

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

July 22, 2008

Ms. Nannette Turner Blue Ribbon Laundry of Ormond, LLC 715 South Nova Road Ormond Beach, Florida 32174

Re: Facility No.: 1270111-003

Dear Ms. Turner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 19, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

andra

Sandra F. Veazey, Chief Bureau of Air Monitoring and Mobile Sources

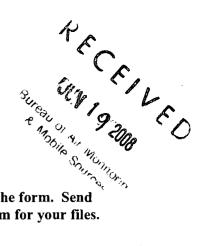
SFV/pg

cc: Ms. Caroline Shine, Central District

cc: Mr. James Bradner, Central District - DAPA

	INSPCU
1	NO ACTIVITY FOR FACILITY
	EMISSION FEE DATES
Ì	COMP. STATUS - SNC MNC (IN)
	1155-1252 Compliance - IN
	INSP-INSZ-Compliance Inspection Walk through - 7/6/2006 - IN INSP Volusia Co - CD - Cshine

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



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 laundry of Ormand, LLC.	
2. Site Name (For example, plant name or number):	
Blue Ribbon Laundry of Drmond LZC	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address: 715 S. Nova Rd.	
City: Ormand beach County: VOIUSIA Zip Code: 321714	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
127011-003	
· · · · · · · · · · · · · · · · · · ·	~
Responsible Official	
6. Name and Title of Responsible Official: Name: Name	
Name: Nannette Turner Title: OWNER	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 715 S. Nov A. Rd.	
City: Ormand Beach County: Volusia Zip Code: 32174	
8. Responsible Official Telephone Number:	
Telephone: $(326)(277-0111)$ Fax: ()	
<u> </u>	
Facility Contact (If different from Responsible Official)	
<u> </u>	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \[\(\text{(4)} \) \(\text{(4)} \) \(\text{(5)} \) \(\text{(7)} \) \((7	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: 715 S. NOVA Rd	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \[\(\text{(4)} \) \(\text{(4)} \) \(\text{(5)} \) \(\text{(7)} \) \((7	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \[\langle \text{CONNETT TYPEC} \] 10. Facility Contact Address: Street Address: \(715 \) \(5 \) \(\text{NOVA Rd} \) City: \(\text{Ormand bach} \) \(\text{County: Volusia} \) 11. Facility Contact Telephone Number:	
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \[\langle \text{(In the + John Turner)} \] 10. Facility Contact Address: Street Address: \(\text{15 S. Nova Rd} \) City: Ormand beach \[\text{County: Valusia} \] Zip Code: \(\text{22174} \)	

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 Status Control Device Required* Date Control Device Installed (if already included at time of From Manufacturer (circle one) (circle one) purchase, write "SAME") existing owners before me.? Existing CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser *CONTROL DEVICE KEY: 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required

Éxi	sting/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? Purchased existing store

Tying to Setup to dryclean Associating permits 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 Mew machine
		Unopened store [] (date of expected opening)

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on Indicate with an "X". Select one classification of	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
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 []
	nits shall not be eligible to use the general permit pursuant to be twater generating units on-site meet the following exemption of memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site? [1]	
For each boiler, indicate its horsepower (HP) rating: [151[_]
What type of fuel do you use? [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Informa	ition
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 ac	 -
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	toring []
(d) Carbon adsorber exhaust perc concentration monit	toring
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP	Air Permit(s)	`
Please indicate with an "X" th	ne appropriate selection:	·
	ender all existing DEP air permits au form; the permit number(s) are	athorizing operation of the facility indicated in this
•	Awaiting permit	ion of the facility indicated in this notification form
Responsible Official Certific	cation	· · · · · · · · · · · · · · · · · · ·
this notification. I hereb statements made in this n maintain the air pollutan comply with all terms and I will promptly notify the	y certify, based on information and totification are true, accurate and continuous and air pollution of any conditions of this general permit of the information of t	Part II of this form, of the facility addressed in belief formed after reasonable inquiry, that the omplete. Further, I agree to operate and control equipment described above so as to as set forth in Part II of this notification form. information contained in this notification.
Namette Fw Signature	wer	

Purchased existing laundry, existing owners stop Orycleaning in 04, Here are copies of their records. Applying to do drycleaning in-house.

DEP Form No. 62-213.900(2) Effective: 2/24/99

BEST AVAILABLE COPY Old OWNERS RECORDS

	open and the second	Emerge	ency Contact Telep				
	UNIFORM HAZ	ANDUUS I I I I I	r's US EPA ID No.	64°1°1	5 ^{NO.} of 1	not required by	
A	3. Generator's Name and Mail BLUE RIBBON 715 S NOVA RD 4. Generator's Phone ((386)	ing Address ORMOND B	Votuete	FL 3217 Ter: 5W	4 4 4 F	Manifest Document of Connection of Connection (Connection (Connect	
	5. Transporter 1 Company Na	me	GAD9812	69095	D. Peni	frénégorar a ID poder à Planta : 👯	Jalan et a rolli
	7. Transporter 2 Company Na FREEHOLD CARTAG	me	NJD0541	26164	F. Trans		
	9. Designated Facility Name a MCF SYSTEMS ATLA		And the second s	ATD Number	G. State	facilitys (b)	
	5353 Snapfinger Woo Decetur GA 30035		GAD9812	269095	H. Facil	va Phone	m seemen
		uding Proper Shipping Name. Hazar	d Class, and ID Number)	1	2. Containers No. Type	Total L	14. Init I/Vol / Waste (14.
	a X RQ WASTE TO	ETRACHIOROETHYLEN	E; 8.1 UN1897; III		D.F.	160 P	F432
- G#2#	(Sp#I	ETRACHLOROETHYLEN Jumbo	E; 6.1 UN1897; III		D.M	P	
RATOR	C X RQ WASTE TI	ETRACHLOROETHYLEN Ruid: 15Gal, 30		C	D.M	150 P	
	(LIM	ETRACHLOROETHYLEN Debris	E; 6.1 UN1897; III	ے ا	D	P	
	15. Special Handling Instruction			The state of the s	Kandi		
	The waste described in (incineration) for non-wa	ons and Additional Information this manifest does not meet the stewarter that is 6.0 mg/kg for to generator. In case of emergen	etrachloroethylene was	le, and cannot	be land dispose		
	packed, marked, and labeled If I am a large quantity geni	ATION: I hereby declare that the condition and are in all respects in proper conditionally likely a program in	lition for transport by highway n place to reduce the volume	according to applic	sable international a	nd national government degree I have determ	ntal regulations.
	and the environment: OR, if available to me and that I ca	elected the practicable method of treat I am a small quantity generator, I navi in afford	ment, storage, or disposal co a made a good faith effort to	minimize my waste	generation and set	is the present and future ect the best waste ma	e inreal to human health nagement method that is
A	Printed Typed Name	Shahington	Signature./	6 RI	- /		Month Day Year
THE AZOPORT-WAT	Printed/Typed Name	ament of Receipt of Materials	Signature		31		Month Day Year
H-m0;	Printed/Typed Name	Southard	Signature	2			Month Day Year
	19. Discrepancy Indication Spa						0917709
AC							
LITY	20. Facility Owner or Operator:	Certification of receipt of hazardous	s materials covered by this	manifest except a	s noted in Item 19		
•	Printed/Typed Name	Capian	Signature	ni	200	2	Month Day Year
		ORIGN	AL - RETURN TO G	ENERATOR			CHIMAC

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Emergency Contact Telephone Number

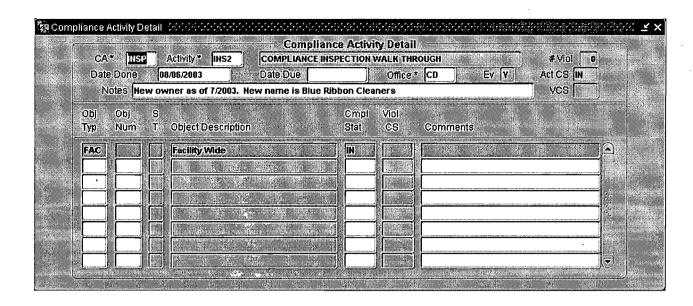
	C. 4:20:00		•		•					
ar un		UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US		Dog	lanifest 6391	2. Page 1 of		on in the sha red by Feder	
A	3.	Generator's Name and Mailing Address - FIGUL RIBBON		98	7-0056		A. State M	anifest Diocur	nent Number	
		715 C NOVA RU	อส เพีย พิเศ สยั	ACH		32:14	B State G	enegator's ID	111111	
		Generator's Phone ((380))677 0171	County.			a SWF			<u> </u>	
	5.	Transporter 1 Company Name MCF SYSTEMS ATLANTA, INC.	1	GAD98	A ID Number 31.2690	195) T 1 T T T 1 T 1	an sporter 's ti rter a ^{lo} ndre		1202-0034
	7.	Transporter 2 Company Name		3. UŞ EP	A ID Number		E. Steto II	erepartei s il		
	0	FREEHOLD CARTAGE INC. Designated Facility Name and Site Address		NJD05	4.1201 AID Number	04	F Therepor	ter'e Phone Albert Int	(94)) 03.24589
	J .	MUL SYSTEMS ATLANTA, INC.		iu. Oser	A ID ITU::DBI					
170		5353 Snapfinger Woods Orive Decatur GA 30035	1	GAD98	12690	195	H Feolity's	Phone) 593- 9 434
	11.	US DOT Description (Including Proper Shipping	Name, Hazard Class		1.2.000	12 Conta	ainers	13	14.	1000000
		ни			, provinces presidents and religions are secured.	No.	Туре	Total Quantity	Unit : Wt/Vol :	Wests No.
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GEZE	b.	A KO WALTE TETRACHLO		, 6.1 UN1897,	iil		i M		P	F002/ D039
PATOR	G.	X RQ WAS IZ. TETRACHLO (Still Bottom Liquid:1				C 1	D,M	/·SC	Р	F002/ D039
	d.	X RQ WASTE TETRACHLO	Debris				. D		P	F002/ D039
		ERG #160 Prev. Manifest No.	PAI)				Codes for W		
		The waste described as this maintest di use nevalues, he non-wastewater that is this development of general in a	ses not meet the tr s to 0 mg/kg for tur tase of emergency	actionocthylese spill, confact Ch	waste, und : on Troc at	tannut be . 1-800-424-	a et 1-upos 9 580	ed		
	16.	GENERATOR'S CERTIFICATION: I hereby decision packed, marked, and labeled, and are in all respects	ire that the contents of s in proper condition for	this consignment ar transport by highway	e fully end acc according to a	uralely descr pplicable inte	ibed above b	y proper ship	ping name an mmental regul	ad are classified. ations.
		If I am a large quantity generator, I certify that I be practicable and that I have selected the practicable and the environment; OR , if I am a small quantity gavailable to me and that I can afford.	method of treatment, s	torage, or disposal cu	irrently availabi	e to me which	n sesiminim c	ie present and	future threat	to human health
V		Printed/Typestiame AM AMERICAS		Signature	- rech		land	reas	Mont	DI CS
Ā		Transporter 1 Acknowledgement of Receipt of M	laterials	Cianatura						
250	1	Coleut LAmh	-7	Signature		2_			Mont 	n Day Year 12:///
+CK4ZSSO.OK+WG	18.	Transporter 2 Acknowledgement of Receipt of M	laterials							12/1/
Ē		Printed Typed Name Peterson		Signature	<u>ځ</u> ٠,	121			Monti 11:1	Day Year
FAC-		Discrepancy Indication Space								
Ť!	20.	Facility Owner or Operator. Certification of rece	pt of hazardous mater	rials covered by this	manifest exce	ot as noted	in Item 19.			
Υ -		Printed/Typed Name MONTO COOO		a angulin	inie		lan		Month	Day Year
			<i>†</i>							

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Emergency Contact Telephone Number

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		Manifest 5015	2. Page 1	not require	d by Fed	
À	3. Generator's Name and Mailing Address TOMORA PLAZA CEIN MATIC SILLE PIDDON 987-0056		A. State	ianibat Docum	one Nursis	Sir .
		32174	B. State (Ol e rotefene	******	
		5WF	11.11.24			
	5. Transporter 1 Company Name 6. US EPA ID Numbe		C. State 7	di a moqanar		1
	MCF SYSTEMS ATLANTA, INC. GAD98126909	THE RESERVE THE PARTY OF THE PA	3.3	oners Phone	and the second	
	7. Transporter 2 Company Name 8. US EPA ID Number FREEHOLD CARTAGE, INC. INJD05412616			ransporter s III orter's Phone		553-4550
	9. Designated Facility Name and Site Address 10. US EPA ID Number	والمتعدد والمعارب الماليان	9 9 9 7 4	acility's ID	1071	
	MCF SYSTEMS ATLANTA, INC.					
	5353 Snapfinger Woods Drive Decatur GA 30035 IGAD98126909	25	H. Facility	e Phone	PTDM	509 0494
	Decatur GA 30035 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Con	lainers i	13.	14	503-9434
	14Mi	No.	Туре	Total Quantity	Unii Wt/Vol	Viaste No.
	a. X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III					F902/
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		101		00		
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E	(Spili Jumbo)	. :	D.M	, .	P	D630
A	X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III					F002/
ō	(Still Bottom Liquid:15Gel,55Gel)	100	D.M	150	P	D030
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	(Lint)		D		1	D030
	J. Additional Descriptors for Missauls Listed Above		1.	g Codes for Wa		
	ERG #160 Prev. Resident No. PARD 5325 CC PER	W-3-W.	1	1, M052,		•
			9U2	, 754, 79	y int	· 10.
	15. Special Handling Instructions and Additional Information		1	· · · · · · · · · · · · · · · · · · ·	·	
	The waste described in this manifest does not meet the treatment standards or prohibition	on levels of	LDR Rule	40 CFR 268	7	
	(increation) for non-westewater that is 6.0 mg/kg for tetrachioroethylene waste, and ca	ennot be tem	d disposed			
	If undeliverable return to generator. In case of emergency spill, contact Chem-Trec at 1-					
	16. GENERATOR'S CERTIFICATION: I nereby declare that the contents of this consignment are fully and a packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to					
	If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity					
	practicable and that I have selected the practicable method of treatment, storage, or disposal currently available and the environment, OR, if I am a small quantity generator. I have made a good faith effort to minimize my					
	available to me and that I can afford. Printed Type Thanks				Mo	nth Day Year
4	ATIVIO (AVARE) Emles	NO	75	~		613113
T R	17. Transporter 1 Acknowledgement of Receipt of Materials					
Ą	PrintedTyped Name Stghatus				Mo	nth Day Year
P	181 Transporter 2 Acknowledgement of Becerpt of Materials		-		(كياف
TRAZSPORTER	Printed/Typed Name Signature				Mo	nth Day Year
-	Soft Southout Sas		<u>s</u>		bi	50403
	19. Discrepancy Indication Space					
FA						
A C						
L	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest ex	coept as noted	in Item 19.			
Y	Printed/Typed Name Signature \					th Day Ver
	Printed/Typed Name Signature	AN	M		Moi	nth Day Year
	· or many					
	ORIGINAL RETURN TO GENERAL	GR .				

 		BEST AVAILABLE Emergency Contact ele	E COPY phone Number		enger ja teljang militaratus (1970) Jennis od Salas alika ett salas (1970)	
				2 Class 1		
===	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPAID No.	Manifest Decumen No.	2 Page 1 of 1	Information in the not required by Fe	deral law.
A	Generator's Name and Mailing Address TOMOKA PLAZA COIN MATIC	987-0	056	A. State Me	inter Georgians Mari	
		ORMOND BEACH	FL 32174	B. State G	ereior's ID	
	4. Generator's Phone (204) 877-0111 5. Transporter 1 Company Name		Ter: 5WF		Aspontyra, ID	
	MCF SYSTEMS ATLANTA, INC. 7. Transporter 2 Company Name		PA ID Number	D Transper		
	FREEHOLD CARTAGE, INC. 9. Designated Facility Name and Site Address	NJD0541	26164 · · ·	F. Transport	adfield	
	MCF SYSTEMS ATLANTA, INC.					
	5353 Snepfinger Woods Drive Decelur GA 30035	GAD9812				
	11. US DOT Description (Including Proper Shipp [HM]	oing Name, Hazard Class, and ID Number)	12. Cor Na.	i _ i	13. 14. Total Unit Quantity WtVol	
	a X RQ WASTE TETRACHLOR	OETHYLENE; 6.1 UN1897; III	0.1.	D.F.	80P	
GENE	D. X RQ WASTE TETRACHLOR (Spik			D.M	Р	
HATOR	C X RQ WASTE TETRACHLOR (Still Bottom Liquid:150	OETHYLENE; 6.1 UN1897; III Gal, 30Gal, 55Gal)		D.M	P	
		5 Gel , 30Gel, 55Gel)	03	D.M	21.50 P	P1022 1902
	J. Additional D. Rectipition of National Listed P. Special Handling Instructions and Additional	29_ Pow Market No	Empts	MOSI, BAZ, T		cci Attorio Significa Tiles
	The waste described in this manifest doer (incineration), which is 0.05 mg/l for spent if undeliverable return to generator. In car	s not meet the treatment standards of tetrachloroethylene solvent wastes	r prohibition levels of L and cannot be land d	sposed.	CFR 268.7	·
	16. GENERATOR'S CERTIFICATION: I hereby de packed, marked, and labeled, and are in all respe	oclare that the contents of this consignment a acts in proper condition for transport by highwa	re fully and accurately design according to applicable int	cribed above by	proper shipping name	e and are classified,
	If I am a large quantify generator, I certify that I practicable and that I have selected the practical and the environment; OR, if I am a small quantification and that I can afford.	ble method of treatment, storage, or disposal o	currently available to me whi	ch minimizes the	present and future the	eat to human health
₩	Printed Typed Name 17. Transporter 1 Acknowledgement of Receipt of	Signative Signative I Materials	evin a	Bre	VEED!	onth Day Year
TE AZOPOTTUR	Printed/Typed Name 18. Transpoker 2 Acknowledgement of Receipt o	Signature	7		M	DI23107
F	Printed/Typed Name NCCU NQLO	Signature	Juny	Das	M COOK	Onth Day Year 7 24 02
FAC	19. Discrepancy Indication Space	, and the second	<i>(</i>)	1/		
L L	20. Facility Owner or Operator: Certification of re	ceipt of hazardous materials covered by thi	s manifest except as note	d in Item 19.		
Ÿ	Stated/Typed Name	Signatu	m. Th	Dr.	ı f	onth Day Year
	110111/11/11/19	ORIGINAL - RETURN TO				

Date *	ARMSID	Site		Relo Shut	ARMINV08 Office	T
User Name	AIRSID	Owner/Comp	Fac Status	Relo Strt	Com Track	٧
10/11/2004	4294	TOMOKA PLAZA COIN-O-MATIC	INACTIVE		CD	Y
RODRIGUEZ_W	1270111	MARHIK INC			TOT:	
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RODRIGUEZ_W	1278111	MARNIK INC	J			
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