



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

August 1, 2006

Mr. Michael Wallenfelsz
Blue Ribbon I
1102 East Lafayette Street
Tallahassee, Florida 32301

Re: Facility No. 0730079-003

Dear Mr. Wallenfelsz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 2006.


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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Charles Norman – Northwest District

"More Protection, Less Process"

Printed on recycled paper.

COMP. STATUS - SNC MNC IN

EMISSION FEE DATES 196-2005

NO ACTIVITY FOR FACILITY.....

SOC REPORTS 2

7/27/2005

Insp - NWDT - Leon Co - CA
TRPT - SOCR - Statement of Compliance
Report

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air
& Mobile Sources

FORM 28 2006

RECEIVED

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): BLUE RIBBON CLEANERS, INC
2. Site Name (For example, plant name or number): BLUE RIBBON I
3. Hazardous Waste Generator Identification Number: FLD 982146466
4. Facility Location: Street Address: 1102 EAST LAFAYETTE STREET City: TALLAHASSEE County: LEON Zip Code: 32301
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0730079-003

Responsible Official

6. Name and Title of Responsible Official: Name: GREG + MIKE WAIENFELSZ Title: P+VP
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (850) 942-5919 Fax: (850) 942-2651

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): OWNERS - SAME
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")
07-1989	<input checked="" type="radio"/> Existing <input type="radio"/> New	RC/CA <input checked="" type="radio"/> None required	N/A SAME
_____	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?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)

Transfer only on-site (used less than 200 gallons of perc per year)

Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)

Transfer only on-site (used 200 - 1,800 gallons of perc per year)

Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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 LAUELFELTZ

Print name of responsible official



Signature

06-26-2006

Date

FLDEP FACILITY ID NUMBER:

RECEIVED

FLD 982146466

AUG 25 2008

Asses ID#

0730079-003-AG

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.

The name and address of the owner or operator;

BLUE RIBBON CLEANERS, INC.

Name of the owner or operator of the dry cleaning facility

MIKE + GREG WALLENFELSZ

Mailing address of the owner or operator of the dry cleaning facility

1102 EAST LAFAYETTE STREET

Mailing address line 2

TALLAHASSEE, FLORIDA 32301

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

Check one:

No

Yes

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

Check one:

No

Yes

City State Zip Code

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

BLUE RIBBON CLEANERS I

Name of the dry cleaning facility

1102 EAST LAFAYETTE STREET

Address of the dry cleaning facility (physical location)

TALLAHASSEE, FLORIDA 32301

Address line 2

City State Zip Code

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

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

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

The yearly Perc solvent consumption: 180 gallons
(How much Perc did you buy over the last 12 months?)

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

Check one: No Yes

All information contained in this statement is accurate and true.

J. Janel

Signature of the Responsible Official for the dry cleaning facility

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

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466981 JAN 9 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 730079
BLUE RIBBON CLEANERS INC ✓
1102 E Lafayette St
TALLAHASSEE, FLORIDA
32301

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

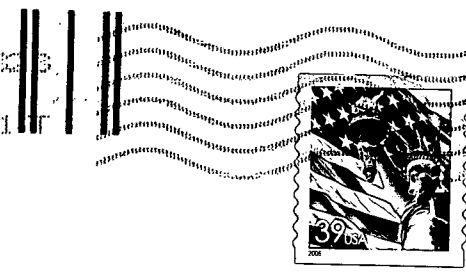
JAN 17 2007
Bureau of Administrative
& Mobile Services

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

Blue Ribbon Cleaners I
1102 East Lafayette Street
Tallahassee, Florida 32301

TALLAHASSEE FL 32301
08 JAN 2007 PM 1:17



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

32315+3070-70 B099

