

Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 January 28, 1997

Virginia B. Wetherell Secretary

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

Facility I.D. No. 0730079

Dear Mr. Wallenfelsz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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"



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. Clarence Chapman Manager Blue Ribbon Cleaners III 1102 East Lafayette Street Tallahassee, Florida 32301

Facility I.D. No. 0730079 Re:

Dear Mr. Chapman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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"



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Clarence Chapman Manager Blue Ribbon Cleaners III 1102 East Lafayette Street Tallahassee, Florida 32301

Re: Facility I.D. No. 0910070

Dear Mr. Chapman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

Please note that in November 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"



Department of Environmental Protection

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

August 29, 2001

David B. Struhs Secretary

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 Districtre Protection, Less Process"

Printed on recycled paper.

	#0730079
	Blue Ribbon Cleaners I
p./4	1.1a) add date control device
	installed 1.(c) mark out "X" and initial 3. should be existing large
D1/5	AMA GOUNDA
	4. Should be existing large area source w/control equipment
	equipment 5.(7) required

.

Treasury.

فأحوضها ياع

APPLICATION FOR REFUND FORM THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to the provisions of Section 215.26, or Section*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:
• • • •
NAME: BLUE RIBBON CLEANERS INC
ADDRESS: 1102 E LAFAYETTE STREET TALLAHASSEE, FL 32301-4571
FEID OR SS NUMBER:
AMOUNT: \$50.00 DEPOSIT DATE: 21-AUG-96 DEPOSIT: 970171
DOCUMENT NUMBER: 41731 SYS RECEIPT#:
REV OBJECT CODE: 4012 SHORTAGE/OVERAGE
which represents moneys I paid into the State Treasury subject to refund, and to
substantiate such claim the following facts are submitted:
-
REASON FOR CLAIM: NO FEE DUE
CERTIFIED TRUE AND CORRECT this day of, 19
Applicant's Signature
*Must be completed if authority is other than Section 215.26, Florida Statutes.
• • • • • • • • • • • • • • • • • • •

(FOR AGENCY USE ONLY)
(1) Agency recommends denial of above claim based on the following facts, including
statutory authority for collection:
statutory authority for correction.
<u> </u>
OR
(2) Agency recommends approval of above claim and submits the following information
(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$50.00 was originally deposited into the State Treasury,
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
BLUE RIBBON CIFANERS INC.	
2. Site Name (For example, plant name or number):	
BLUE RIBBON CLEANERS I	
3. Hazardous Waste Generator Identification Number:	
FLD 987.146466	
FLD 982146466 4. Facility Location:	
Street Address: OZ EAS1 LAFAYETTE ST. City: TAII. FL. County: LEON Zip Code: 32301	
City: 7A11. Ft. County: LEON Zip Code: 32301	
5. Facility Identification Number (DEP Use):	
0430049	
Responsible Official	
Kesponsible Official	
6. Name and Title of Responsible Official:	
MIKE + GREG WALLENFELSZ JEGITA PRES.	
7. Responsible Official Mailing Address:	
Organization/Firm: BLUE RIBBON CLEANERS I Street Address: 1102 E. LAFAYETTE 57.	
City: TAII. 71. County: LEON Zip Code: 3230	<i> </i>
8. Responsible Official Telephone Number:	
Telephone: (904) 942 - 5919 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	-
TELL LAUFILLIST (MALACES)	
JEH WAIIENFELSZ (MANAGEL) 10. Facility Contact Address:	
Street Address: //O2 E . LAFA YE 71E \$1. City: 7AII . 7I. County: LEON Zip Code: 32301	
11. Facility Contact Telephone Number: Telephone: (904) 942 - 5919 Fax: () -	
1 ax. ()	
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c 1996	4

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 Meditoring
Bureau of Air Sources
& Mobile Sources

Bureau of Air Monitoring & Mobile Sources

Facility Information

Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Example	Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Da Co De Ins
		#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02
Dry-to-D	Ory Unit	4								
(1) 1	w/ ref. condenser		SEP1 89	-						
	w/ carbon adsorber									
(3) \	w/ no controls									
Washer	Unit			. 96.				٠.	The all the	
(4) \	w/ ref. condenser									
(5) \	w/ carbon adsorber									
(6) \	v/ no controls									
Dryer U	nit	100							in the second second	11.54
(7) v	v/ ref. condenser									
(8) v	w/ carbon adsorber									
(9) v	v/ no controls									
Reclaime	er Unit			A STATE OF THE	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.5	1		٠;٠ [;]
(10)	w/ ref. condenser									
(11)	w/carbon adsorber									
(12)	w/ no controls									
(i) N	Control devices are to control devices That was the total of	are r	equired to be	installed [_	*	_	the latest 12	2 mor	nths?	
	less than 12 mont heck why it is less					_] New store:	: [] Did	not k	eep records:	[

DEP Form No. 62-213.900(2) Effective: 6-25-96

What control technology is required on machines pur (Indicate with an "X".)	rsuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] R	efrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
	·
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	ts shall not be eligible to use the general permit pursuant ot water generating units on-site meet the following
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more the	ral gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	X _]
Equipment Monitoring and	Recordkeeping Information
	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[🗶]
(b) Leak detection inspection and repair	<u> </u>
(c) Refrigerated condenser temperature monitoring	[*]
(d) Carbon adsorber exhaust perc concentration monito	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	
,	

DEP Form No. 62-213.900(2) Page 15 of 16 Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility acceptance on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and 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.
I will pro	amptly notify the Department of any changes to the information contained in this notification.
Signature	8/19/96 Date

Perchloroethylene Dry Cleaning Facility Notification

41731

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individ-	lual owner):
BLUE RIBBON CLEANERS INC.	
2. Site Name (For example, plant name or number):	
BLUE RIBBON CLEANERS I	
3. Hazardous Waste Generator Identification Number:	
FLD 982146466 4. Facility Location:	
4. Facility Location:	
Street Address: //OZ EAST LAPAYETTE ST. City: TAIL. FL. County: LEON	Zip Code: 32301
,	24 6646. 32301
5. Facility Identification Number (DEP Use):	
	- 0,730079
D 11.005.1	
Responsible Official	
6. Name and Title of Responsible Official:	
MIKE + GREG WALLENFELSZ JECTA. 7. Responsible Official Mailing Address:	- PRES.
7. Responsible Official Mailing Address:	
Organization/Firm: BLUE RIBBON CLEANERS I Street Address: 1102 E. LAFAYETTE 57.	
City: TAII. 71. County: LEON	Zip Code: 32301
8. Responsible Official Telephone Number:	
Telephone: (904) 942 - 5919 Fax: ()	-
Facility Contact (If different from Responsible O	Official)
9. Name and Title of Facility Contact (For example, plant manager):	
JEH WAIIENFELSZ (MANAGEL) 10. Facility Contact Address:	
•	
Street Address: 1102 E. LAFAYETTE ST.	7: 0 1
City: 7A11. 71. County: LEON	Zip Code: 37301
11. Facility Contact Telephone Number:	
Telephone: (904) 942 - 5919 Fax: ()	-
RECEIVED	
	RECEIVED
SEP 5 1996	
Bureau of Air Monitoring	AUG ? X1996
DEP Form No. 62-213.900(2) & Mother & 95 (64-66)	
Effective: 6-25-96	Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
	1	Machine	Control		Machine	Control		Machine	Control
1		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	SE11 89	SEP 89	<u> </u>			_		
(2) w/ carbon adsorber	1			7					
(3) w/ no controls				lacksquare					
Washer Unit		•	•		•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		•		·	•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls			,						
Reclaimer Unit							•	•	•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices ar (c) No control devices 2.(a) What was the total [quant	equired to be ity of perchlons ow many? [e installed [_ oroethylene (] months	⊀	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small a	Selec	ct one classif	ication only.))	initions found	,	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines put (Indicate with an "X".) 	rrsuant to section (5) of Pa	art II of this notification form?			
Existing large area source Carbon adsorber	Refrigerated condenser	(8 ^[X]			
New small area source Refrigerated condenser []		O			
New large area source Refrigerated condenser []					
5. A facility which contains non-exempt emissions unto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:					
All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more t	ural gas except for period	ls of natural gas curtailment			
All steam and hot water generating units exempt No such units on-site					
Equipment Monitoring an	d Recordkeeping Inforn	nation			
Check all logs which are required to be kept on-site in	accordance with the requ	irements of this general permit:			
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair		×			
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration monit	oring				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan		(S)			
DEP Form No. 62-213 900(2) Page 1	5 of 16				

DEP Form No. 62-213.900(2

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	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 its made in this notification are true, accurate and complete. Further, I agree to operate and 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.
I will pro	Dall Jace Date Description of any changes to the information contained in this notification. 2 24 97 8 19 96 Date

Blue Ribbon Cleaners I.

31731

		P.14 1.1a) add date control device	
1.	Facility	installed	
	BLUE	1.(c) mark out "X" and initial	
2.	Site Nar	3. Should be existing large	
	Blue		
3.	Hazardo	DIF 11.01 11 100 01-1-1-10	
	FLD	P.15 4. Should be existing large area source w/control	
4.	Facility	area Source W/Control	. —
	Street A	eguipment_	
		5.4) required	
5.	Facility	. •	
7.			
6.	Name a	· · · · · · · · · · · · · · · · · · ·	
	MIKE		
7.	Respons Organiz		-
	Street A		-
	City:		:301
8.	Respons		
	Telephd		_
9.	Name a	nd Title of Facility Contact (For example, plant manager):	
ļ	JEH	WALLENFELSZ (MANAGEL)	
10.		Contact Address:	
	Street A	ddress: 1102 E. LAFAYETTE ST.	
	City:	7A11. 71, County: LEON Zip Code: 3230	1
11.	Facility	Contact Telephone Number:	
	Telepho	ne: (904) 942 - 5919 Fax: () -	

RECEIVED

SEP 5 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 Modicoring Bureau of Air Modicoring & Mobile Sources RECEIVED

Bureau of Air Monitoring & Mobile Sources

DEP 14-081 DBF AA-4

Treasury.

APPLICATION FOR REFUND FORM THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF
Pursuant to the provisions of Section 215.26, or Section*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:
NAME: BLUE RIBBON CLEANERS INC
ADDRESS: 1102 E LAFAYETTE STREET TALLAHASSEE, FL 32301-4571
FEID OR SS NUMBER: AMOUNT: \$50.00 DEPOSIT DATE: 21-AUG-96 DEPOSIT: 970171
DOCUMENT NUMBER: 41731 SYS RECEIPT#:
REV OBJECT CODE: 4012 SHORTAGE/OVERAGE
which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:
substantiate such that the following rates are submitted.
REASON FOR CLAIM: NO FEE DUE
CERTIFIED TRUE AND CORRECT this day of, 19
Applicant's Signature
*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)
(1) Agency recommends denial of above claim based on the following facts, including
statutory authority for collection:
OR
(2) Agency recommends approval of above claim and submits the following information
to substantiate such claim. \$50.00 was originally deposited into the State Treasury,
Receipt, dated NAME OF ACCOUNT:
SAMAS ACCOUNT CODE
372020350013700000000040000
Statutory Authority for Collection
It is requested that payment be made from: NAME OF ACCOUNT:
SAMAS ACCOUNT CODE
372020350013700000022000000

CERTIFIED TRUE AND CORRECT this day of, 19
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION
SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3
YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 16, 1996

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Alan Seideman Air Quality Laboratories 2503 Ardath Road La Jolla, California 92037

Re: Air Permit Exemption ZEROWASTE

The Department has reviewed your October 16 letter requesting an exemption from the air permitting requirements of Florida for the ZEROWASTE waste water treatment units. These units are used to treat perchloroethylene (PCE) contaminated waste water from water separators in dry cleaning machines, the steam press condensate, and the steam from desorption of carbon absorbers at dry cleaning operations.

Our findings are:

- 1. The largest ZEROWASTE unit is designed to evaporate up to 12 gallons of water per day after the water has passed through a charcoal filter.
- 2. Nominal levels of PCE in the untreated waste water are 150-200 parts per million (PPM).
- 3. Wastewater from a properly maintained and operated ZEROWASTE unit will contain approximately 6 parts per billion (PPB) PCE.
- 4. Evaporation of properly treated wastewater from a typical dry cleaner establishment will emit approximately 0.02 ounces of PCE per year.
- 5. The concentration of PCE in the vapors leaving the ZEROWASTE unit are estimated to be 8 micrograms per cubic meter (ug/m3).
- 6. The ambient air impact of these emissions will be below the Florida Ambient Reference Concentration for PCE of 405 ug/m3 (24-hour average) and 2.1 ug/m3 (annual average).

Based on the above findings, the Department is granting an exemption for the ZEROWASTE and similar units having an evaporative capacity of 12 gallons per day or less.

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

Printed on recycled paper.

The conditions of the exemption are:

- 1. The unit will be properly installed, maintained, and operated. The operator shall adhere to the manufacturer's recommendations on maintenance of the unit.
- The operator will maintain a log showing when and what maintenance was conducted on the unit. The
 information logged shall be kept for at least two years and available for Department inspection on
 request.
- 3. The operation of this unit shall not cause or contribute to objectionable odors.
- 4. If the conditions on which this exemption is based change, the operator shall notify by the Department's Bureau of Air Regulation.
- 5. This exemption does not preclude the requirement to comply with Department rules to include any future requirements to obtain an air permit should this source become subject to such requirements through rule changes.

The Department issues this exemption from air permitting based on the belief that reasonable assurances have been provided to indicate that operation of these emission units will not adversely impact air quality, and the emission units will comply with all appropriate provisions of Chapter 403, F.S. and Chapters 62-4, 62-204, 62-213, 62-296, and 62-297, F.A.C.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative hearing in accordance with Sections 120.569 and 120.57 F.S. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000, telephone: 904/488-9730, fax: 904/487-4938. Petitions must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57 F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information: (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Permit File Number and the county in which the project is proposed; (b) A statement of how and when each petitioner received notice of the Department's action or proposed action; (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of the facts that the petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) A statement identifying the rules or statutes that the petitioner contends require reversal or modification of the Department's action or proposed action; and (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take with respect to the action or proposed action addressed in this notice of intent.

Mr. Alan Seideman ZEROWASTE Page 3

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice.

Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

If you have any other questions on the air permit exemption, please contact Mr. Willard Hanks at 904/488-1344.

Sincerely.

Howard L. Rhodes, Director

Division of Air Resources

Management

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this PERMIT EXEMPTION was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on |2-17-96 _______ to the person(s) listed:

Mr. Alan N. Seideman, AQL *
District Air Program Administrators
County Air Program Administrators
Ms. Dotty Diltz, BAMMS
Mr. Larry George, OPA&PM
Mr. Bob Daugherty, SBAP
Mr. Doug Outlaw, BS&HW

Clerk Stamp

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to \$120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Kun Ooben 12-17-96 (Clerk) (Date)

Attachment: AQL October 16, 1996 letter

ARB Waste Water Treatment Unit Test Program Test Results Summary

Unit (C):

ZeroWASTE

Manufacturer: Air Quality Laboratories

Test Facility:

Save-On Cleaners - Sacramento

Unit Desc:

Q-Test Ilmit:

Evaporator, single-pass, two carbon cartridges 0.94 for 90% confidence of data point in series of 3

Test Run #	Carbon Status	Test Date	Inlet Conc. [ppm]	Q-Test Inlet	Outlet Conc. [ppm]	Q-Test Outlet	Comments
1	Fresh	3/23/95	142.20 119.00 99.38	0.54	0.008 0.008 0.008 0.008 0.012 0.008 0.008 0.006	4	0.005 ppm is the detection limit
		Average = Median = Std Dev = 95% Conf = [ppm]	120.19 119.00 21.43 68.98	to 173.41	0.01 0.01 0.00 0.005	0.008	
		Efficiency =	99:99%			·	
2	1-mo. load	4/20/95	95.77 65.84 65.32	0.98	0.008 0.006 0.006 0.008 0.008 0.008 0.008 0.006 0.006		Inlet rejected by Q-test
		Average = Median = Std Dev = 195% Conf = 19pm)	65.58 65.58 0.37 62.88	to 68.28	0.01 0.01 0.00 0.008	o 0.006	
		Efficiency =	99.99%				

* A WIDE MARGIN

PCE PURCHASE LOG & RUNNING TOTAL STORE \mathcal{I}

	199	14	199	15	19	1996 1997		97	1998	
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total
January	0		15	130	5	125	5	130		
February	70		10	120	15	130				
March	10		15	125	5	120				
April	10		15	130	15	120				
May	10		20	140	5	105				
June	5		10	145	5	100				
July	10		10	145	Zo	110				
August	10		15	150	15	110				
September	15		10	145	/0	110	,			
October	Ιυ		. 5	140	10	115				
November	5		5	140	Z 5	135		-		
December	10	115	5	135	-0-	130				

AIRS ID#: 0730079.......

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Blue Ri	bbon Cleaners I	-	DATE: 2/24/97
FACILITY LOCATION: //02	EAST LAFAYE	TIE ST	
TALLA	thassee, Fi	32301	
	•		
Annual Reporting Period: 5FPT	3 19 <i>96</i>	TO <u>Feb</u>	24 19 <u>9</u> 7
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-		
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous	s compliance during the re	porting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuou	s compliance during the re	porting period stated above:
Exact period of non-compliance: from		to:	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: MICHA	and complete. Further, my ann does not exceed 2,100 gallons	ual consumption of perchl	oroethylene solvent, based
	(- 14000 - 11110)	Digitatare	Duto

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

INSPECTION SUMMARY REPORT

\checkmark

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLA	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 0855	TIME OUT:		AIRS ID#:	0730079
TYPE OF FACILITY:	SMALL EXIS	MNG		
FACILITY NAME:	ue Ribbon C	leunens	. I	DATE: 2/24/97
FACILITY LOCATION:	1102 EAST			
	TALLA hASSed		•	
RESPONSIBLE OFFICIAL:	Mike WAllen F	ゼレタモ	PHONE NUMBER	2: 904-942-5919
(2)	the compliance requireme Rule 62-213.300, Florida A		during this inspection, the factorial Code (F.A.C.).	icility is found to be in
Based on the results of discrepancies were not	-	nts evaluated	during this inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLLOW-UP ACT	TION REQUIRED
no noted	problems			
0	,			•
COMMENTS:	· ·	I	· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certific	cation form has been prope	rly certified a	nd submitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTIO)N:	BIMAR	78	
INSPECTION CONDUCTED	BY: RAJOh	(Approx 5 TAP/ (Please	アint)	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE	: Ke Staple	n	PHONE NUMBER	1: 904-488-3704

Page 1 of 1.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	,	INT/DISCOVERY	0
AIRS ID#: 0730079	DATE: 2/24/	97 TIME IN: 0855	TIME OUT:	1000
FACILITY NAME:	Blue Ribbon	Cleanens I		
FACILITY LOCATION: _	1102 EAST.	E LAPAYette S	7	
		Fz 32301		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified I	OARM by 9/1/96		•	X
2. New facility notified DAR	M 30 days prior to start	tup		0
3. Facility failed to notify DA	ARM to use general per	mit		0
PART II: CLASSIFICATION	ON			
Facility indicated on notifice (check appropriate box)	ation form that it is:		•	
A. 1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/9	Uyi Bused on update to	2. New small area source dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9		
3. Existing large area so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9<="" before="" both="" only,="" td="" transfer="" types,=""><td>100 gal/yr 0 gal/yr gal/yr</td><td>4. New large area source dry-to-dry only, 140<x<2,10 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9<="" after="" both="" ga="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr l/yr</td><td></td></x<2,10></td></x<2,>	100 gal/yr 0 gal/yr gal/yr	4. New large area source dry-to-dry only, 140 <x<2,10 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9<="" after="" both="" ga="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr l/yr</td><td></td></x<2,10>	gal/yr l/yr	
This is a correct facility class	sification	Ø(Y □N	,	
If no, please check the appro	priate classification:			
	lified for a general permeds above limits and is	nit as number/ above not eligible for a general per		
B. The total quantity of perchasility was 130 gallon	hloroethylene (perc) pu ns. See at	rchased within the preceding Tached usage info	12 months by this d	ry cleaning

يستنخز

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN DN/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A.	Has the responsible official of all new sources and existing large area source	es:
(ch	eck appropriate boxes)	

1.	Equipped all machines with the appropriate vent controls?	T Y	□N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	<u>o</u> y	ON ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Not in this machine 1989 machine	ПY	⊠N □N/A
	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Noting 1989	ĽΥ	<u>on</u>
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ПY	ON WA
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΔY	on Wad

(-3/	•		€. •

B.	Has the responsible official of an existing large or new large area source also:	$\sqrt{ \mathcal{N} }$	4)	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY.	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	חם	
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days מם עים and parts installed w/in 5 days of receipt? DY DN EM/A 4. Maintained calibration data? (for direct reading instruments only) DY ON 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? DY ON 7. Maintained deviation reports? DY ON Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIR	<u>us</u>			
1. Does the responsible official conduct	a weekly ((for small	sources, bi-weekly) leak detection a	and repair	
inspection?				<u>oy</u>	□N
2. Which method of detection is used by	the respo	nsible offi	cial?		
Visual examination (condensed	solvent or	n exterior	surfaces)		
Physical detection (airflow felt	through ga	askets)			
Odor (noticeable perc odor)					7
Use of direct-reading instrumen	itation (FII	D/PID/cale	orimetric tubes)		
If using direct-reading instru	nentation,	, is the eq	uipment:		
a. Capable of detecting	g perc vap	or concent	trations in a range of 0-500 ppm?		1
b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use		ı
,	and obviou	is signs of	wear on a weekly basis?		
d. Kept in a clean and	//	/			
-	\		e samples (calorimetric only)?		I
3. Has the facility maintained a leak log		•		DY ON	I
4. Does the responsible official check th	e followin	g areas for	r leaks?		
Hose connections, fittings,			Have	:	
couplings, and valves	₽Ý	□N	Muck cookers Zerv	ΟY	ŅΝ
Door gaskets and seating	DY	□N	Muck cookers Zew Waste Stills Eggmf	MAY	□N
Filter gaskets and seating	ZY	□N	Exhaust dampers -	PY	□и
Pumps	P Y	□N	Diverter valves None	□Y /	□N
Solvent tanks and containers	□Y	□N	Cartridge filter housings	: ETY	□и
Water separators	₽Ý	ΠN			
M. He WAllen fels z Name of Responsible Office					
0 .			2/24/	97	
Inspector's Name (Please Pr	rint)		Date of Insp	ection	
(She Stanling			Feb-Ma	98	
Inchester's Signature			Approximate Date of	Next Inspe	ction

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0730079

BLUE RIBBON CLEANERS INC GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301

Bureau of Air Monitoring Do NOT Remove Label DEC 31 1997 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule **∟**NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.

YES If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance:

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MICHEL WAILENFEISZ

Method used to demonstrate compliance:

Name (Please Print)

Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT: 1005 AIRS ID#: 073 0079
TYPE OF FACILITY: EXISTING SMALL
FACILITY NAME: BLUE RIBBON CLEANERS # 1 DATE: MAR 13, 1998
FACILITY LOCATION: 1/02 EAST & LAFAYETTE ST
TALLAHASSEE, FL 32301
RESPONSIBLE OFFICIAL: MIKE WALLEN FELSZ PHONE NUMBER: 850 - 972 - 5919
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
no noted problems
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: MAA - APA 98 (Approximate)
INSPECTION CONDUCTED BY: RAJA Staplin (Please Print)
INSPECTOR'S SIGNATURE:PHONE NUMBER:
Page / of /. Revised 10

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN	IAL SPECTION	COMP	LAINT/DISCOVERY		
AIRS ID#: 0730079 DATE: FACILITY NAME: BLUE RI	•			1005	
	<u> </u>				
FACILITY LOCATION: //OZ					
	HASSEE,		•		
RESPONSIBLE OFFICIAL: MIKE OR CONTACT NAME: GREG / JEFF	WALLEN FEL	10H9 <u>5 2 2 5 2 5 2 5 2 5 2 5 5 5 5 5 5 5 5 </u>	E: 850-942-3		
PART I: NOTIFICATION					
(check appropriate box)			,		
1. New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use	general permit				
PART II: CLASSIFICATION					
Facility indicated on notification form	hat it is:		notification form		
(check appropriate box)	mat It is.		op store/out of business	/petroleum	
11	dry-to transf both t	ew small area soundry only, x < 140 er only, x < 200 graphs, x < 140 gal/tructed on or after	gal/yr al/yr yr		
2 Frieting Iones and source	□ 4. No				
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/y transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	r dry-to transf both t	ew large area sou o-dry only, $140 \le x$ for only, $200 \le x \le x$ ypes, $140 \le x \le 1$ tructed on or after	: ≤ 2,100 gal/yr : 1,800 gal/yr :800 gal/yr	·	
dry-to-dry only, $140 \le x \le 2,100$ gal/y transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transf both t (cons	o-dry only, $140 \le x$ for only, $200 \le x \le x$ ypes, $140 \le x \le 1$ tructed on or after	: ≤ 2,100 gal/yr : 1,800 gal/yr :800 gal/yr		
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classificati If no, please check the appropria	on AY transfing dry-to transfing both transfing (constitution) transfing transfirm transfir	o-dry only, 140 \le x \le reronly, 200 \le x \le 2 ypes, 140 \le x \le 1 tructed on or after ON OCC Carmit as number _	x < 2,100 gal/yr 1,800 gal/yr 800 gal/yr 12/9/91) n not determine		

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS But daes have If classification 1 has been checked, no controls are required. Proceed to Part V. refing condenses. If classification 2 has been checked. In Part II-A: If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) Sections checked as applicable 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY BY DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to o less than 100 ppm?	ÐΥ	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct d'ameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: BY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days □N □N/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? Op Manual DY ON DY ON ON/A 7. Maintained deviation reports? none yet req Problem corrected? GY ON ON/A DY DN BN/A 8. Maintained compliance plan, if applicable?

PART	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	DY ON						
2. Has	2. Has the facility maintained a leak log?						
3. Doe	s the responsible official check the fo	ollowing areas for leaks	?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	CY ON ON/A			
	Filter gaskets and seating	BY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	TOY ON ON/A	Diverter valves	CHY ON CHY/A			
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY ON ON/A			
l	Water separators	MY ON ON/A					
4. Wh	ich method of detection is used by th	e responsible official?					
	9						
Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
	□N/A						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
Ì	□Y □N						
d. Kept in a clean and secure area when not in use?				□Y □N			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
Inspector's Name (Please Print) 13 M. Date of				i8			
	Inspector's Name (Please Prin	it)	Date of Inspe	ection			
-	Ole Staplin	-	MAR-APA 99				
	Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL SITE INFORMATION:

13606 Year 1988 maishine

Have Zero Waste machine

Weigh loads

Elistronic enciut delay on door opening

Very good reends. Nice clean well kept faility

PCE PURCHASE LOG & RUNNING TOTAL STORE \mathcal{I}

1994		199	15	1996 199		77	1998			
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total
January	+	:	15	130	5	125	5	130	10	135
February	70		10	120	15	130	10	125	10	135
March	10		15	125	5	120	10	130		
April	10		15	130	15	120	15	130		
May	10		20	140	5	105	5	130		
June	5		10	145	5	100	10	135		
July	10		10	145	20	110	10	125		
August	10		15	150	15	110	15	125		
September	15		10	145	10	110	10	125		
October	טן		5	140	10	115	10	125		
November	5		5	140	Z 5	135	15	115		
December	10	115	5	135	-o-	130	5	120		

125 gallons 125 gallons 12 mos ps

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X CC	DMPLAIN I/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	1045 AIRS ID#: 073 0079
TYPE OF FACILITY: EXISTING PEW SMALL	
FACILITY NAME: BLUE RIBBON CLEAN	/E/18 I DATE: 3/8/99
FACILITY LOCATION: //OZ EAST CAFAYETT	E ST
TALLAHASSEE FL 323	
RESPONSIBLE OFFICIAL: Mike Wallen felse / Jeft -	Greg PHONE NUMBER: 850 - 942 - 5919
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements eva discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
ments + local methods	- owner will get back with me
ments + local methods	
•	
	Burea &
	R 10 19119 of Air Monitoring mobile Sources
COMMENTS:	1999 Monitorin Sources
	Ωα
The Annual Compliance Certification form has been properly cer	
DATE OF NEXT INSPECTION: MAR APR	<u> </u>
<i>A</i> . <i>A</i>	Approximate)
INSPECTION CONDUCTED BY: RALPH A	STAPLIN (Please Print)
INSPECTOR'S SIGNATURE: Colph a Sta	plin PHONE NUMBER: 850 488 3704

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	⋈	COMPLAINT/DISCOVERY	
	RE-INSPECTION			
·			<u></u>	
AIRS ID#: <u>0730079</u>	DATE: 3/8/99	TIME I	n: <u>/0/\$</u> time out	: 1045
FACILITY NAME:	BLUE RIBBON	CLEANE	ns I	
FACILITY LOCATION:	1102 EAST	LAFAYE	TTE ST	
	TALLAHASSEE	FR	32301	
RESPONSIBLE OFFICIAL	: Mike Wallen fei	18 2	PHONE: <u>850</u> 942 S	5919
CONTACT NAME: GREG	SEFF WAITEN LE	/s z	PHONE: <u>850 942 5</u>	9/9
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARN	of 30 days prior to startu	ın.		
New facility housiled DARK Pacility failed to notify DARK		•		<u> </u>
2. Facility failed to nomy DA.	RIVI to use general perm			
			•	
PART II: CLASSIFICATIO				
Facility indicated on notifica			□ No notification form	s/netroleum
	tion form that it is:		☐ No notification form ☐ Drop store/out of busines	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou	urce 🕱 2	2. New small :	☐ Drop store/out of busines	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga	urce 🕱 2	dry-to-dry only	☐ Drop store/out of busines area source , x < 140 gal/yr	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou	urce 💆 2 ul/yr d		☐ Drop store/out of busines area source , x < 140 gal/yr < < 200 gal/yr	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y	urce 💆 2 al/yr c	dry-to-dry only transfer only, x both types, $x <$	☐ Drop store/out of busines area source , x < 140 gal/yr < < 200 gal/yr	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	urce (2) al/yr c/yr t b)	dry-to-dry only transfer only, x both types, x < (constructed on	Drop store/out of busines area source , x < 140 gal/yr <p>140 gal/yr 1 or after 12/9/91)</p>	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce 💆 2 urce to the state of	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large:	Drop store/out of busines area source , x < 140 gal/yr <p>140 gal/yr 1 or after 12/9/91)</p>	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,5	urce 2 2 2 2 2 2 2 2 2 2 2 2 2	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2	Drop store/out of busines area source , $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr 140 gal/yr 140 $x < 200 \text{ gal/yr}$ 160 $x < 200 \text{ gal/yr}$	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	arce 2 al/yr c tion form that it is: arce 2 2,100 gal/yr t 0 gal/yr t	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of busines area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,5	arce 2 al/yr c tion form that it is: arce 2 2,100 gal/yr t 0 gal/yr t	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large adry-to-dry only transfer only, 2 both types, 140 (constructed or	Drop store/out of busines area source , $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr 140 gal/yr 140 $x < 200 \text{ gal/yr}$ 160 $x < 200 \text{ gal/yr}$	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	urce 2 al/yr c burce 2 al/yr c t 1) (urce 2 2,100 gal/yr c 800 gal/yr t 0 gal/yr t 0 gal/yr t ()	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of busines area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	s/petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gat transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sou dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	tion form that it is: urce	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140 (constructed or DN) tion: eral permit as n	Drop store/out of busines area source $x < 140 \text{ gal/yr}$ $x < 200 \text$	s/petroleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? PY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. But has If classification 2 has been checked, the machine should be equipped with a cefrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY PAY DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated Going to within a week DY BY condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON BNA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
ı	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□и	
I	Measured and recorded the washer exhaust temperature at the condenser	_		_
	inlet and outlet weekly?	ΠY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	\square N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
4:	Assured that the sampling port on the carbon adsorder exhaust for measuring			
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washes) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN PN/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PNA DY ON DANA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DN YE 7. Maintained deviation reports? DY DN PN/A None DY DN CHYTA Problem corrected? DY DN BYN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			DY ON			
2. Has the facility maintained a leak log?			DY ON			
3. Does the responsible official check the	following areas for leaks	?				
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	BY ON ON/A			
Door gaskets and seating	ON ON/A	Stills	ON ON/A			
Filter gaskets and seating	chá on on/a	Exhaust dampers	DY ON ON/A			
Pumps	DY ON ON/A	Diverter valves None	CY ON ONA			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators Wuste	BY ON ON/A					
4. Which method of detection is used by t	he responsible official?		· · · · · · · · · · · · · · · · · · ·			
Visual examination (condensed s	olvent on exterior surface	es)	B			
Physical detection (airflow felt th	rough gaskets)		3			
Odor (noticeable perc odor)			TE C			
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	-			
Halogen leak detector	*	-	-			
If using direct-reading inst	rumentation, is the equi	pment:	□N/A			
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN			
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON			
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	□Y □N			
d. Kept in a clean and s	secure area when not in u	se?	DY DN			
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY DN			
<u> </u>	·-· ·- ·- ·-					

RALPH A. STAPLIN

Inspector's Name (Please Print)

Ralph A Staphi

Man 99

Date of Inspection

Man Approximate Date of Next Inspection

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?		
		Y	N	
119		Υ	N	
N		Υ	N	
į	•	Y	Ν	
,		Υ	N	

FEBRUARY 1999 PERC PURCHASES RUNNING TOTAL

TOTAL FI	120					
PURC	SUBTRACT PERC PURCHASED FEBRUARY 1998					
SUBT	SUBTOTAL					
PURCHASE DATE	PURCHASE PURCHASE DATE AMOUNT					
219	+ 5	115				
2/23	+ 5	120				

NOTES		•
	٠,	

INSPECTIONS

INSPECTED	LEAK	ING?	DATE			DATE PARTS	DATE PARTS	DATE
INSPECTED	z/ 5	2-12	2-19	2:26	N/A	ORDERED	RECEIVED	REPAIRED
HOSES	JY Y	Ø Y	Ø Y	MY Y	NY			
DOOR	* Y	Ø Y	QY	69 Y	NY	·		
PUMP	MY	Ø Y	ØY	KY Y	NY			
SOLVENT TANK	* Y	69 Y	Ø Y	BY Y	ΝΥ			
WATER SEPARATOR	77 Y	ØΥ	Ø Y	(9) Y	ΝΥ			
MUCK COOKER -	N Y	NY	N-Y	N Y	-NY			
STILL	* Y	60 Y	ØY	6X Y	NY	<i>\</i>		
EXHAUST DAMPER	-M,	-NY	N-Y-	N-Y-	N Y			
DIVERTER VALVE	- N - Y	N Y	N-Y-	N-Y-	- M - M			
FILTER GASKET	*Y	69 Y	Ø Y	Ø Y	NY			
CARTRIDGE FILTER	PY Y	Ø Y	60 Y	Z Y	NY			
WASTE CONTAINERS	4 Y	Ø Y	6 9 Y	BY Y	NY	LABLED Y N	DATED Y N	

BEST AVAILABLE COPY



1920 TAMPA EAST BLVD. TAMPA, FLORIDA 33619-3024 (813) 623-3553 (800) 282-2924 FAX (813) 623-3558 2050 KINGS RD./BLDG. B JACKSONVILLE, FL 32209 (904) 634-1002 (800) 553-9040 FAX (904) 634-0213

INVOICE NO.	INVOICE DATE	PAGE
J-041232	02/09/99	1

FOR CHEMICAL EMERGENCY

CONTACT: TEL INC. 1-800-255-3924

CUST. NO.

22-16800

SOLD TO

BLUE RIBBON CLEANERS 1102 E. LAFAYETTE STREET SHIP TO

BLUE RIBBON CLEANERS 1102 E. LAFAYETTE STREET

TALLAHASSEE

FL

32301

TALLAHASSEE

FL 32301

TERMS	CUSTOMER ORDER NO.	SOLD BY	SHI	VIA
1-10 EOM/NET 25		2 2	TRUCK	0 2
ECIAL INSTRUCTIONS				

ECIAL INSTRUCTIONS

	2000 C		REFERENCE	THE STATE OF THE PARTY OF THE P		The second secon
CUANULY		DESCRIPTION	ORDERED			FOLD LABEL AT DOTTED
		TETRACHLOROETHYLENE, 6.1	*HM*	1		LINE AFFIX TO RIGHT
		UN-1897, "PG III", RQ	*HM*			MATERIAL BILLS SO THAT
1 0	DI	, , ,				TAB STICKS OUT
1.0	PL	PERC *DOWPER* - 5-GAL PAIL	*HM*			The state of the s
*1.0	BX -	SSV TAGS #16 *SORRY*		12.75	Y	12.75
1.0	PL -	PERC *DOWPER* - 5-GAL PAIL		32.50	Y	
6.0	RL -	40" CLEAR POLY *.0006-25#* 562/RL		24.95	Y	
2.0						l
	RL ~	60" CLEAR POLY *.0006-25#* 420/RL		24.95	Y	49.90
2.0	GL -	DIASIZE LIQUID STARCH - 1-GAL (6X1)		12.50	Y	25.00
1.0	PL 🕳	BREAKTHROUGH ENZ.DET.W/BLCH -40#/PL		78.10	Y	
1.0	BG	INSTANT PENSCO STARCH 50#		73.50	Y	73.50
1.0	CS -	TIDE - LIQUID (DETRGT) 4 X 100oz/CS		39.95	Y	39.95
6.0	GL ~	ACTION LIQ. LDY. DET 1-GAL (6X1)		8.40	Y	
6.0	BX -	"BLUE RIBBON, CL" HANGERS, #13		43.50	Y	261.00
6.0	BX ~	READY STRUT HANGERS - 250/BX		18.35	Y	110.10
6.0	BX —	18" WHITE SHIRT HANGERS - 500/BX	1	24.25	Y	
0.0	DX -	TO WHITE SHIRT HANGERS - 500/BX		24.23	1	143.30
		, ,			'	
		named materials are properly				
		named materials are properly If marked and labeled, and are sportation, according to the				
		Department of Transportation.	/			

REMIT TO

Phenix Supply Company P.O. Box 76649 Tampa Fl 33675 THIS IS YOUR INVOICE—PLEASE CHECK CAREFULLY—MAKE CERTAIN ALL ITEMS LISTED ARE RECEIVED.

1 ½% PER MONTH SERVICE CHARGE ON PAST DUE BALANCES. PURCHASER AGREES TO PAY ANY COLLECTION COST:

NCLUDING REASONABLE ATTORNEY FEES, INCURRED BY THE SELLER ON DELINQUENT BALANCES.

RECEIVED BY

TIME: _____

TLANTA • BIRMINGHAM • COLUMBIA • GREENSBORO • GREENVILLE • JACKSONVILLE • KNOXVILLE • NASHVILLE • TAMPA



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY		l
AIRS ID#: 0730079 FACILITY NAME: B						
FACILITY LOCATION:	1	Payette	Street			
RESPONSIBLE OFFICIAL:	SEFF WALL	ienfebi	PHONE: <u>850</u>	9425	5919	
CONTACT NAME:			PHONE:			
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM	30 days prior to startup)				'
2. Facility failed to notify DAR	M to use general permit	t				
PART II: CLASSIFICATION	Ţ					-
	<u> </u>					
Facility indicated an natificati	on form that it is:		No notification f	orm		
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification for ☐ Drop store/out of		petrolei	ım
11	rce 🗅 2. /yr dr tra bo	New small arry-to-dry only, ansfer only, x < 1 oth types, x < 1 constructed on constructed on	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr.		petrolei	ım
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	fee	ry-to-dry only, cansfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 0$. New large arry-to-dry only, cansfer only, 20 oth types, 140 contracts.	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	f business/	Bureau of & Mob	MAR - 7 2000
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	rce	ry-to-dry only, cansfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 0$. New large arry-to-dry only, cansfer only, 20 oth types, 140 contracts.	Drop store/out of rea source $x \le 140 \text{ gal/yr}$ $\le 200 \text{ gal/yr}$ = 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$	f business/		
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	rce	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on a ly \text{IN} \text{N} \text{N} \text{N} \text{N} \text{N} \text{Constructed} \text{Only}, 20 \text{Oth types, 140 constructed on a ly \text{IN} \text{N} \text{N} \text{Onl} \text{Onl} \text{N} \text{Onl} \text{Onl} \text{N} \text{Onl} \text{N} \text{Onl} \text{N} \text{Onl} \text{N} \text{Onl} \text{N} \text{Onl} \text{N} \text{Onl} \text{Onl} \text{N} \text{Onl} \text{N} \text{Onl} \text{Onl} \text{N} \text{Onl} \text{Onl} \text{N} \text{Onl} \text{N} \text{Onl} \text	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determin	f business/	Bureau of & Mob	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DV DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located	
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
on dry-to-dry, reclaimer, and dryer machines on a weekly basis:	ur un
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY DN DN/A
Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber,	
	DY DN DN/A
if machines are equipped with a carbon adsorber?	UY UN UN/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
is the pere concentration equal to or less than 100 pg.m.	ar an ann
4. Account that the constitution and the control to	
4. Assured that the sampling port on the carbon adsorber exhaust for measuring	
perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN DN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
<u> </u>	•

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	GY ON			
2. Maintained rolling monthly total of perc consumption?	DY DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN DN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DYN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A			
6. Maintained startup/shutdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	DY ON BN/A			
Problem corrected?	אואם אם צם			
8. Maintained compliance plan, if applicable?	DY DN DN/A			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A DY DN BK/A couplings, and valves Muck cookers MY ON ON/A EN ON A Door gaskets and seating Stills DY ON ON/A DY DN BN/A Filter gaskets and seating Exhaust dampers DY ON ON/A DY DN DN/A Diverter valves Pumps DN DN/A MY ON ON/A Solvent tanks and containers Cartridge filter housings MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □X!/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)?

DANIPHE ROWN	3/1/2000
Inspector's Name (Please Print)	Date of Inspection
Mariell Front	·
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/I	DISCOVERY [RE-INSPEC	TION [
TIME IN: 2:00 P.M	TIME OUT: Off	30099	airs id#: <i>0</i>	730079	
TYPE OF FACILITY:					
FACILITY NAME: BLOP	Ribbon Cler	wers =	<u> </u>	DATE: <u>3/1</u>	00
FACILITY LOCATION: \\(\(\)	2 F LATAYES	te Stre	ret	•	
TAUAH	waser + 123	32301			
RESPONSIBLE OFFICIAL:			PHONE NUMBER	· <u> </u>	
Based on the results of the compliance with DEP Rule	compliance requirements of 62-213.300, Florida Adm	-		cility is found to be	in
Based on the results of the discrepancies were noted:			· ·		
COMPLIANCE REQUI	REMENT/PROBLE	M FC	OLLOW-UP ACT	ION REQUIRE	<u>ΣD</u>
NO PROBLE	m5				
				•	·
					70
				Bureau &	
· ;		,	·	J of Air Monito Vlobile Sources	AR - 72
				Air Monitoring ile Sources	
			~		
COMMENTS:					
The Annual Compliance Certification	on form has been properly	certified and sub	mitted to the inspector	YES V	NO
DATE OF NEXT INSPECTION:	_			,	:
	<u> </u>	(Approximate	1		
INSPECTION CONDUCTED BY	: DANIELL	(Please Print)			
INSPECTOR'S SIGNATURE:	Jarielle F.	rowl	_PHONE NUMBER	: 488 3'	704
	Pa	ge of .			Revised 10/96

AIRS ID#: 6730079

Hon

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Blue RIBLON Cleaners, 57 FACILITY LOCATION: 1102 E. LAFAGETTE	15RF # I DATE: 3/1/00	_
FACILITY LOCATION: 1/02 E LAFAYETTE	ST.	_
TATIAHASSEE FL. 32301		_
Annual Reporting Period:	TO March 151 200	<u>o</u>
Based on each term or condition of the Title V general air permit, my facil	lity has remained in compliance with DEP Rule	
62-213.300, Florida Administrative Code (F.A.C.), during the period cover	ered by this statement. YES UNO	
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in continuou	us compliance during the reporting period stated above:	
Term of condition of the general permit that has not been in continued	as compliance during the reporting period states according	
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	·	
Method used to demonstrate compliance:		
· — —		
#2. Term or condition of the general permit that has not been in continuous	us compliance during the reporting period stated above:	
		.
Exact period of non-compliance: from	to MAR 7 2000	
Action(s) taken to achieve compliance:	DEP TALLAHASSEE	
Method used to demonstrate compliance:	BRANCH OFFICE	
As the responsible official, I hereby certify, based on information and belie in this notification are true, accurate and complete. Further, my annual control purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facombination facilities.	consumption of perchloroethylene solvent, based upon facilities or 1,800 gallons per year for transfer or	ıade
RESPONSIBLE OFFICIAL: FFFFY E WAILENFEL Name (Please Print)	Signature Date $\frac{0.3 v }{ v }$	<u>o</u> _
Name (Please Print)	Signature Y Date	

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TIT V AIR QUALITY GENERAL PEF IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:00 P.M TIME OUT: 300 P.M	27 AIRS ID#: 0730079
TYPE OF FACILITY:	
FACILITY NAME: KIDDON CLEANER	
FACILITY LOCATION: 1102 F. LASAYETTE	Street
TAURHASSEE FL 323	X)
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate	tive Code (F.A.C.).
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO Problems	
·	
	MAR 1 % Mob
	Sc N C L
	Wonitoring Sources
	i i
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certified	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	<u> </u>
(App	proximate)
INSPECTION CONDUCTED BY:)ANICLLE	Blown
INSPECTOR'S SIGNATURE:	ase Print) PHONE NUMBER: 4883704
Page	of . Revised 10/96

Hop

AIRS ID#: <u>0730079</u>

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Blue RIBLON Cleane. FACILITY LOCATION: 1102 E. LAFA	25 , 5/0RF # I DATE: 3/1/00
FACILITY LOCATION: 102 E LAFA	YETTE ST.
TATIAHASSEE FL. 3230	01
Annual Reporting Period:	1999 TO March 1st 2000
Based on each term or condition of the Title V general air per	rmit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	e period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not beer	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been	n in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to MAR 7 2000
Action(s) taken to achieve compliance:	DEP TALLAHASSEE
Method used to demonstrate compliance:	BRANCH OFFICE
in this notification are true, accurate and complete. Further,	ation and belief formed after reasonable inquiry, that the statements made, my annual consumption of perchloroethylene solvent, based upon or dry-to dry facilities or 1,800 gallons per year for transfer or AILEN FELS 7 Signature Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVE	RY 🗅
FACILITY NAME: BY FACILITY NAME: BY FACILITY LOCATION: BY RESPONSIBLE OFFICIAL:	ive Ribbon 102 E Laf Auahasse	nyette e, Fl enfets	3230 Zphone: <u>850 947</u>	
PART I: NOTIFICATION				•
(check appropriate box)	(20.1			
New facility notified DARM Facility failed to notify DAR				<u>а</u>
2. I acting failed to notify DAN	avi to use general bellitt			
PART II: CLASSIFICATION				
THE STATE OF THE S	Y .			
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	ree 2. /yr dry trai bot	nsfer only, $x < t$ th types, $x < t$ onstructed on	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ess/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 (constructed before 12/9/91)	ion form that it is: ree	v-to-dry only, nsfer only, x of the types, x < 1 on structed on a New large and y-to-dry only, nsfer only, 20 the types, 140 constructed on a structed on a structed on the types.	Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	ess/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facility of the control of the cont	ion form that it is: ree	v-to-dry only, nsfer only, x < to-dry only, x < to-dry only, x < to-dry only, nsfer only, 20 to types, 140 ponstructed on a y-to-dry only, nsfer only, 20 to types, 140 ponstructed on a y-to-dry only on the types on the types, 140 ponstructed on a y-to-dry on the types of types of types of the types of type	□ Drop store/out of busines rea source x < 140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above	ess/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DANA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	GA, □K				
2. Maintained rolling monthly total of perc consumption?					
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	אים אם צם AVA				
5. Maintained exhaust duct monitoring data on perc concentrations?	ם אם אם A				
6. Maintained startup/shutdown/malfunction plan?	ON ON				
7. Maintained deviation reports?	DY DN BN/A				
Problem corrected?	םץ טא פאיא				
8. Maintained compliance plan, if applicable?	DY ON BAN/A				

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			OY ON		
2. Has the facility maintained a leak log?			BY ON		
3. Does the responsible official check the	following areas for leaks	s?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN BN/A		
Door gaskets and seating	ØY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN ON/A		
Pumps	ØY ON ON/A	Diverter valves	DY DN DN/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators	ØY □N □N/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	olvent on exterior surfac	es)	Q _		
Physical detection (airflow felt through gaskets)			œ j		
Odor (noticeable perc odor)			Ø		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector	Ο.				
If using direct-reading instr	DX/A				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
b. Calibrated against a	standard gas prior to and	after each use			
(PID/FID only)?			OY ON		
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	O.A. O.N.		
d. Kept in a clean and s	ecure area when not in u	se?	אם אם		
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON		
	·				
Nous 2 2 11 2000					
Inspector's Name (Please Pri	nt)	Date of Inspection	<u> </u>		

ADDITIONAL SITE INFORMATIO)N:	
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.000

Do NOT Remove Label

AIRS ID # 0730079

BLUE RIBBON CLEANERS I GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fulld: 20-2-035001

Obj:: 002273

Bureau of Air Monitoring

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. Article Addressed to: 10 AIRS ID # 0730079001AG GREG WALLENFELSZ	A. Received by (Please Print Clearly) C. Signature Agent Data delivery address different from item 1? Yes If YES, enter delivery address below:
BLUE RIBBON CLEANERS I 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301	3. Service Type Certified Mail
2. Article) Nymber (Copy from genvice label) 7800068000641302560	
PS Form 3811, July 1999 Domestic	Return Receipt . 102595-99-M-

2560	U.S. Postal. GERTIFIED (Domestic Mails)	Service MAIL RECEII	PT erage Provided)
4330	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here ·
2000 0002	Total Postage & Fees 10 AI GREG WALLEN BLUE RIBBON C 1102 E LAFAYET TALLAHASSEE I	IRS ID # 0730079001AC FELSZ LEANERS I TE STREET	is for Instructions

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

TOTAL AMOUNT DUE: \$50.00 JAN 27 98

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AIRS ID#0730079

BLUE RIBBON CLEANERS INC GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



 $0\,35\,6\,2\,3\,1$ 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 GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BLOY 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.

RECEIVED MAIL ROOM JAN 21 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0730079 BLUE RIBBON CLEANERS INC

GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 ОЫ: 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

MAIL ROOM

DEC 10 99

Do NOT Remove Label

AIRS ID # 0730079

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

Bureau of Air Monitoring & Mobile Sources

FOR:GOVERNMENT USE ONLY Org.=37550101000 EO: B1 Fund: 20-2-035001 Qыј.: 3002273