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07/28/11

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS AUG 02 2011  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET  
BUREAU OF  
AIR REGULATION

Facility Identification Number (If known)

0730080 AIRS ID# 0730080-004

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Wally of Tall Inc Blue Ribbon Cleaners  
Tim Weber

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

Blue Ribbon Cleaners

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 1660 North Monroe ST

City: Tall

County: Leon

Zip Code: 32309

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

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FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

**Facility Contact**

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <u>Tim Weber</u> <u>owner/manager</u>		
<u>Facility Contact Telephone Numbers</u> Telephone: <u>561-3830</u> Fax: <u>425-2157</u> Cell phone: <u>556-3351</u> E-mail: <u>TimWeber@yahoo</u>		
<u>Facility Contact Mailing Address</u> Organization/Firm: <u>Wally of Tall</u> Street Address: <u>1660 North Monroe St</u> City: <u>Tall</u> County: <u>Leon</u> Zip Code: <u>32303-5558</u>		

**Other Contact/Representative (to serve as additional Department contact)**

<u>Name and Position Title</u> Print Name and Title: <u>Bryant Weber</u> <u>Assistant manager</u>		
<u>Other Contact/Representative Telephone Numbers</u> Telephone: <u>561-3830</u> Fax: _____ Cell phone: _____ E-mail: _____		
<u>Other Contact/Representative Representative Mailing Address</u> Organization/Firm: _____ Street Address: _____ City: _____ County: _____ Zip Code: _____		

FLORIDA DEPARTMENT OF  
FINANCIAL SERVICES  
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FINANCIAL SERVICES

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES**

How many dry-to-dry machines do you have on-site? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
1999	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	1999
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**1. (b) Is the facility a co-residential Dry Cleaning facility?**

Yes  No

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	PERC DRY CLEANING MACHINE	CONTROL DEVICE (see key)	VAPOR BARRIER ENCLOSURE
1999	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	R/C	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**2. Perchloroethylene Usage**

If this is an **initial registration** for a perchloroethylene dry cleaner, provide an estimate of the facility's expected amount of perchloroethylene to be used over the next 12-month period.

90 Gal

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

90 Gal

**3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.**

No steam and hot water generating units (boiler) onsite

BOILER	HORSEPOWER	FUEL TYPE*
Hurst	30 H/P	city Gas

\*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

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 PERCHLOROETHYLENE  
 DEPARTMENT OF  
 ENVIRONMENT AND  
 CONSERVATION