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PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>BLUE RIBBON CLEANERS, INC.</b>
2. Site Name (For example, plant name or number): <b>BLUE RIBBON CLEANERS I</b>
3. Hazardous Waste Generator Identification Number: <b>FLD 982146466</b>
4. Facility Location: <b>1102 EAST LAFAYETTE STREET</b> Street Address: City: <b>TALLAHASSEE</b> County: <b>LEON</b> Zip Code: <b>32301</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0730079-004</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>LUREN WALLENFELSZ</b> Title: <b>P</b> <b>MIRE WALLENFELSZ</b> <b>VP</b>
7. Responsible Official Mailing Address: <b>1102 EAST LAFAYETTE STREET</b> Organization/Firm: <b>BLUE RIBBON CLEANERS, INC</b> Street Address: City: <b>TALLAHASSEE</b> County: <b>LEON</b> Zip Code: <b>32301</b>
8. Responsible Official Telephone Number: Telephone: <b>( 850 ) 942 - 5919</b> Fax: <b>( 850 ) 942 - 2651</b>

Facility Contact (If different from Responsible Official)

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

**Facility Information**

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

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

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1989	<del>Existing/New</del>	RC CA <del>None required</del>	SAME - RC
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

130 gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)



7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

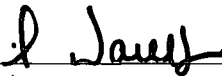
**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

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

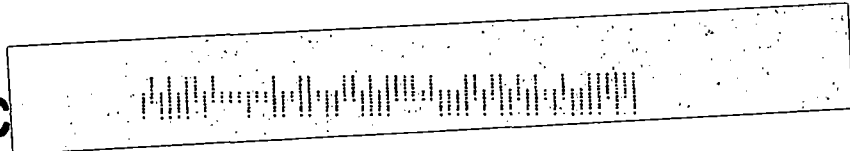
**MICHAEL WALLENFELSZ**

Print name of responsible official

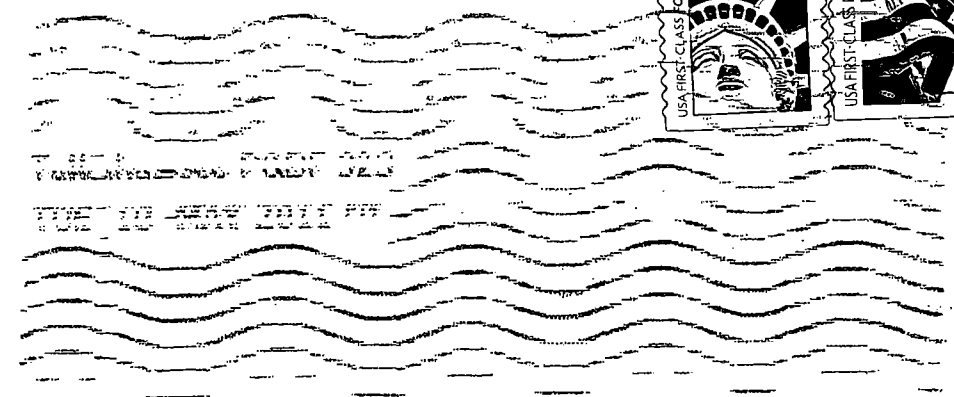
  
Signature

**05-11-2011**  
Date

**BLUE RIBBON C**



**1102 East Lafayette St.  
Tallahassee, FL 32301**



Air General Permit Program  
Bureau of Air Monitoring and Mobile Sources, **MS 5510**  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400