



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.

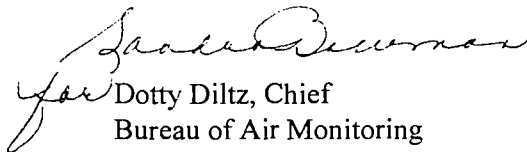
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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 Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

DEC - 1 1998

Facility Name and Location

| | | | |
|--|--------------------------------|-----------|-------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | GOOD SERVICES, INC. | | |
| 2. Site Name (For example, plant name or number): | PREMIER ONE LOW PRICE CLEANERS | | |
| 3. Hazardous Waste Generator Identification Number: | | | |
| 4. Facility Location: | | | |
| Street Address: | 1242 NORTH MONROE STREET | | |
| City: | TALLAHASSEE | County: | LEON |
| | | Zip Code: | 32303 |
| 5. Facility Identification Number (DEP Use): | 0730101 | | |

Bureau of Air Monitoring & Mobile Sources

Responsible Official

| | | | |
|--|---------------------------|-----------|-----------|
| 6. Name and Title of Responsible Official: | PATTI GOOD VICE PRESIDENT | | |
| 7. Responsible Official Mailing Address: | | | |
| Organization/Firm: | GOOD SERVICES, INC. | | |
| Street Address: | 1242 NORTH MONROE STREET | | |
| City: | TALLAHASSEE | County: | LEON |
| | | Zip Code: | 32303 |
| 8. Responsible Official Telephone Number: | | | |
| Telephone: | (850) 521-9818 | Fax: | () - N/A |

Facility Contact (If different from Responsible Official)

| | | | |
|---|---------|-----------|-------|
| 9. Name and Title of Facility Contact (For example, plant manager): | | | |
| 10. Facility Contact Address: | | | |
| Street Address: | | | |
| City: | County: | Zip Code: | |
| 11. Facility Contact Telephone Number: | | | |
| Telephone: | () - | Fax: | () - |

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> | | | | | | | | | |
| | #1 | 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 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (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?

gallons * INITIAL AMOUNT TO FILL MACHINE

(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 11?

(Indicate with an "X". Select one classification only.)

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.

Patti Good
Signature PATTI GOOD VICE PRESIDENT

Nov. 27, 1998
Date

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

Facility Name and Location

DEC - 1 1998

| | | |
|--|--|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | GOOD SERVICES INC. | |
| 2. Site Name (For example, plant name or number): | PREMIER ONE LOW PRICE CLEANERS | |
| 3. Hazardous Waste Generator Identification Number: | | |
| 4. Facility Location: | Street Address: 1242 NORTH MONROE STREET City: TALLAHASSEE County: LEON Zip Code: 32303 | |
| 5. Facility Identification Number (DEP Use): | 0130101 | |

Bureau of Air Monitoring & Mobile Sources

Responsible Official

| | | |
|--|--|--|
| 6. Name and Title of Responsible Official: | PATTI GOOD VICE PRESIDENT | |
| 7. Responsible Official Mailing Address: | Organization/Firm: GOOD SERVICES, INC. Street Address: 1242 NORTH MONROE STREET City: TALLAHASSEE County: LEON Zip Code: 32303 | |
| 8. Responsible Official Telephone Number: | Telephone: (850) 521-9218 Fax: () - N/A | |

Facility Contact (If different from Responsible Official)

| | | |
|---|--|--|
| 9. Name and Title of Facility Contact (For example, plant manager): | | |
| 10. Facility Contact Address: | Street Address: City: County: Zip Code: | |
| 11. Facility Contact Telephone Number: | Telephone: () - Fax: () - | |

RECEIVED
DEC 14 1998
Bureau of Air Monitoring & Mobile Sources

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> | | | | | | | | | |
| | #1 | 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 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (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?

gallons * INITIAL AMOUNT TO FILL MACHINE

(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.)

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 (S) 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:

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All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

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

Patti Good
Signature PATTI GOOD VICE PRESIDENT

Nov. 27, 1998
Date

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

TYPE OF INSPECTION: ANNUAL 1st COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1050 TIME OUT: 1130 AIRS ID#: 0730101
 TYPE OF FACILITY: NEW SMALL
 FACILITY NAME: PREMIER ONE LOW PRICE CLEANERS DATE: 11 FEB 99
 FACILITY LOCATION: 1242 NORTH MONROE ST
TALLAHASSEE FL 32303
 RESPONSIBLE OFFICIAL: MS PATTI GOOD PHONE NUMBER: _____

- 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 |
|---|---|
| Facility not yet operating - awaiting CO. Most equipment in. Have submitted papers for GP. Location unknown to inspector - competitor mentioned - provided forms and guidance info. | Reinspect in about 6 months after they've been in operation |
| Spoke with manager and owner (MR. Fred Good). A franchise type startup, low cost pricing, will be in a tough market position. | |
| Already have received initial 150 gal perc shipment. | |

RECEIVED

FEB 15 1999

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: Aug 1999
(Approximate)

INSPECTION CONDUCTED BY: Ralph Staplin
(Please Print)

INSPECTOR'S SIGNATURE: Ra Staplin PHONE NUMBER: _____

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
 1. Rick Butler MSSSID 4. _____
DARM 5. _____
 2. _____

PLEASE PREPARE REPLY FOR:

SECRETARY'S SIGNATURE

DIV/DIST DIR SIGNATURE

MY SIGNATURE

YOUR SIGNATURE

DUE DATE _____

COMMENTS:

Please send them a 1999 calendar & put them on the ~~auto~~ auto distribution list. Thanks

ACTION/DISPOSITION

DISCUSS WITH ME

COMMENTS/ADVISE

REVIEW AND RETURN

SET UP MEETING

FOR YOUR INFORMATION

HANDLE APPROPRIATELY

INITIAL AND FORWARD

SHARE WITH STAFF

FOR YOUR FILES

RECEIVED

FEB 15 1999

Bureau of Air Monitoring & Mobile Sources

FROM: Ralph Staplin DATE: 2/11/99 PHONE: 488 3704

TITLE AIR QUALITY GENERAL PERM
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 1st COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1050 TIME OUT: 1130 AIRS ID#: 0730101
 TYPE OF FACILITY: NEW SMALL
 FACILITY NAME: PREMIER ONE LOW PRICE CLEANERS DATE: 11 Feb 99
 FACILITY LOCATION: 1242 NORTH MONROE ST
 TALLAHASSEE FL 32303
 RESPONSIBLE OFFICIAL: MS PATTI GOOD PHONE NUMBER:

- 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 |
|---|---|
| Facility not yet operating - awaiting CO. most equipment in. Have submitted papers for GP. Location unknown to inspector - competitor mentioned - provided forms and guidance info. | Reinspect in about 6 months after they've been in operation |
| Spoke with manager and owner (Mr. Fred Good). A franchise type startup, low cost pricing, will be in a tough market position. | |
| Already have received initial 150 gal perc shipment. | |

RECEIVED
 APR 14 1999
 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: Aug 1999 (Approximate)

INSPECTION CONDUCTED BY: Ralph Staplin (Please Print)

INSPECTOR'S SIGNATURE: *Ralph Staplin* PHONE NUMBER:

**TIT 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
 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> | |
| | |
| | |
| | |
| | |
| | |

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#: 0730092 DATE: 2 June 98 TIME IN: 1000 TIME OUT: 1030
FACILITY NAME: PRESTIGE CLEANERS INC
FACILITY LOCATION: 3044 WEST THARPE ST
TALLAHASSEE FL 32303
RESPONSIBLE OFFICIAL: Bill M. Ford PHONE: 850-576-7737
CONTACT NAME: same 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/petroleum

A.

- | | |
|--|---|
| 1. Existing small area source <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 Y 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 172 gallons.

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? *No valve. No air outlets* 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? 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 <i>Safety Kleen Model 37</i> | <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)

2 June 1998

Date of Inspection

Ralph A Staplin

Inspector's Signature

Jun/Jul 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Have leased a Safety Kleen Model 37 Water Processing Unit. Operator said the vapor exhaust is less than 2 parts/million. Didn't see any documentation on unit - have been trying to obtain some. Actual operating parameters should be verified - unit apparently is "endorsed" by Haz Waste - need to make sure air isn't an issue.

Same machines as before.

Good records. Operator, Chuck Strobe, very knowledgeable -

| 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 | 0 | 172.4 | | |
| 1998 | July | | | | |
| 1998 | August | | | | |
| 1998 | September | | | | |
| 1998 | October | | | | |
| 1998 | November | | | | |
| 1998 | December | | | | |
| 1999 | January | | | | |
| 1999 | February | | | | |
| 1999 | March | | | | |
| 1999 | April | | | | |
| 1999 | May | | | | |
| 1999 | June | | | | |
| 1999 | July | | | | |
| 1999 | August | | | | |
| 1999 | September | | | | |
| 1999 | October | | | | |
| 1999 | November | | | | |
| 1999 | December | | | | |

all

AIRS ID#: 0730101

Revised 01/18/00

**DRY CLEANER A R QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Premier One Day Cleaners DATE: _____

FACILITY LOCATION: 1242 N. MONROE STREET

Annual Reporting Period: MARCH 1, 1999 TO MARCH 7

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

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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:

~~REFRIGERATED CONDENSER THERMOSTAT NOT READING 7.2°C. DISCOVERED MANUFACTURER PLACED WRONG TYPE OF THERMOMETER ON UNIT TO PROPERLY READ TEMP.~~
Exact period of non-compliance: from MARCH 1, 1999 to MARCH 7, 2000

Action(s) taken to achieve compliance: CALLED TECHNICIAN - PURCHASED PROPER THERMOMETER AND INSTALLED

Method used to demonstrate compliance: CALLED ENVIRONMENTAL SPECIALIST, DANIELLE BRADY, TO OBSERVE MACHINE IN OPERATION

#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: PATTI GOOD Name (Please Print) Patti Good Signature 3-10-00 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

AIRS ID#: 0730101 DATE: 2/29/2000 TIME IN: 10:35 AM TIME OUT: _____
 FACILITY NAME: Premier One Dry Cleaners
 FACILITY LOCATION: 1242 N. Monroe Street
 Tallahassee, FL 32303
 RESPONSIBLE OFFICIAL: PATTI GOOD PHONE: 850 521-9818
 CONTACT NAME: _____ 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: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

| | |
|---|---|
| <p>1. Existing small area source <input type="checkbox"/> 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)</p> | <p>2. New small area source <input checked="" type="checkbox"/> 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)</p> |
| <p>3. Existing large area source <input type="checkbox"/> 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)</p> | <p>4. New large area source <input type="checkbox"/> 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)</p> |

5. This is a correct facility classification Y 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~~¹⁰ months by this dry cleaning facility was 118 gallons. ^{new facility}

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 & Mobile Sources

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? 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 total 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? 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input 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

Danielle Brown
Inspector's Name (Please Print)

2/29/2000
Date of Inspection

Danielle Brown
Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Temp. went down to 10°C

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:35 AM TIME OUT: _____ AIRS ID#: 0730101

TYPE OF FACILITY: _____

FACILITY NAME: Premier One Dry Cleaners DATE: 2/29/2000

FACILITY LOCATION: 1742 N. MONROE Street
Tallahassee, FL 32303

RESPONSIBLE OFFICIAL: PATTI GARD PHONE NUMBER: 850-521-9818

- 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 |
|--|--------------------------------|
| <p><i>No Problems w/ PAPERWORK</i> <i>Req. CONDENSER ONLY Reached 10°C</i></p> | <p><i>Fix & REPAIR</i></p> |
| | |
| | |
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| | |
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COMMENTS: _____

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

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: Danielle Brown (Approximate)
(Please Print)

INSPECTOR'S SIGNATURE: Danielle Brown PHONE NUMBER: 850-488-3704

AGC

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

FACILITY NAME: Premier One Dry Cleaners DATE: 05 JAN 01
 FACILITY LOCATION: 1242 N. Monroe Street
Tallahassee, FL 32303

Annual Reporting Period: MARCH 2000 TO JANUARY 2001

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: _____

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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: PATTI GOOD Patti Good 1-5-01
 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: 10:30 TIME OUT: _____ AIRS ID#: 0730101
 TYPE OF FACILITY: _____
 FACILITY NAME: Premier One Dry Cleaners DATE: 05 JAN 01
 FACILITY LOCATION: 1242 N. Monroe Street
Tallahassee, FL 32303
 RESPONSIBLE OFFICIAL: PATTI GOOD PHONE NUMBER: 850 521-9818

- 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 |
|--------------------------------|---------------------------|
| NO PROBLEMS | |
| | |
| | |
| | |
| | |
| | |

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 JAN 10 2001
 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: _____ (Approximate)

INSPECTION CONDUCTED BY: DANIELLE BROWN (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 488-3704

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0730101 DATE: 05 JAN 01 TIME IN: 10:30 TIME OUT: 11:25
FACILITY NAME: Premier One Dry Cleaners
FACILITY LOCATION: 1242 N. MONROE street
TALLAHASSEE, FL 32303
RESPONSIBLE OFFICIAL: PATTI GOOD PHONE: 850 521-9818
CONTACT NAME: PATTI GOOD 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

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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 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) <input type="checkbox"/> | 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) <input checked="" type="checkbox"/> |
| 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) <input type="checkbox"/> | 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) <input type="checkbox"/> |
| 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 100 gallons.

JAN 01

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? 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? 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input 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

Danielle Brown
Inspector's Name (Please Print)

05 JAN 01
Date of Inspection

Danielle Brown
Inspector's Signature

JAN-Feb 2002
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Temperature - Adequate

Record Keeping - Comendable

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

3755
2273

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
R/T

1408

12/03/99

PAY TO THE ORDER OF Department of Environmental Protection

\$ **50.00

Fifty and 00/100*****

Department of Environmental Protection

RECEIVED
MAIL ROOM
DEC - 7 00
DOLLARS
Security features included.
Details on back.

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

Patti Good

MP

GOOD SERVICES, INC

1408

Department of Environmental Protection

12/03/99

Title V Air General Permit / AIRS ID #0730101

50.00

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DEC - 9 1999
Bureau of Air Monitoring
& Mobile Sources
50.00

First Union Checking

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

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: B1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

DEC - 9 1999

1999
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420386 DEC 6 2002

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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DEC 10 2002

Bureau of Air Monitoring
& Mobile Sources

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TOTAL AMOUNT DUE: \$50.00

ARMS
EXCEL

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

1408

Department of Environmental Protection

12/03/99

Title V Air General Permit / AIRS ID #0730101

50.00

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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

12/04/2002

2263

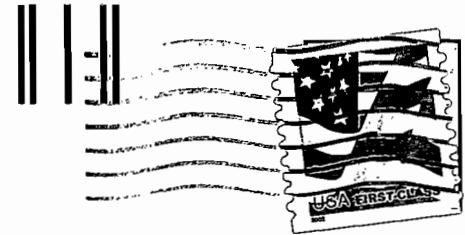
50.00

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AIRS ID# 0730101 Title V Air General Permit

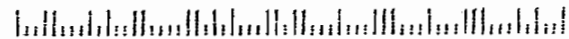
50.00

GOOD SERVICES, INC.
1242 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32303



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

32315+3070 99



GOOD SERVICES, INC

Department of Environmental Protection

AIRS ID# 073010 Title V Air General Permit

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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

12/08/00

1715

100.00

First Union Checking

AIRS ID# 0730101 Title V Air General Permit

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0730101
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 PATTI GOOD
 1242 NORTH MONROE STREET
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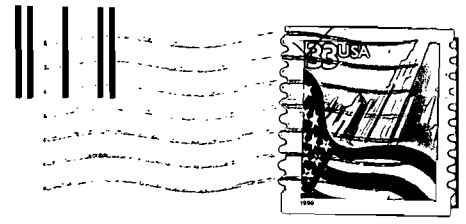
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 Fund: 20-2-035001
 Obj.: 002273

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request
over payment

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*Received
 Oct 03
 Patti Good*

10 0730101001AG

Total Postage **PREMIER ONE LOW PRICE CLEANERS**

Sent To **PATTI GOOD**

Street, Apt. No. or PO Box No **1242 NORTH MONROE STREET**

City, State, Zi **TALLAHASSEE, FL 32302**

PS Form 3800, June 2002 See Reverse for 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:

10 0730101001AG
 PREMIER ONE LOW PRICE CLEANERS
 PATTI GOOD
 1242 NORTH MONROE STREET
 TALLAHASSEE, FL 32302

2. Article Number

7003 0500 0004 0144 4077

COMPLETE THIS SECTION ON DELIVERY

| | |
|--|--|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| | 9-15-03 |
| C. Signature | |
| X <i>Patti Good</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes | |
| If YES, enter delivery address below: <input type="checkbox"/> No | |

3. Service Type

| | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

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Postage & Fees Paid
USPS
Permit No. G-10

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DEPT. OF ENVIRONMENTAL PROTECTION
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2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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