



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

Re: 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.

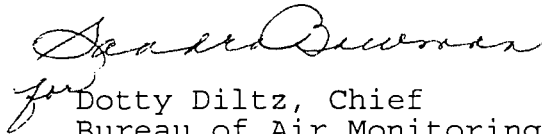
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Re: Facility I.D. No. 0730079

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.

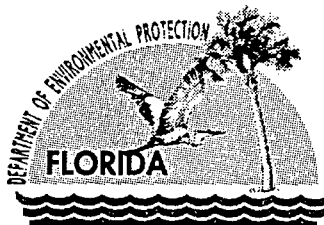
Sincerely,

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"



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 29, 2001

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

Dear Mr. Wallenfelsz:

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

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

Please return the corrected form as quickly as possible to:

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

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

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

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

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw

Enclosure

cc: Mr. Charles Norman, Northwest District

More Protection, Less Process"

0730079

Blue Ribbon Cleaners I

p.14 1.(a) add date control device installed

1.(c) mark out "X" and initial

3. should be existing large area source

p.15 4. should be existing large area source w/control equipment

5.(f) required

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:

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

3720203500137_____0000000040000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137_____00000022000000

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
Treasury.

Perchloroethylene Dry Cleaning Facility Notification

41731

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
BLUE RIBBON CLEANERS, INC.

2. Site Name (For example, plant name or number):
BLUE RIBBON CLEANERS I

3. Hazardous Waste Generator Identification Number:
FLD 982146466

4. Facility Location:
Street Address: **1102 EAST LAFAYETTE ST.**
City: **TALL. FL.** County: **LEON** Zip Code: **32301**

5. Facility Identification Number (DEP Use):
0730079

Responsible Official

6. Name and Title of Responsible Official:
MIKE + GREG WALLENFELSZ SEC/TR. - PRES.

7. Responsible Official Mailing Address:
Organization/Firm: **BLUE RIBBON CLEANERS I**
Street Address: **1102 E. LAFAYETTE ST.**
City: **TALL. FL.** County: **LEON** Zip Code: **32301**

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):
JEFF WALLENFELSZ (MANAGER)

10. Facility Contact Address:
Street Address: **1102 E. LAFAYETTE ST.**
City: **TALL. FL.** County: **LEON** Zip Code: **32301**

11. Facility Contact Telephone Number:
Telephone: **(904) 942-5919** Fax: () -

RECEIVED

SEP 5 1996

Page 13 of 16
Bureau of Air Monitoring
& Mobile Sources

RECEIVED

AUG 21 1996

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	SEPT 89	-						
(2) w/ carbon adsorber									
(3) w/ no controls									
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 are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4) What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate 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) _____.

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

[Handwritten Signature]

Signature

8/19/96

Date

REVISED/CORRECTED 2/24/97

41731

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
BLUE RIBBON CLEANERS, INC.

2. Site Name (For example, plant name or number):
BLUE RIBBON CLEANERS I

3. Hazardous Waste Generator Identification Number:
FLD 982146466

4. Facility Location:
 Street Address: **1102 EAST LAFAYETTE ST.**
 City: **TALL. FL.** County: **LEON** Zip Code: **32301**

5. Facility Identification Number (DEP Use):
0130079

Responsible Official

6. Name and Title of Responsible Official:
MIKE + GREG WALLENFELSZ SEC/TR. - PRES.

7. Responsible Official Mailing Address:
 Organization/Firm: **BLUE RIBBON CLEANERS I**
 Street Address: **1102 E. LAFAYETTE ST.**
 City: **TALL. FL.** County: **LEON** Zip Code: **32301**

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):
JEFF WALLENFELSZ (MANAGER)

10. Facility Contact Address:
 Street Address: **1102 E. LAFAYETTE ST.**
 City: **TALL. FL.** County: **LEON** Zip Code: **32301**

11. Facility Contact Telephone Number:
 Telephone: **(904) 942-5919** Fax: () -

RECEIVED

SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

RECEIVED

AUG 21 1996

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.

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(1) w/ ref. condenser	1	SEPT 89	SEP 89						
(2) w/ carbon adsorber									
(3) w/ no controls									
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(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
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(7) w/ ref. condenser									
(8) w/ carbon adsorber									
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(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser ②

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

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All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

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- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan ②

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

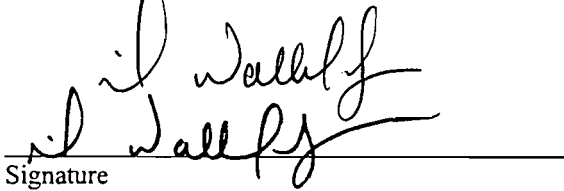
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I will promptly notify the Department of any changes to the information contained in this notification.


Signature

2/24/97
8/19/96
Date

Blue Ribbon Cleaners I

41731

p.14 1.(a) add date control device installed

1. Facility
BLUE
2. Site Name
BLUE
3. Hazardous
FLD
4. Facility Street Address City:
5. Facility

1.(c) mark out "X" and initial
3. should be existing large area source

p.15 4. should be existing large area source w/control equipment
5.(f) required

6. Name of
MIKE
7. Responsible Organization Street Address City:
8. Responsible Telephone

:301

9. Name and Title of Facility Contact (For example, plant manager):
JEFF WAIENFELSZ (MANAGER)
10. Facility Contact Address:
Street Address: 1102 E. LAFAYETTE ST. City: TALL. 71. County: LEON Zip Code: 32301
11. Facility Contact Telephone Number: Telephone: (904) 942 - 5919 Fax: () -

RECEIVED

SEP 5 1996

Page 13 of Monitoring
Bureau of Air Monitoring
& Mobile Sources

RECEIVED

AUG 21 1996

Bureau of Air Monitoring
& Mobile Sources

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:

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

3720203500137 _____ 00000000040000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137 _____ 00000022000000

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
Treasury.



Department of Environmental Protection

Lawton 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.
2. 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, 62-210, 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,

HL Rhodes
HW 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 12-17-96 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.

Hum Cohen

(Clerk)

12-17-96
(Date)

Attachment: AQL October 16, 1996 letter

**ZERO WASTE
#1 BY A WIDE MARGIN**

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: **Evaporator, single-pass, two carbon cartridges**
 Q-Test limit: **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	0.54	0.008		0.008 ppm is the detection limit
			119.00		0.008		
			99.38		0.008		
					0.008		
					0.012		
					0.008		
					0.008		
					0.006		
					0.006		
					0.006		
Average = 120.19				0.01			
Median = 119.00				0.01			
Std Dev = 21.43				0.00			
95% Conf = 68.98 to 173.41 [ppm]				0.005 to 0.008			
Efficiency = 99.99%							
2	1-mo. load	4/20/95	95.77	0.98	0.008		Inlet rejected by Q-test
			65.84		0.008		
			65.32		0.008		
					0.008		
					0.008		
					0.008		
					0.008		
					0.008		
					0.008		
					0.008		
Average = 65.58				0.01			
Median = 65.58				0.01			
Std Dev = 0.37				0.00			
95% Conf = 62.88 to 68.28 [ppm]				0.008 to 0.008			
Efficiency = 99.99%							

PCE PURCHASE LOG & RUNNING TOTAL
STORE I

	1994		1995		1996		1997		1998	
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total
January	0		15	130	5	125	5	130		
February	20		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	20	110				
August	10		15	150	15	110				
September	15		10	145	10	110				
October	10		5	140	10	115				
November	5		5	140	25	135				
December	10	115	5	135	0	130				

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Blue Ribbon Cleaners I DATE: 2/24/97
 FACILITY LOCATION: 1102 EAST LAFAYETTE ST
TALLAHASSEE, FL 32301

Annual Reporting Period: SEPT 3 1996 TO FEB 24 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

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 _____ 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 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: _____

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 rolling averages of 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: MICHAEL WALLENFELSZ M Wallf 2/24/97
 Name (Please Print) 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.

**TITLE V AIR QUALITY GENERAL PERMITS
INSPECTION SUMMARY REPORT**



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0855 TIME OUT: _____ AIRS ID#: 0730079
 TYPE OF FACILITY: SMALL EXISTING
 FACILITY NAME: Blue Ribbon Cleaners I DATE: 2/24/97
 FACILITY LOCATION: 1102 EAST LAFAYETTE ST
TALLAHASSEE FL 32301
 RESPONSIBLE OFFICIAL: MIKE WALLENFELSZ PHONE NUMBER: 904-942-5919

- 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
<i>No noted problems</i>	

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: FEB/MAR 98
(Approximate)

INSPECTION CONDUCTED BY: Ralph Staplin
(Please Print)

INSPECTOR'S SIGNATURE: Ralph Staplin PHONE NUMBER: 904-488-3704

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0730079 DATE: 2/24/97 TIME IN: 0855 TIME OUT: 1000
FACILITY NAME: Blue Ribbon Cleaners I
FACILITY LOCATION: 1102 East E Lafayette St
Tallahassee FL 32301

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/>	<i>Based on update to application</i>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>
3. Existing large area source 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) <input type="checkbox"/>		4. New large area source 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 on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number 1 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 130 gallons. *see attached usage info.*

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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 sources:
(check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

N/A

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
 Is the temperature differential equal to or greater than 20°F? Y N
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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N
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? Y N
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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
 Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. 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) NA
- If using direct-reading instrumentation, is the equipment:**
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? 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)? Y N
3. Has the facility maintained a leak log? Y N
4. Does the responsible official check the following areas for leaks?
- | | | | | |
|---|--|---------------------------|----------------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <i>Have zero waste equipment</i> | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <i>None this machine</i> | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | |

M. Ke Wallenfels
Name of Responsible Official

Ralph Staplin
Inspector's Name (Please Print)

Ralph Staplin
Inspector's Signature

2/24/97
Date of Inspection

Feb-Mar 98
Approximate Date of Next Inspection

Accey

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

JAN 29 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0730079
BLUE RIBBON CLEANERS INC GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301

Do NOT Remove Label

Annual Reporting Period: JAN 1 1997 TO DEC 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

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 _____ 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 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: _____

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: MICHAEL WALLENFELSZ [Signature] 1-20-98
Name (Please Print) 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>0930</u>	TIME OUT: <u>1005</u>	AIRS ID#: <u>0730079</u>
TYPE OF FACILITY: <u>EXISTING SMALL</u>		
FACILITY NAME: <u>BLUE RIBBON CLEANERS # 1</u>	DATE: <u>MAR 13, 1998</u>	
FACILITY LOCATION: <u>1102 EAST E LAFAYETTE ST</u> <u>TALLAHASSEE, FL 32301</u>		
RESPONSIBLE OFFICIAL: <u>MIKE WALLENFELZ</u>		PHONE NUMBER: <u>850-542-5919</u>

- 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
<i>No noted problems</i>	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: MAR - APR 98
(Approximate)

INSPECTION CONDUCTED BY: Ralph Staplin
(Please Print)

INSPECTOR'S SIGNATURE: *Ralph Staplin* PHONE NUMBER: _____

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0730079 DATE: MAR 13, 1998 TIME IN: 0930 TIME OUT: 1005
FACILITY NAME: BLUE RIBBON CLEANERS # 1
FACILITY LOCATION: 1102 EAST B LAFAYETTE ST
TALLAHASSEE, FL 32301
RESPONSIBLE OFFICIAL: MIKE WALLENFELSZ PHONE: 850-942-5919
CONTACT NAME: GREG ^{OR} JEFF WALLENFELSZ PHONE: SAME

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 that it is:
(check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons. *as of Feb 98 (should be 125 based on records)*

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

*But does have
refrig condensers*

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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) ~~Y N N/A~~
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? *Op Manual* Y N
7. Maintained deviation reports? *None yet req* Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

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

If using direct-reading instrumentation, is the equipment:

- N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? 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)? Y N

Ralph A Staplin

Inspector's Name (Please Print)

13 MAR 98

Date of Inspection

Ralph Staplin

Inspector's Signature

MAR-APR 98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

M 35R Pneumatic by AMT International

13606 Year 1988 machine

Have Zero Waste machine

Weigh loads

Electronic circuit delay on door opening

Very good records. Nice clean well kept facility

PCE PURCHASE LOG & RUNNING TOTAL
STORE F

	1994		1995		1996		1997		1998	
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total
January	0		15	130	5	125	5	130	10	135
February	20		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	10		5	140	10	115	10	125		
November	5		5	140	25	135	15	125		
December	10	115	5	135	0	130	5	120		

*125 gallons
last 12 mos.
RS*

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1015 TIME OUT: 1045 AIRS ID#: 0730079
 TYPE OF FACILITY: EXISTING NEW SMALL
 FACILITY NAME: BLUE RIBBON CLEANERS I DATE: 3/8/99
 FACILITY LOCATION: 1102 EAST LAFAYETTE ST
TALLAHASSEE FL 32301
 RESPONSIBLE OFFICIAL: Mike Wallenfels / Jeff - Gray PHONE NUMBER: 850-942-5919

- 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
<i>Discussion of temp monitoring requirements + local methods</i>	<i>owner will get back with me</i>

COMMENTS:

RECEIVED
 MAR 10 1999
 Bureau of Air Monitoring
 & Mobile Sources

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: MAR/APR 2000
 (Approximate)

INSPECTION CONDUCTED BY: RALPH A STAPLIN
 (Please Print)

INSPECTOR'S SIGNATURE: Ralph A Staplin PHONE NUMBER: 850 488 3704

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0730079 DATE: 3/8/99 TIME IN: 1015 TIME OUT: 1045
FACILITY NAME: BLUE RIBBON CLEANERS I
FACILITY LOCATION: 1102 EAST LAFAYETTE ST
TALLAHASSEE FL 32301
RESPONSIBLE OFFICIAL: MIKE WALLENKELSZ PHONE: 850 942 5919
CONTACT NAME: GREG/JEFF WALLENKELSZ PHONE: 850 942 5919

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 that it is:
(check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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 ^{But has} 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? *Going to within a week* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? *None* Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? *None* Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, ~~bi-weekly~~) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|-----------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves <i>None</i> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators <i>zero waste</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
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
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? 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)? Y N

RALPH A. STAPLIN

Inspector's Name (Please Print)

8 Mar 99

Date of Inspection

Ralph A Staplin
Inspector's Signature

MAR/APR 2000

Approximate Date of Next Inspection

FEBRUARY 1999

CONDENSER TEMP LOG

PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
		Y N
		Y N
N/A		Y N
		Y N
		Y N

TOTAL FROM LAST MONTH		120
SUBTRACT PERC PURCHASED FEBRUARY 1998		- 10
SUBTOTAL		110
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
2/19	+ 5	115
2/23	+ 5	120

NOTES

INSPECTIONS

INSPECTED	LEAKING?						DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	2/5	2-12	2-19	2-26	N/A				
HOSES	X Y	Y	Y	Y	Y	N Y			
DOOR	X Y	Y	Y	Y	Y	N Y			
PUMP	X Y	Y	Y	Y	Y	N Y			
SOLVENT TANK	X Y	Y	Y	Y	Y	N Y			
WATER SEPARATOR	X Y	Y	Y	Y	Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y	N Y			
STILL	X Y	Y	Y	Y	Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	X Y	Y	Y	Y	Y	N Y			
CARTRIDGE FILTER	X Y	Y	Y	Y	Y	N Y			
WASTE CONTAINERS	X Y	Y	Y	Y	Y	N Y	LABELED 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:
CHEM • TEL INC. 1-800-255-3924

CUST. NO. 22-16800

SOLD TO
BLUE RIBBON CLEANERS
1102 E. LAFAYETTE STREET
TALLAHASSEE FL 32301

SHIP TO
BLUE RIBBON CLEANERS
1102 E. LAFAYETTE STREET
TALLAHASSEE FL 32301

TERMS	CUSTOMER ORDER NO.	SOLD BY	SHIP VIA
1-10 EOM/NET 25		22	TRUCK 02

SPECIAL INSTRUCTIONS

QUANTITY	UNIT	DESCRIPTION	BACK ORDERED	UNIT PRICE		
1.0	PL	TETRACHLOROETHYLENE, 6.1 UN-1897, "PG III", RQ PERC *DOWPER* - 5-GAL PAIL	*HM* *HM* *HM*			
*1.0	BX -	SSV TAGS #16 *SORRY*		12.75	Y	12.75
1.0	PL -	PERC *DOWPER* - 5-GAL PAIL		32.50	Y	32.50
6.0	RL -	40" CLEAR POLY *.0006-25#* 562/RL		24.95	Y	149.70
2.0	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	78.10
1.0	BG -	INSTANT PENSICO 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	50.40
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		24.25	Y	145.50

FOLD LABEL AT DOTTED LINE. AFFIX TO RIGHT SIDE OF HAZARDOUS MATERIAL BILLS SO THAT TAB STICKS OUT.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for Transportation, according to the applicable regulations of the Department of Transportation.



THIS IS YOUR INVOICE—PLEASE CHECK CAREFULLY—MAKE CERTAIN ALL ITEMS LISTED ARE RECEIVED. 1 1/2% PER MONTH SERVICE CHARGE ON PAST DUE BALANCES. PURCHASER AGREES TO PAY ANY COLLECTION COSTS, INCLUDING REASONABLE ATTORNEY FEES, INCURRED BY THE SELLER ON DELINQUENT BALANCES.

REMIT TO
Phenix Supply Company
P.O. Box 76649
Tampa FL 33675

RECEIVED BY [Signature] TIME: _____

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0730079 DATE: 2/1/00 TIME IN: _____ TIME OUT: _____
FACILITY NAME: Blue Ribbon I
FACILITY LOCATION: 1102 E. Lafayette Street
Tallahassee, FL 32301
RESPONSIBLE OFFICIAL: Jeff Wallenfeber PHONE: 850 9425919
CONTACT NAME: _____ PHONE: _____

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 that it is:

(check appropriate box)

A.

1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons.

Bureau of Air Monitoring
& Mobile Sources

MAR - 7 2000

RECEIVED

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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 sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

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
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? 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)? Y N

Danielle Brown
Inspector's Name (Please Print)

3/1/2000
Date of Inspection

Danielle Brown
Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:00 P.M TIME OUT: 0730079 AIRS ID#: 0730079
 TYPE OF FACILITY: _____
 FACILITY NAME: Blue Ribbon Cleaners I DATE: 3/1/00
 FACILITY LOCATION: 1102 F LAFAYETTE Street
Tallahassee, FL 32301
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- 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
<u>NO PROBLEMS</u>	

RECEIVED
 MAR - 7 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: Danielle Brown (Approximate)
 (Please Print)

INSPECTOR'S SIGNATURE: Danielle Brown PHONE NUMBER: 488 3704

AIRS ID#: 6730079

ACC

Revised 01/18/00

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Blue Ribbon Cleaners, STORE # I DATE: 3/1/00
 FACILITY LOCATION: 1102 E. LAFAYETTE ST.
TALLAHASSEE, FL. 32301

Annual Reporting Period: April 20th 1999 TO March 1st 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

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 _____ 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 compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to MAR 7 2000
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate 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: JEFFERY E. WILLENFELS [Signature] 03/01/00
 Name (Please Print) 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.

TIT V AIR QUALITY GENERAL PEFT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:00 P.M TIME OUT: 3:00 P.M AIRS ID#: 0730079
 TYPE OF FACILITY: _____
 FACILITY NAME: Blue Ribbon Cleaners I DATE: 3/1/00
 FACILITY LOCATION: 1102 E Lafayette Street
Tallahassee, FL 32301
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- 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
<u>NO PROBLEMS</u>	

RECEIVED
 MAR 16 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: Danielle Brown (Approximate)
 (Please Print)

INSPECTOR'S SIGNATURE: Danielle Brown PHONE NUMBER: 488.3704

AIRS ID#: 0730079

Acc

Revised 01/18/00

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Blue Ribbon Cleaners, STORE # I DATE: 3/1/00
 FACILITY LOCATION: 1102 E. LAFAYETTE ST.
TALLAHASSEE, FL. 32301

Annual Reporting Period: April 1999 TO March 1st 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

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 _____ 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 compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to MAR 7 2000
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

**DEP TALLAHASSEE
BRANCH OFFICE**

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: JEFFERY E. WAIKENFELS [Signature] 03/01/00
 Name (Please Print) 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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	DATE:	TIME IN:	TIME OUT:
07300 ⁷⁹	2/1/00	2:00 P	3:00 P
FACILITY NAME: <u>Blue Ribbon I</u>			
FACILITY LOCATION: <u>1102 E. Lafayette Street</u> <u>Tallahassee, FL 32301</u>			
RESPONSIBLE OFFICIAL: <u>Jeff Wallenfels</u>		PHONE: <u>850 942 5919</u>	
CONTACT NAME: _____		PHONE: _____	

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>
2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	<input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>
4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
5. This is a correct facility classification	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>135</u> gallons.	

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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 sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
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
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? 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)? Y N

Danielle Brown
Inspector's Name (Please Print)

3/1/2000
Date of Inspection

Danielle Brown
Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400068

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

Bureau of Air Monitoring
& Mobile Sources

DEC 20 2000

RECEIVED

12-16-00
Pd

DEC 18 00
RECEIVED
MAIL ROOM

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Valerie Forman* B. Date of Delivery *8/16*

C. Signature *[Signature]* Agent
 Addressee

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

10 AIRS ID # 0730079001AG
 GREG WALLENFELSZ
 BLUE RIBBON CLEANERS I
 1102 E LAFAYETTE STREET
 TALLAHASSEE FL 32301

2. Article Number (Copy from service label)
70000600002641302560

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

10 AIRS ID # 0730079001AG
 GREG WALLENFELSZ
 BLUE RIBBON CLEANERS I
 1102 E LAFAYETTE STREET
 TALLAHASSEE FL 32301

See for Instructions

7000 0600 0026 4130 2560

Greg Wallenfels



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 300964

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 27 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356231

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: B1C5
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
JAN 5 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258534 ✓

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

Do NOT Remove Label

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389308

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM ✓

DEC 10 99

RECEIVED

DEC 14 1999

Bureau of Air Monitoring
& Mobile Sources

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: B1
Funds 20-2-035001
Qty: 002273

D