

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 11, 2001

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

Re: Facility No.: 0730079-002

Dear Mr. Wallenfelsz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 2001.

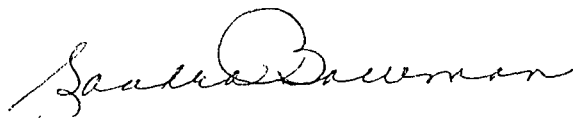
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

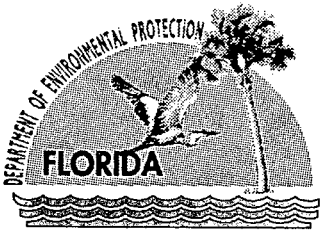
Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Jeb Bush
Governor

Department of Environmental Protection

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

August 29, 2001

RECEIVED
SEP - 5 2001
Bureau of Air Monitoring
& Mobile Sources
David B. Struhs
Secretary

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

THANKS
Michael Wallenfelsz

Dear Mr. Wallenfelsz:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on August 29.

In reviewing your submittal, it was noted that Blue Ribbon Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0730079). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw

Enclosure

cc: Mr. Charles Norman, Northwest District
"More Protection, Less Process"

0730079-002

page 15

1(a) Existing should be circled under States
None Required should be circled under
Control Service Required.

page 16

6(c) Not required for Existing small
sources.

page 17

7. Leave as is if General Permit is to
be surrendered. If not mark out permit
and select no DEP dir permits exist.

Responsible official sign and date for
changes made.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

AUG 29 2001

Part III. Notification of Intent to Use General Permit of Air Monitoring

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 CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 982146466
4. Facility Location: Street Address: City: TALLAHASSEE County: LEON Zip Code: 32301	1102 EAST LAFAYETTE STREET
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0730079-002

Responsible Official

6. Name and Title of Responsible Official: Name: MICHAEL WALLENFELSZ Title: V.P.	
7. Responsible Official Mailing Address: Organization/Firm: BLUE RIBBON CLEANERS Street Address: 1102 EAST LAFAYETTE ST. City: TALLAHASSEE County: LEON Zip Code: 32301	
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):	JEFF WALLENFELSZ
10. Facility Contact Address: Street Address: 1102 EAST LAFAYETTE STREET City: TALLAHASSEE County: LEON Zip Code: 32301	
11. Facility Contact Telephone Number: Telephone: (850) 942-5919 Fax: (850) 942-2651	

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	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	SAME
	Existing/New	<input type="radio"/> RC / <input type="radio"/> CA / None required	
	Existing/New	<input type="radio"/> RC / <input type="radio"/> 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	<input type="radio"/> RC / <input type="radio"/> CA / None required	
	Existing/New	<input type="radio"/> RC / <input type="radio"/> CA / None required	
	Existing/New	<input type="radio"/> RC / <input type="radio"/> 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:

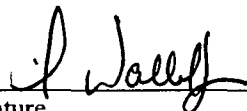
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
0730079001 AG
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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 WALLENFELTZ
Print name of responsible official


Signature

8-28-1
Date

Best Available Copy

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 27 2001

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 CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 982146466
4. Facility Location: Street Address: City: TALLAHASSEE	1102 EAST LAFAYETTE STREET County: LEON Zip Code: 32301
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0130079-002

Responsible Official

6. Name and Title of Responsible Official: Name: MICHAEL WALLENFELSZ	Title: V.P.
7. Responsible Official Mailing Address: Organization/Firm: BLUE RIBBON CLEANERS Street Address: 1102 EAST LAFAYETTE ST. City: TALLAHASSEE	County: LEON Zip Code: 32301
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):	JEFF WALLENFELSZ
10. Facility Contact Address: Street Address: 1102 EAST LAFAYETTE STREET City: TALLAHASSEE	County: LEON Zip Code: 32301
11. Facility Contact Telephone Number: Telephone: (850) 942 - 5919	Fax: (850) 942 - 2651

Facility Information

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

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1989	Existing/New	<input checked="" type="radio"/> RC/CA/None required	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:

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	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 _____)

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
0730079001AG
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

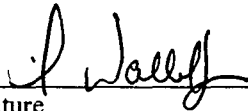
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I will promptly notify the Department of any changes to the information contained in this notification.

MICHAEL WALLENFELSZ

Print name of responsible official



Signature

8-28-1

Date

62PH

Page 15 0730079-002

1(a) Existing should be circled under States
None Required should be circled under
Control Service Required.

n. Send your files.

Page 16

6(c) Not required for Existing small sources.

Page 17

7. Leave as is if General Permit is to be surrendered. If not mark out permit # and select no DEP dir permits exist.

3301

002

Responsible official sign and date for changes made.

32301

- 2651

Don't be: Have to correct when you get a chance.

CD

PS. I sent a couple of Concord Permits to Phil Berger for correction. Charlie

JEFF WILLIAMS

10. Facility Contact Address:

Street Address: 1102 EAST LAFAYETTE STREET
City: TALLAHASSEE County: LEON

Zip Code: 32301

11. Facility Contact Telephone Number:

Telephone: (850) 942-5919

Fax: (850) 942-2651

OCT 15 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 5 2001
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.

RECEIVED
JUN 25 2002

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 CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 982146466
4. Facility Location: Street Address: City: TALLAHASSEE	1102 EAST LAFAYETTE STREET County: LEON Zip Code: 32301
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0430019-002

Responsible Official

6. Name and Title of Responsible Official: Name: MICHAEL WALLENFELSZ	Title: V.P.
7. Responsible Official Mailing Address: Organization/Firm: BLUE RIBBON CLEANERS Street Address: 1102 EAST LAFAYETTE ST. City: TALLAHASSEE	County: LEON Zip Code: 32301
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OCT 15 2001
DEP TALLAHASSEE
BRANCH OFFICE

Facility Information

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

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1989	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	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?

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	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: 20

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 @ 6-18-2
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

OCT 15 2001

DEP TALLAHASSEE
BRANCH OFFICE

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

~~██████████ - ERROR - (N)~~

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

(N) 6-18-2

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

M Wallenfelsz
Signature

8-28-1
Date
6-18-2

OCT 15 2001
DEP TALLAHASSEE
BRANCH OFFICE

RECEIVED

JUN 25 2002

Bureau of Air Monitoring
& Mobile Sources

To: Charles Norman, Rick Butler

From: Tracy White

Date: June 24, 2002

RE: Copies of Information and inspections reports for some Dry cleaning facilities

Dear Sirs:

Enclosed are your copies of some recent inspection information of dry cleaning facilities in Leon County. Rick, please call Charles Norman if you have any questions. Thank you.

Tracy White

Tallahassee Branch Office, FDEP

RECEIVED

JUN 25 2002

Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

730079 10
BLUE RIBBON CLEANERS I
1102 E Lafayette St
TALLAHASSEE, FL 32301

FLAIR ACCT. CODE 37202035001375501000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

RECEIVED
JAN 19 2005
Bureau of Air
& Mobile

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443365 DEC 15 2004

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 10
BLUE RIBBON CLEANERS I
1102 E Lafayette St
TALLAHASSEE, FL 32301

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources

DEC 16 2004

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435352 JAN16 2004

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

730079
MICHAEL WALLENFELSZ
BLUE RIBBON CLEANERS I
1102 E LAFAYETTE STREET
TALLAHASSEE FL 32301

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO 1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 23 2004
BUREAU OF
& WORKING
CROSS
11010700



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411976 DEC20 2001

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 # 0730079
BLUE RIBBON CLEANERS I
MICHAEL WALLENFELSZ
1102 E LAFAYETTE STREET
TALLAHASSEE FL
32301

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421455 JAN 8 2003 X

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

RECEIVED

JAN 09 2003

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

BLUE RIBBON CLEANERS I
MICHAEL WALLENFELSZ
1102 E LAFAYETTE STREET
TALLAHASSEE FL
32301

AIRS ID#0730079

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