

# 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 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"



leb Bush Governor

RECEIVED Departmental Protection 5 2001

\*\*Mobile Sources Secretary\* & Mobile Sources

August 29, 2001

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

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 Districtor, Less Process"

Printed on recycled paper.

0730079-002 page 15 1(a) Existing should be circled under States (None Required) should be circled under Control Device Required. page 16 6(c) Not required for Existingswall Page 17 7. Leave as is if General Permit is to le surendered. If not marsont sermit # and select No DE P die permits exist. Responsible official sign and date for changes made.

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

AUG 2 9 2001

#### Part III. Notification of Intent to Use General Permit: cf 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, ag	ency, 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 992146466	
4. Facility Location: 1102 EAST LAFAYETTE Street Address:	STREET
City: TALLAHASSEE County: LEON	Zip Code: 32301
5. Facility Identification Number (DEP Use ONLY - do not f	
	0730079 -002
Responsible Official	
6. Name and Title of Responsible Official:	
Name: MICHAEL WALLENFELSZ	Title: V.P.
7. Responsible Official Mailing Address: Organization/Firm: BLVE RIBBON CICANERS	
Street Address: INOZ EAST LAFAYETTE ST. City: TALLAHASSEE County: LEDN	Zip Code: <i>323</i> 01
8. Responsible Official Telephone Number:	
Telephone: (850 ) 942 - 5919	Fax: (850) 94Z - 2651
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant ma	anager):
JEFF WALLENFELSZ	
10. Facility Contact Address:	
Street Address: 1102 EAST LAFAYETTE STREE	:r
City: TALLAHASSEE County; LGON	Zip Code: 3Z301
	J 230 ;
11. Facility Contact Telephone Number: Telephone: (850)94Z - 5919	Fax: (850)942 - 2651

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### **Facility Information** 1.(a) DRY-TO-DRY MACHINES ONLY ١ How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Control Device Required\* Date Control Device Installed Date Initially Purchased Status From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") 1989 Existing/New RC/CA/None required Same Existing/New RC/CA/None required RC/CA/None required Existing/New CA = carbon adsorber \*CONTROL DEVICE KEY: RC = refrigerated condenser was i mis in " & 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? Sant Aller & Berlin 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: Control Device Required\* Date Initially Purchased Status Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") RC/CA/None required Existing/New · . . . . Existing/New RC/CA/None required . Č. 1, Existing/New 1 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? [\_\_\_\_\_] months Check why it is less than 12 months: New owner: Did not keep records:

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: New machine

Unopened store [ ] (date of expected opening

3. What is the facility's source classification based on the Indicate with an "X". Select one classification on						
Small Area Source . [X]						
Transfer only 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						
Transfer only 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 put (Indicate with an "X".)	ursuant 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  [ ]					
5. A facility which contains non-exempt emissions un Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site (s						
All steam and hot water generating units exempt No such units on-site	X OR					
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  [] No. 2 fuel of the local section is a section of the local section in the local section is a section of the local section of the local section is a section of the local section of the local section is a section of the local section of the local section is a section of the local section of the local section of the local section is a section of the local section of the loc						
6. Equipment Monitoring and Recordkeeping Informa	tion					
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 ad-	dition log X					
(b) Leak detection inspection and repair	. [*]					
(c) Refrigerated condenser temperature monitoring	<u> </u>					
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Startup, shutdown, malfunction plan						

7. Suffeffder	of existing Der All Feilint(s)	
Please indica	ate with an "X" the appropriate selecti	on:
[ <u>X</u> ]	I hereby surrender all existing DEI this notification form; the permit representation of the permit	P air permits authorizing operation of the facility indicated in umber(s) are
	No DEP air permits currently exist form.	for the operation of the facility indicated in this notification
Responsible	Official Certification	
this noti, statemer maintair comply v	ification. I hereby certify, based on in the made in this notification are true, the air pollutant emissions units and with all terms and conditions of this g comptly notify the Department of any of	, as defined in Part II of this form, of the facility addressed in formation and belief formed after reasonable inquiry, that the accurate and complete. Further, I agree to operate and air pollution control equipment described above so as to eneral permit as set forth in Part II of this notification form. Thanges to the information contained in this notification.
	TCHAEL WALLENFELSZ me of responsible official	<del></del>
Signatur	of Wally	<b>8-28-1</b> Date
) Digitatui	.~	Date

#### **Best Available Copy**

## 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	ual owner):
BLUE RIBBON CIEANERS, INC.	
2. Site Name (For example, plant name or number):	
and the state of t	
BLUE RIBBON CLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLD 992146466	
A TO THE T	
4. Facility Location: 1102 EAST LAFAYETTE STREET	
City: TALLAHASSEE County: LEON	Zip Code: 32301
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
	0~0-6-0
The first property of the first $0.7300$	079-002
Responsible Official	
6. Name and Title of Responsible Official:  Name: 417 414 77 414 715 45 45 45 45 45 45 45 45 45 45 45 45 45	
Name: MICHAEL WALLENFELSZ Title: V.P.	
7. Responsible Official Mailing Address:	,
Organization/Firm: BLUE RIBBON CICANERS	
Street Address: 1107 EAST LAFAYETTE ST.	
City: TALLAHASSEE County: LEDN	Zip Code: 32301
8. Responsible Official Telephone Number:	
	) 94Z - Z651
	•
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: 110Z EAST LAFAYETTE STREET	
City: TALLAHASSEE County: LEON	Zip Code: 3Z301
11. Facility Contact Telephone Number:	
	1942 - 2651
	7110 2001

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 follo

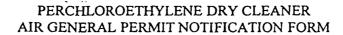
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1989	Existing/Nev	RC/CA/None required	Same
	Existing/Nev	w RC/CA/None required	· 
	Existing/Nev		
		4 6 1 5 1	Carlotte Standard Commence
*CONTROL DEVICE K			carbon adsorber
		and the second	•
How many washers do yo How many dryers/reclain		, []	graded Artis
- ·	•	•	owed to operate under this general
permit). For each transf  Date Initially Purchased	•	after September 22, 1993 are allo please provide the following inf Control Device Required* (circle one)	ormation:  Date Control Device Installed (if already included at time of
permit). For each transf Date Initially Purchased	er machine on-site, Status	please provide the following inf Control Device Required* (circle one)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transf Date Initially Purchased	er machine on-site, Status	please provide the following inf Control Device Required* (circle one)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transf Date Initially Purchased From Manufacturer	Status (circle one)	please provide the following inf Control Device Required* (circle one)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transf Date Initially Purchased From Manufacturer	Status (circle one) Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transf  Date Initially Purchased  From Manufacturer	Status (circle one)  Existing/New Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transf Date Initially Purchased From Manufacturer	Status (circle one)  Existing/New Existing/New Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transf Date Initially Purchased From Manufacturer  *CONTROL DEVICE K  2.(a) How much perchlo	Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA =  ave you used within the last 12 m	Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transf Date Initially Purchased From Manufacturer  *CONTROL DEVICE K  2.(a) How much perchlo	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = ave you used within the last 12 m his in)	Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber
*CONTROL DEVICE K  2.(a) How much perchlo  [130] gallo  (b) If less than 12 more	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = ave you used within the last 12 m his in)	Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  nonths?
*CONTROL DEVICE K  2.(a) How much perchlo  [130] gallo  (b) If less than 12 more	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = ave you used within the last 12 m his in)	Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  nonths?
*CONTROL DEVICE K  2.(a) How much perchlo  [130] gallo  (b) If less than 12 more Check why it is less	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	please provide the following inf Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = ave you used within the last 12 m his in)	pwed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  precords:

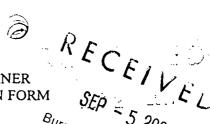
3. What is the facility's source classification based on the definitions found in section (3) of Part II?  Indicate with an "X". Select one classification only.)					
Small Area Source X					
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  Transfer only on-site (used less 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)  [X]  New machines at small area source Refrigerated condenser  []					
Existing machines at large area source  Carbon adsorber  Refrigerated condenser  Carbon adsorber  Carbon ads					
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 No such units on-site  OR					
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 [ ] No. 2 fuel oil [ ] No. 4 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 indicat	te with an "X" the appropriate selection:
[X]	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
this notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Somptly notify the Department of any changes to the information contained in this notification.
	ne of responsible official  8-Z8-1
Signature	e Date

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Street Address: 110Z	EAST LAFAYETTE	STREET	bolle	
City: TALLAHASSEE	County:	LGON	Zip Code:	32301
11. Facility Contact Teleph Telephone: (850)		Fax: (	850 ) 94Z - Z	2651

D E P TALLAHASSEE BRANCH OFFICE





Part III. Notification of Intent to Use General Per intit  $f_{\substack{M_{Ob}/l_{O} \\ N_{Ob}/l_{O} \\ N_{Ob}}}$  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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ng ,
BLUE RIBBON CIEANERS, INC.	Burea &
2. Site Name (For example, plant name or number):	u of Mob
Dive OTODONI CICANERS	bile
BLUE RIBBON CLEANERS  3. Hazardous Waste Generator Identification Number:	- <del>'S </del>
J. Hazardous Waste Generator Identification Indiffeet.	Monitor
FLD 982146466	es tori
4. Facility Location: 1102 EAST LAFAYETTE STREET	Di C
bliect Address.	
City: TALLAHASSEE County: LEON Zip Code: 3230	1
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: MICHAEL WALLENFELSZ Title: V.P.	
7. Responsible Official Mailing Address: Organization/Firm: BLUE RIBBON CIGANERS	
Street Address: INDI EAST LAFAYETTE ST.	
City: TALLAHASSEE County: LEDN Zip Code: 32301	,

Facility Contact (If different from Responsible Official)

9.	. Name ar	id Title of Facilit	ty Contact (	(For examp	le, p	lant manager	):
----	-----------	---------------------	--------------	------------	-------	--------------	----

8. Responsible Official Telephone Number:

Telephone: (850 ) 942 - 5919

10. Facility Contact Address:

Facility Name and Location

Street Address: 1102 EAST LAFAYETTE STREET

City: TALLAHASSEE LGON

11. Facility Contact Telephone Number:

Telephone: (850 )94Z - 5919

Zip Code: 32301

Fax: (850)942 - 2651

Fax: (850) 94Z - 2651

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

OCT 1 5 2001 DEP TALLAHASSEE **BRANCH OFFICE** 

#### **Facility Information**

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

How many dry-to-dry ma	chines do you hav	ve on-site?	J
For each dry-to-dry mach	ine on-site, pleas	e provide the following inform	nation:
Date Initially Purchased From Manufacturer	Status (circle one)		* Date Control Device Installed (if already included at time of purchase, write "SAME")
1989		ew RECA/None required	
·	Existing/Ne	w RC/CA/None required	
	Existing/Ne		and a second of gay
*CONTROL DEVICE K		J	A = carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	1 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	L
How many washers do yo	ou have on-site?	· []	Located Co
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased	from the manufacturer between	on December 9, 1991, it is an EXISTING een December 9, 1991 and September 22, allowed to operate under this general g information:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	(if already included at time of purchase, write "SAME")
	Existing/New	3 T	April 18 1 18 1 18 1 18 1 18 1 18 1 18 1 18
-3.	Existing/New Existing/New	RC/CA/None required ' ''	. ( <u> \ \                             </u>
[130] gallo (b) If less than 12 mo	roethylene (perc) ns (You must fill nths, how many?	have you used within the last this in)  [] months	CA = carbon adsorber  12 months?
Check why it is le	ss than 12 months	s: New owner: [] Did not	t keep records:
• • • • • • • • • • • • • • • • • • •		New store: New ma	chine Company
		Unopened store [] (date	e of expected opening

DEP Form No. 62-213.900(2) Effective: 2/24/99 OCT 1 5 2001

3. What is the findicate w	acility's source cla	essification based o	n the definitions fo	und in section (3) of Part I	1?
Small	Area Source				₹.
	Dry-to-dry mac Transfer only o Both machine t		(used less than 20	10 gallons of perc per year) 00 gallons of perc per year) 10 gallons of perc per year)	)
Large	Area Source				
	Dry-to-dry mac Transfer only o Both machine t		(used 200 - 1,800	gallons of perc per year) gallons of perc per year) gallons of perc per year)	
4. What control (Indicate wi		uired on machines	pursuant to section	n (5) of Part II of this notifi	ication form?
	ng machines at sm E REQUIRED)	all area source		chines at small area source ated condenser []	•
Carbo	ng machines at lar n adsorber erated condenser	ge area source		chines at large area source ated condenser []	
Rule 62-213.30	0, F.A.C. Verify		not water generatin	ligible to use the general p g units on-site meet the fol no for the criteria).	
All steam and h	not water generatir on-site	ng units exempt	C OR		
How many boil	ers do you have or	n-site?			
For each boiler	, indicate its horse	power (HP) rating:	20	_]	
What type of fu	el do you use?	] propane ] No. 2 fue ] No. 6 fue	l oil	atural gas  Jo. 4 fuel oil  Other (please list)	·
6. Equipment N	Monitoring and Re	cordkeeping Infort	nation		·
Check all logs	which are required	l to be kept on-site	in accordance with	the requirements of this g	general permit:
(a) Purchase re	ceipts and solvent	purchases/solvent	addition log	[ <u>X</u> ]	
(b) Leak detect	ion inspection and	l repair		[X]	
(c) Refrigerated	d condenser tempe	rature monitoring		17377 (S) 6	18.Z
(d) Carbon ads	orber exhaust perc	concentration mor	nitoring		
(e) Startup, sh	utdown, malfuncti	on plan		[ <u>x</u> ]	OCT 1 5 2001
					O E P. TALLAHASSEE

#### 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.

@ 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

Signature

8-Z8-

Date

te / 18-7

OCT 15 2001
DEP TALLAHASSEE
BRANCH OFFICE

DEP Form No. 62-213.900(2) Effective: 2/24/99 17

RECFIVED

IJUN 2 5 2002

Bureau , 4, 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

Bureau of Air Monitoring & Mobile Sources

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 3230

32301

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGOR © 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 443365 DEC 15 2004

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

**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.

DEC 1 6 2004

Bureau of Air Monitoring
& Mobile Sources

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ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

435352 JAN162004

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** 

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730079 MICHAEL WALLENFELSZ BLUE RIBBON CLEANERS 1 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301 FOR GOVERNMENT USE ONLY Org.: 3755010/1000 EO 1 Fund: 20-2-035001

Obj.: 002273 🕄



411976 DEC2# 2811

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



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** 

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JAN 0 9 2003

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

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Obj.: 002273