. Rick Butler MSSSIO 4.								
DARM 2 5								
PLEASE PREPARE REPLY FOR:	COMMENTS:							
SECRETARY'S SIGNATURE	Please send them							
DIV/DIST DIR SIGNATURE	a 1989 Calendar							
MY SIGNATURE	of put them on the							
YOUR SIGNATURE	and auto dis tribition							
DUE DATE	list. Thanks							
ACTION/DISPOSITION	fact, , and							
DISCUSS WITH ME								
COMMENTS/ADVISE								
REVIEW AND RETURN	R F C -							
SET UP MEETING	RECEIVED							
FOR YOUR INFORMATION	158 1 5 400							
HANDLE APPROPRIATELY	~4/Pa							
INITIAL AND FORWARD	& Mobile Sources							
SHARE WITH STAFF								
FOR YOUR FILES								
FROM: Staplin	DATE: 4/1/99 PHONE: 4883704							

DEP 15-026 (12/93)

TITL AIR QUALITY GENERAL PERNINSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V /57 COM	PLAINT/DISCOVERY RE-INSPECTION
	AIRS ID#: 0730/01
TYPE OF FACILITY: NEW SMALL	
FACILITY NAME: PREMIER ONE LOW PRICE	CLEANERS DATE: 11 Feb 99
FACILITY LOCATION: 1242 NORTH MONROE S	<i>T</i>
TALLAHASSEE FL 32303	<u></u>
RESPONSIBLE OFFICIAL: Ms PATI GOOD	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility not yet operating-awaiting co. most equipment in . Aare submitted	Reinspect in about 6 months
papers for GP. Location unknown to	Reinspect in about 6 months after they been in operation
inspector - competitor mentioned -	
Provided forms and quidance info.	
Spok with manager und owner	P
Mr. Fred Good). a franshice type	
startup, low cost pricing, will	Call P
be in a tough market position.	OBER TO M
already have received initial 150	Solling
gel pere shipment.	Si Milia
COMMENTS:	
~	
	· ·
The Annual Compliance Configuration from her have no marries and if	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: And	proximate)
INSPECTION CONDUCTED BY: RAIPLE	Stanlin
(PI	ease Print)
INSPECTOR'S SIGNATURE: Un Staple	PHONE NUMBER:
Page	<u></u>

TIT V AIR QUALITY GENERAL PEI IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /000	TIME OUT:/03 &	AIRS ID#:	0730092
TYPE OF FACILITY: NE	W LARGE		
FACILITY NAME: PNE	STIGE CLEMER	3 INC	_DATE: 2 June 98
FACILITY LOCATION: 300	44 WEST THAR	PE ST	
TALL	ANASSEE PL :		
RESPONSIBLE OFFICIAL:	ill Milford	PHONE NUMBER:	850-576-7737
compliance with DEP Rule 6	2-213.300, Florida Administra	ated during this inspection, the factorious code (F.A.C.). atted during this inspection, the following the follow	
discrepancies were noted:			ON DEOLUDED
COMPLIANCE REQUIRE	•	FOLLOW-UP ACTI	ON REQUIRED
No problems. A well with excellent recon.	e pun gameny		
with excellent recor.	<i>1</i> 5		
		·	
		·	
COMMENTS:			_
The Annual Compliance Certification	• • •	-	
DATE OF NEXT INSPECTION:	June / S	Tuly 99 pproximate)	<u> </u>
	(Ap	proximate)	
INSPECTION CONDUCTED BY:	KAlph	ease Print) PHONE NUMBER	
NICE CONTROL OF CONTRO	(P) Maria	ease rrint)	CAD1. UCV - 27 -11
INSPECTOR'S SIGNATURE: 6	ou prapun	PHONE NUMBER:	: 0>0 108-3107

Page / of /.

Revised 10/96

PER ILOROETHYLENE DRY CL. NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUARE-INS	COMPLAINT/DISCOVERY DEPECTION D
	2 June 98 TIME IN: 1000 TIME OUT: 1030
FACILITY NAME:	
FACILITY LOCATION: 3044	WEST THARPE ST
TALLA	414ASSEE 172 32303
RESPONSIBLE OFFICIAL: _/3;//	M, / ford PHONE: 850 7 576 - 7737
CONTACT NAME:	PHONE:
Dipar Nombre	
PART I: NOTIFICATION (check appropriate box)	
1. New facility notified DARM 30 days pr	ior to startup
2. Facility failed to notify DARM to use gr	•
PART II: CLASSIFICATION	
Facility indicated on notification form the (check appropriate box)	nat it is: ☐ No notification form ☐ Drop store/out of business/petroleum
	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classificatio	n PY ON OCan not determine
	te classification: d for a general permit as number above above limits and is not eligible for a general permit
B. The total quantity of perchlorocthylene facility was 172 gallons.	e (perc) purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/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 □N □N/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 DN/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 BYNA 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 DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В.	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?	٦	NO	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	⊕ N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	₽N/A
	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?	ΟY	מם	<u>un</u> /A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	DN/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?	ΟY	□и	ŪN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	QN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□И	Ľ⊒N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ON PO
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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNA
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 CHY/A
Problem corrected?	DY DN PANA
8. Maintained compliance plan, if applicable?	· DY DN 1947/A

PART VI: LEAK DETECTION AND REPAIRS

<u>l.</u>	Does the responsible official conduct a w	veekly (for small sources, t	ni-weekly) leak detection an	d repair	
	inspection?			DY ON	
2.	Has the facility maintained a leak log?			DN DN	
3.	Does the responsible official check the fo	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	BY ON ON/A	
	Door gaskets and seating	œy on on/a	Stills	BY ON ON/A	
	Filter gaskets and seating	TY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	TY ON ON/A	Diverter valves	CY DW DN/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY □N □N/A	
	Water separators Model 37	₽Y □N □N/A			
4.	Which method of detection is used by the	ne responsible official?		_	
	Visual examination (condensed so	lvent on exterior surfaces)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentar	tion (FID/PID/calorimetric	tubes) -	-	
	Halogen leak detector				
	If using direct-reading instru	umentation, is the equipn	nent:	PN/A	
	a. Capable of detecting p	perc vapor concentrations i	n a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and af	ter each use	□Y □N	
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	□Y □N	
	d. Kept in a clean and se	ecure area when not in use	?	OY ON	
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	□У □И	

Inspector's Name (Please Print)

Date of Inspection

Jun / Jul 1999

Inspector's Signature

Approximate Date of Next Inspection

Have leased a Lefety 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 abuned be verified - unit as - parently is "endorsed" by Hay Waste - need to make sure dir isn't an issue.

fame marlines as before.

Good records. Grunde, Chuch Strobe, very kumbledge able.

, v					
`					<u> </u>
Perc Use I	Monitoring Ch	art - 12 Mont			
Year	Month	Use	12 Month	Monitored	Notes
		1	Total	Ву	
	6 January		N/A	Chuck	
199	6 February		N/A	Chuck	
	6 March		N/A	Chuck	
	6 April		N/A	Chuck	
	6 May		N/A	Chuck	
	6 June		N/A	Chuck	
199	6 July		N/A	Chuck	
	6 August		N/A	Chuck	
	6 September		N/A	Chuck	· · · · · · · · · · · · · · · · · · ·
	6 October		N/A	Chuck	
	6 November		N/A	Chuck	
	6 December	0		Chuck	
	7 January	40		Chuck	
	7 February	30		Chuck	
	7 March	45		Chuck	
	7 April	0		Chuck	
	7 May	0		Chuck	
	7 June	0		Chuck	
	7 July	38		Chuck	
	7 August	0		Chuck	
	7 September			Chuck	
	7 October	32		Chuck	
	7 November	0		Chuck	
	7 December	0		Chuck	
	8 January	16		Chuck	
	8 February	16		Chuck	
	8 March	0		Chuck	
	8 April	16		Chuck	
	8 May	16		Chuck	
	8 June	0	172.4		
	8 July				
	8 August				
	8 September				
	8 October				
	8 November				<u> </u>
	8 December				
	9 January				
	9 February				
	9 March	-			<u>-</u>
	9 April				
	9 May				ſ
	9 June				<u> </u>
	9 July				
199	9 August				
	9 September				
	9 October				
	9 November				
199	9 December				

AIRS ID#: 10730101

DRY CLEANER A R QUALITY GENERAL PERMIT ANNUAL COMILIANCE CERTIFICATION FORM

FACILITY LOCATION: <u>1つ니フ</u>	N Mandre		
	tilagi i i		
Annual Reporting Period:MARC	<i>'</i>		Boneau c
Based on each term or condition of the	Γitle V general air permit, my fa	acility has remained in compli	Ance with DEP Rule in Co
62-213.300, Florida Administrative Cod			
If NO, complete the following:			IYES Monito
#1. Term or condition of the general pe	it that has not been in contin	waya aamalianaa durina tha ra	norting period stated above.
*1. Term of condition of the general pe	rimit mat has not been in contin	uous comphance during the re	porting period stated above.
	TAT DE JEADING 7.25	•	TUTER PLACED WEEDLE
Exact period of non-compliance:, from	WYBEH! 1903 IE	το 'ΜΛτ ε μ	7,2000
Action(s) taken to achieve compliance:		,	ERMONETER AND INSTAULE
			· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance	Operation	Specialist, Bannesce Br	OLL, TO USERVE MACHINE
	Operation	,	·
1	Operation	uous compliance during the re	·
#2. Term or condition of the general pe	operation rmit that has not been in contin	uous compliance during the re	·
#2. Term or condition of the general pe Exact period of non-compliance: from	operation rmit that has not been in contin	uous compliance during the re	·
#2. Term or condition of the general pe Exact period of non-compliance: from Action(s) taken to achieve compliance:	operation rmit that has not been in contin	uous compliance during the re	·
#2. Term or condition of the general pe Exact period of non-compliance: from Action(s) taken to achieve compliance:	operation rmit that has not been in contin	uous compliance during the re	porting period stated above:
#2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance. As the responsible official, I hereby certain this notification are true, accurate an our chase receipts, does not exceed 2,10	e: tify, based on information and bad complete. Further, my annua	uous compliance during the re to_ telief formed after reasonable al consumption of perchloroeth	porting period stated above: inquiry, that the statements made
#2. Term or condition of the general per #2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby cert in this notification are true, accurate an purchase receipts, does not exceed 2,10 combination facilities. RESPONSIBLE OFFICIAL:	e: tify, based on information and bad complete. Further, my annua	uous compliance during the re to_ telief formed after reasonable al consumption of perchloroeth	porting period stated above: inquiry, that the statements made

^{*}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: ANNUARE-INSP	COMPLAINT/DISCOVERY PECTION	
FACILITY NAME: Remier FACILITY LOCATION: 1242 N TRUP	Monkoe street hassee FL 32303 (9000 PHONE: 850 521-98	
	THORE.	
PART I: NOTIFICATION		
(check appropriate box)		-
1. New facility notified DARM 30 days prio	or to startup	
2. Facility failed to notify DARM to use gen	neral permit	۵
PART II: CLASSIFICATION		
Facility indicated on notification form that (check appropriate box)	t it is: No notification form Drop store/out of business/petr	oleum
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	RECEIVED
☐ facility exceeds at	for a general permit as number above bove limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perchloroethylene) facility was 118 gallons.	perc) purchased within the preceding $\frac{10}{12}$ months by this dry of $\frac{1}{12}$ months by this dry of $\frac{1}{12}$	cleaning

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? DY DN DXYA DY DN DANA 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 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? 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 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 OY ON EMYA 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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ח□	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?			□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?	ΠY	- □×	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	אם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN WN/A and parts installed w/in 5 days of receipt? DY WY DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MYA 5. Maintained exhaust duct monitoring data on perc concentrations? PY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN @N/A Problem corrected? DY DN DX/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			MO A			
2. Has the facility maintained a leak log	?		⊠ Ý □N			
3. Does the responsible official check th	e following areas for leak	s?				
Hose connections, fittings. couplings, and valves	OY ON ON/A	Muck cookers	DY DN BN/A			
Door gaskets and seating	DAY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY DN DN/A			
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by	the responsible official?		_			
Visual examination (condensed	solvent on exterior surface	ces)				
Physical detection (airflow felt	through gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)				
Halogen leak detector			U			
If using direct-reading ins	trumentation, is the equi	ipment:	DIN/A			
a. Capable of detectin	g perc vapor concentration	ns in a range of 0-500 ppm?	DY 'DN			
b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON			
c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	DY DK			
d. Kept in a clean and	secure area when not in t	ıse?	□Y □N			
e. Verified for accurac	cy by use of duplicate san	ples (calorimetric only)?	DY DN			
·						
						
Dalley & Loc		2/20/200	\sim			
Inspector's Name (Please P	rint)	Date of Inspection	<u>.</u>			
Jariell From S			· .			
Inspector's Signature		Approximate Date of	Next Inspection			

Temp. Went DOWN to 10°C

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:35 AM TIME OUT:	AIRS ID#: <i>O</i>	130101
FACILITY NAME: PREMIER DAIL DEU CLE FACILITY LOCATION: 1742 N. MONROE 4.	ANERS Leapt	DATE: 2/29/2000
RESPONSIBLE OFFICIAL: PATTI GOOD		850.521-9818
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	•	lity is found to be in
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the follo	owing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
NO PRODUMENS W/ PAPERWORK REG. CONDENSER ONLY REMEMBED 10°C	FIX , REPAIR	•
They considere only restorted to C		
		Bur 100
		MAR - 7 2000 Bureau of Air Monito & Mobile Sources
		2000 Monitoring Sources
		<u> </u>
COMMENTS:		· · · · · · · · · · · · · · · · · · ·
	·	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:		
INSPECTION CONDUCTED BY: DANIELL &	ease Print)	
INSPECTOR'S SIGNATURE: TOTAL	,	850-488-3704
Page_	of	Revised 10/96

AIRS 1D#: <u>073010/</u>
DF

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

~ /		
FACILITY NAME: YREMI	TIER ONE DRY CLEANERS DATE: 05.	AN O
FACILITY LOCATION: 124	12 N. Monloe Stepet	
Vari 19h	house El (37.203	
- Hurin	**************************************	
Annual Reporting Period:	MARCH 2000 TO JANUARY	2001
Based on each term or condition of t	the Title V general air permit, my facility has remained in compliance with DEP Rule	
62-213.300, Florida Administrative (e Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	Lireau C. M.	
#1. Term or condition of the general	ral permit that has not been in continuous compliance during the reporting period stated al	oove:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance	nce:	
Method used to demonstrate complia	liance:	
#2. Term or condition of the general	ral permit that has not been in continuous compliance during the reporting period stated a	bove:
Exact period of non-compliance: fro	romto	
·		
Exact period of non-compliance: from Action(s) taken to achieve compliance. Method used to demonstrate compliance.	nce:	
Action(s) taken to achieve compliance Method used to demonstrate compliance As the responsible official, I hereby in this notification are true, accurate	liance: Vicertify, based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based up 12,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or	pon
Action(s) taken to achieve compliance Method used to demonstrate compliance As the responsible official, I hereby in this notification are true, accurate purchase receipts, does not exceed 2	nce: liance: y certify, based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based up	pon

^{*}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: 10:30	TIME OUT:	AIRS ID#: 07.30101
TYPE OF FACILITY:		
FACILITY NAME: Per	nièr Oue L 42 N. Monro	DRY Cleaners DATE: 05 JAN 01
YALL	aharrop FL	37.303
RESPONSIBLE OFFICIAL:	PATI GOOD	PHONE NUMBER: 850 521-9818
	the compliance requirements Rule 62-213.300, Florida Adr	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of discrepancies were note		s evaluated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLE	FOLLOW-UP ACTION REQUIRED
No problems	>	
		Bureau &
		biře s
		200 Monitoring
	·	
•		
COMMENTS:	• •	· · · · · · · · · · · · · · · · · · ·
·		
	·	
The Annual Compliance Certific	cation form has been properly	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO	ON:	
		(Approximate)
INSPECTION CONDUCTED	BY: 1 ANIPLI	
INSPECTOR'S SIGNATURE	: Jaruelle 7	(Please Print) PHONE NUMBER: 188-370
		Page of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>a</u>	COMPLAINT/DIS	SCOVERY	
AIRS ID#: 0730101 FACILITY NAME: 2	DATE: <u>05 JAN</u> (~	V: <u>10:30</u> TI	ME OUT: _	11:25
FACILITY LOCATION:	1242 N. K	LONROE	steet		
	TAUAHASE	y FL 3	2303		·
RESPONSIBLE OFFICIAL	: VATTI GO	DD'	phone: <u>850</u>		<u> 318 </u>
CONTACT NAME:	TI CHOOD		PHONE:	AMP.	
PART I: NOTIFICATION					70
(check appropriate box)			الم تاريخ تاريخ		
1. New facility notified DARN	1 30 days prior to startu	ıp	ر ا ا		
2. Facility failed to notify DAI	RM to use general perm	uit .		of Air	
			Son	Mo Mo	
PART II: CLASSIFICATIO	N		Ce	THE TOTAL STREET	Tri
Facility indicated on notifica (check appropriate box) A.	tion form that it is:	,	☐ No notification☐ Drop store/out	•	etroleum
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr (r 1	2. New small a dry-to-dry only, transfer only, x both types, x < 1 (constructed on	x < 140 gal/ут < 200 gal/уг	d	
3. Existing large area sou dry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1$,	2,100 gal/ут — — — — — — — — — — — — — — — — — — —	transfer only, 20 both types, 140	$140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ (constructed before 12/9/91)		(constructed on	or after 12/9/91)		
	2)	(constructed on	or after 12/9/91) □Can not determ	ine	
(constructed before 12/9/91 5. This is a correct facility If no, please check the	2)	tion:	□Can not determ	oove	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly scaled and impervious containers? 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 אמח אח או least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A 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 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) MY UN 1. Equipped all machines with the appropriate vent controls? אואם אם צמ 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 אאם אח אא condenser upon opening the door? 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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÒY □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?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY □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?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	מס אם		
2. Maintained rolling monthly averages of perc consumption?	CY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/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? 	DY DN DN/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	MA ON		
7. Maintained deviation reports?	OY ON MIN/A		
Problem corrected?	DY DN DN/A		
8. Maintained compliance plan, if applicable?	OY ON ØN/A		

PAR	PART VI: LEAK DETECTION AND REPAIRS			
1. D	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
in	spection?			אם אם
2. H	as the facility maintained a leak log?			DY DN
3. D	oes the responsible official check the f	following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN DN/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN ØN/A
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A		
4. V	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfac	ces)	Œ ,
	Physical detection (airflow felt thr	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)	
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			☑N/A
	a. Capable of detecting p	perc vapor concentratio	ns in a range of 0-500 ppm?	NO YO
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	d after each use	□Y □N
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?		OY ON	
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON
I				

Inspector's Signature

Date of Inspection

Date of Inspection

AN-Feb 2002

Approximate Date of Next Inspection

temperature - ADEQUATE
RECORD KEEPING - COMENDABLE

A LIACHED TO REMITTANCE FOR PROPER HANDLING

BEST AVAILABLE COPY

389128

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 # 0730101 PREMIER ONE LOW PRICE CLEANERS PATTI GOOD 1242 NORTH MONROE STREET TALLAHASSEE FL 32303

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

GOOD SERVICES, INC 1242 NORTH MONROE STREET TALLAHASSEE, FL 32303

FIRST UNION NATIONAL BANK TALLAHASSEE, FLORIDA

1408

12/03/99

PAY TO THE ORDER OF

Department of Environmental Protection

**50.00

Fifty and 00/100****

Department of Environmental Protection

2000LLARS

MEMO.

Title V Air General Permit / AIRS ID #0730101 / for Premier

GOOD SERVICES, INC

1408

Department of Environmental Protection

12/03/99

Title V Air General Permit / AIRS ID #0730101

50.00

Bureau of Air Monitoring & Mobile Sources 50.00

First Union Checking

Title V Air General Permit / AIRS ID #0730101 / for Pre

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

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AIRS ID # 0730101

PREMIER ONE LOW PRICE CLEANERS PATTI GOOD 1242 NORTH MONROE STREET TALLAHASSEE FL 32303

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420386 DEC 62002

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

Bureau Nobile Remier ONE LOW PRICE CLEANERS

PATTI GOOD

1242 NOBILE OF THE STATE ONE LOW PRICE CLEANERS

AIRS ID#0730101

1242 NORTH MONROE STREET

TALLAHASSEE FL

32303

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

 Department of Environmental Protection
 12/03/99

 Title V Air General Permit / AIRS ID #0730101
 50.00

First Union Checking

Title V Air General Permit / AIRS ID #0730101 / for Pre

50.00

GOOD SERVICES, INC

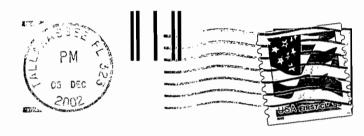
Department of Environmental Protection

AIRS ID# 0730101 Title V Air General Permit

50.00

First Union Checking AIRS ID# 0730101 Title V Air General Permit 50.00

GOOD SERVICES, INC. 1242 MORTH MONROE STREET TALLAHASSEE, FLORIDA 32383



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

GOOD SERVICES, INC Department of Environmental Protection	12/14/2001	1984	
• AIRS ID# 073010 Title V Air General Permit	12/14/2001	50.00	
			!
First Union Checking AIRS ID# 073010 Title V Air General Permit		50.00	



(cut here)

411869 DEC182WI

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

AIRS ID # 0730101
PREMIER ONE LOW PRICE CLEANERS
PATTI GOOD
1242 NORTH MONROE STREET
TALLAHASSEE FL
32303

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 GOOD SERVICES, INC
Department of Environmental Protection
AIRS ID# 0730101 Title V Air General Permit
100.00

First Union Checking
AIRS ID# 0730101 Title V Air General Permit
100.00

399586

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 # 0730101

PREMIER ONE LOW PRICE CLEANERS

PATTI GOOD

1242 NORTH MONROE STREET TALLAHASSEE FL 32303

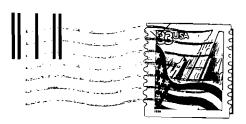
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Premier One Low Price Cleaners

1242 N, Monroe Street Tallahassee Florida 32303





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