

Department of Environmental Protection

Jeb Bush
Governor

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 II
1102 East Lafayette Street
Tallahassee, Florida 32301

Re: Facility No.: 0730080-002

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.

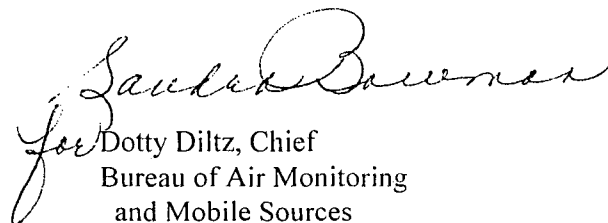
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

0730080-002

page 16

6(c) Not required for Existing small sources.

Page 17

7. Leave as is if wish to surrender Title V
General permit. If not, mark out permit
and place an "X" by No DE Pair
permits exist...

Responsible official sign and date
for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

AUG 29 2001

Air Monitoring
Course

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):	WALLY OF TALLAHASSEE, INC.		
2. Site Name (For example, plant name or number):	BLUE RIBBON CLEANERS II		
3. Hazardous Waste Generator Identification Number:	FLD984219766		
4. Facility Location:	1660-1 NORTH MONROE ST.		
Street Address:			
City:	County:	Zip Code:	
TALLAHASSEE	LEON	32303	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0730080-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MIKE WAIENFEISZ		Title: V.P.
7. Responsible Official Mailing Address:			
Organization/Firm:	1102 EAST LAFAYETTE ST.		
Street Address:			
City:	County:	Zip Code:	
TALLAHASSEE	LEON	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):	TIM WEBER		
10. Facility Contact Address:	1660-1 NORTH MONROE ST.		
Street Address:			
City:	County:	Zip Code:	
TALLAHASSEE	LEON	32303	
11. Facility Contact Telephone Number:			
Telephone:	(850) 561-3830		Fax: (850) 425-2511

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")
<u>OCT 1991</u>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
_____	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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 01300B0001AG
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

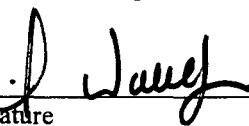
Responsible Official Certification

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.

MIKE WALLENFELZ

Print name of responsible official



Signature

B-20-1

Date

0730080-002

RECEIVED

AUG 29 2001

Page 16

6(c) Not required for Existing small sources.

Page 17

7. Leave as is if wish to surrender Title V General permit. If not, mark out permit # and place an "X" by No DEP Air permits exist...

Responsible official sign and date for changes made.

Danielle:

HAVE RO CORRECT when you get a chance.

(Signature)

orm. Send
r your files.

7303

0020

32301

2651

10. Facility Contact Address:

1660-1 ..

Street Address:

City: TALLAHASSEE

County: LEON

Zip Code: 32303

11. Facility Contact Telephone Number:

Telephone: (850) 561-3830

Fax: (850) 425-2511

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 29 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): WALLY OF TALLAHASSEE, INC.
2. Site Name (For example, plant name or number): BLUE RIBBON CLEANERS II
3. Hazardous Waste Generator Identification Number: FLD984219766
4. Facility Location: Street Address: 1660-1 NORTH MONROE ST. City: TALLAHASSEE County: LEON Zip Code: 32303
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0730080-0020

Responsible Official

6. Name and Title of Responsible Official: Name: MIKE WAIENFEISZ Title: V.P.
7. Responsible Official Mailing Address: Organization/Firm: 1102 EAST LAFAYETTE ST. 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

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Please indicate with an "X" the appropriate selection:

~~_____~~

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~~0730080001AG~~

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6-18-2

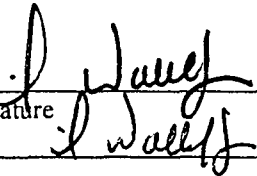
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I will promptly notify the Department of any changes to the information contained in this notification.

MIKE WALLENFELZ

Print name of responsible official


Signature

8-20-1

Date

6-18-2

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

443759 DEC27 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# 730096 10
PRESTIGE CLEANERS
3044 W Tharpe Street
TALLAHASSEE, FL 32303

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

Bureau of Air Monitoring
& Mobile Source

DEC 28 2004

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411975 DEC20 2001

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

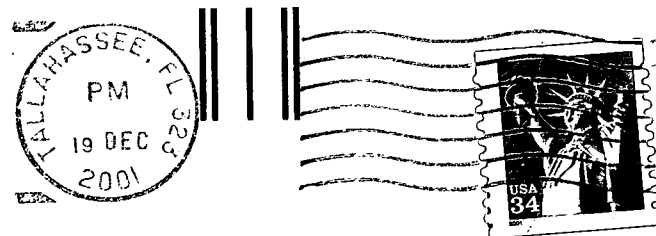
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0730080
BLUE RIBBON CLEANERS II
MICHAEL WALLENFELSZ
1102 E LAFAYETTE STREET
TALLAHASSEE FL
32301

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

Blue Ribbon Cleaners I
1102 E. Lafayette St.
Tallahassee, FL 32301



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459394 FEB27206

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

730080 10
BLUE RIBBON CLEANERS II
1660-1 N Monroe St
TALLAHASSEE, FL 32304

Bureau of
& Mobile Sources
All Mountains

MAR 01 2006

RECEIVED

FLAIR ACCT. CODE 372020350013755010000
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.

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. 459149 FEB222006

TOTAL AMOUNT DUE: \$50.00

Handwritten signature and date: 2/21/07

Do **NOT** Remove Label

AIRS ID# 730080 1st
BLUE RIBBON CLEANERS II
1660-1 N Monroe St
TALLAHASSEE, FL 32304

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

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436242 FEB11 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

ID# 730080
MICHAEL WALLENFELSZ
BLUE RIBBON CLEANERS II
1102 E LAFAYETTE STREET
TALLAHASSEE, FL 32301

Bureau of AD, Munitions
& Explosives Services

FEB 18 2004

~~RECEIVED~~

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

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total Postage ID# 730080

Sent To **MICHAEL WALLENFELSZ**
BLUE RIBBON CLEANERS II
1102 E LAFAYETTE STREET
TALLAHASSEE, FL 32301

Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9639

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:

ID# 730080
 MICHAEL WALLENFELSZ
 BLUE RIBBON CLEANERS II
 1102 E LAFAYETTE STREET
 TALLAHASSEE, FL 32301

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9639

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/5/09

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

- Yes
 No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 18 2004



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.

443677 DEC 27 2004

RECEIVED
DEC 27 2004
Office of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 730080 10
BLUE RIBBON CLEANERS II
1660-1 N Monroe St
TALLAHASSEE, FL 32304

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

Printed on recycled paper.