



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 28, 1997

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

Re: Facility I.D. No. 0730080

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,

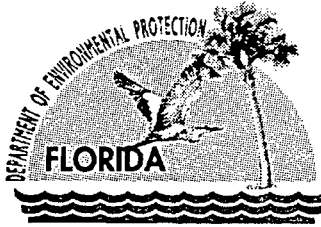
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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

Printed on recycled paper.



# Department of Environmental Protection

Jeb Bush  
Governor

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 0730080). 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"

# 0530080

Blue Ribbon Cleaners II

p. 13 9. add name & title, if needed

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

1. (c) mark out " - " 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: WALLY OF TALLAHASSEE INC  
ADDRESS: 1660 N MONROE ST #1 TALLAHASSEE, FL 32303-5558  
FEID OR SS NUMBER:  
AMOUNT: \$50.00 DEPOSIT DATE: 26-AUG-96 DEPOSIT: 970177  
DOCUMENT NUMBER: 41814 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.

41814

Perchloroethylene Dry Cleaning Facility Notification

\$ 50.00

Facility Name and Location

# 38824

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	WALLY OF TALLAHASSEE, INC.		
2. Site Name (For example, plant name or number):	BLUE RIBBON CLEANERS II		
3. Hazardous Waste Generator Identification Number:	FLD 984219766		
4. Facility Location:	Street Address: 1660-1 N. MONROE ST.	City: TALL. FL.	County: LEON Zip Code: 32304
5. Facility Identification Number (DEP Use):	0730080		

Responsible Official

6. Name and Title of Responsible Official:	MIKE + GREG WAIENFELSZ SECTR - PRES.		
7. Responsible Official Mailing Address:	Organization/Firm: BLUE RIBBON CLEANERS II	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):	BLUE RIBBON CLEANERS II		
10. Facility Contact Address:	Street Address: 1660-1 N. MONROE ST.	City: TALL. FL.	County: LEON Zip Code: 32304
11. Facility Contact Telephone Number:	Telephone: (904) 561-3830	Fax: ( ) -	

RECEIVED  
MAIL ROOM  
AUG 21 96

RECEIVED

SEP 5 1996

RECEIVED

AUG 21 1996

**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>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	OCT 91	N/A						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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

*existing large a.a. r.e.*

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.*

  
\_\_\_\_\_  
Signature

8/19/96  
\_\_\_\_\_  
Date



REVISED 2/24/97

41810

Perchloroethylene Dry Cleaning Facility Notification

\$ 50.00

Facility Name and Location

# 38824

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	WALLY OF TALLAHASSEE, INC.		
2. Site Name (For example, plant name or number):	BLUE RIBBON CLEANERS II		
3. Hazardous Waste Generator Identification Number:	FLD 994219766		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1660-1 N. MONROE ST.	TALL. FL.	LEON 32304
5. Facility Identification Number (DEP Use):	0M30080		

Responsible Official

6. Name and Title of Responsible Official:	MIKE & GREG WRIENFELTZ SEC/TA - PRES.		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
	BLUE RIBBON CLEANERS II	1102 E. LAFAYETTE ST.	TALL. FL. LEON 32301
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(904) 942-5919	( ) -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	BLUE RIBBON CLEANERS II TIMMY WEBER, MGR.		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	1660-1 N. MONROE ST.	TALL. FL.	LEON 32304
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(904) 561-3830	( ) -	

RECEIVED  
MAIL ROOM  
AUG 21 96

RECEIVED

SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

RECEIVED

AUG 2 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>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	OCT 91	<del>NOV 91</del> 1 OCT 91						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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?

~~136~~ 135 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:

*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

②

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

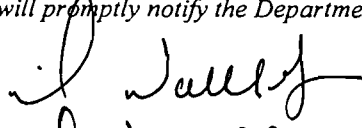
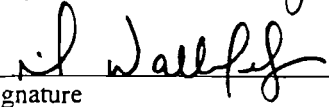
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

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.*

  
  
\_\_\_\_\_  
Signature

2/24/97  
8/19/96  
\_\_\_\_\_  
Date

5222

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



FACILITY NAME: BLUE RIBBON CLEANERS II DATE: MAR 4, 1997  
 FACILITY LOCATION: 1660-1 NORTH MONROE ST  
TALLAHASSEE, FL 32304

Annual Reporting Period: SEP 3 1996 TO MARCH 4 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: \_\_\_\_\_

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MAR 19 1997  
DEP, TALLAHASSEE  
BRANCH OFFICE

#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: Mike Wallenfelsz [Signature] 3/17/97  
 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 PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0930 TIME OUT: 1030 AIRS ID#: 0730080  
 TYPE OF FACILITY: EXISTING SMALL SOURCE  
 FACILITY NAME: BLUE RIBBON CLEANERS II DATE: MAR 4, 1997  
 FACILITY LOCATION: 1660-1 NORTH MONROE ST  
TALLAHASSEE FL 32304  
 RESPONSIBLE OFFICIAL: MIKE WALLENFELTZ (TIM WEDER) PHONE NUMBER: 904-942-5919  
MGR

- 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. Perc records available; rolling ave. avail but not proper</i>	<i>Improve rolling average documentation so it is instantly available.</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 A Staplin* PHONE NUMBER: 904-488-3704

4

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0730080 DATE: MAR 4, 1997 TIME IN: 0930 TIME OUT: 1030  
FACILITY NAME: BLUE RIBBON CLEANERS II  
FACILITY LOCATION: 1660-1 NORTH MONROE ST  
TALLA HASSEE, FL 32304

**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)

<b>A.</b>			
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"/>	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 \_\_\_\_\_ 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 125 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
- 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? *Does his for 48 hours*  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:

*but has controls*

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 basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *Havent had problem*  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?  
Is the temperature differential equal to or greater than 20° F? *N/A*  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?  
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
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? *Available - needs to improve*  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? *None noted*  Y  N  
Problem corrected? *yes*  Y  N
8. Maintained compliance plan, if applicable? *N/A*  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)
- 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              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" 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           | <input checked="" 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 |                           |  |

Mike Wallenfels (Tim Weber, Mgr)

Name of Responsible Official

Ralph Staplin

Inspector's Name (Please Print)

*Ralph Staplin*

Inspector's Signature

4 MAR 97

Date of Inspection

MAR/APR 98

Approximate Date of Next Inspection

acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FEB 6 1998

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#0730080
WALLY OF TALLAHASSEE GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301

Do NOT Remove Label

Annual Reporting Period: JAN 1 19 97 TO DEC 31 19 97

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.

Acc  
②

acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FEB 6 1998

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#0730080

WALLY OF TALLAHASSEE  
GREG WALLENFELSZ  
1102 E LAFAYETTE STREET  
TALLAHASSEE FL 32301

Do NOT Remove Label

Annual Reporting Period: ② MARCH 5 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

Name (Please Print)

[Signature] 4/6/98  
[Signature] 1-20-98

Signature

Date

RECEIVED

RECEIVED

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

APR 7 1998

DEP, TALLAHASSEE  
BRANCH OFFICE

DEP, TALLAHASSEE  
BRANCH OFFICE

✓

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>0825</u>	TIME OUT: <u>0855</u>	AIRS ID#: <u>0730080</u>
TYPE OF FACILITY: <u>Existing Small</u>		
FACILITY NAME: <u>BLUE RIBBON CLEANERS II</u>		DATE: _____
FACILITY LOCATION: <u>1660-1 NORTH MONROE ST TALLAHASSEE FL 32304</u>		
RESPONSIBLE OFFICIAL: <u>MIKE WALLENFELTZ / TIM WEBER</u>		PHONE NUMBER: <u>850-561-3830</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
<u>No noted problems</u>	

**RECEIVED**  
 APR 15 1998  
 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: April May 98

(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#: 0730080      DATE: APR 3, 1998      TIME IN: 0825      TIME OUT: 0855  
 FACILITY NAME: BLUE RIBBON II (CLEANERS)  
 FACILITY LOCATION: 1660-1 NORTH MONROE ST  
    TALLAHASSEE FL 32304  
 RESPONSIBLE OFFICIAL: MIKE WALLER FOLSE      PHONE: 850-942-5919  
 CONTACT NAME: TIM WEBER      PHONE: 850-561-3830

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup                     *N/A*  
 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.

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

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.      *as of end of February*

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& Mobile Sources  
 APR 15 1998

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**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:

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  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? *No leaks/repairs*  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 required*  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 <i>Zero Waste</i>  | <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 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 Staplin  
Inspector's Name (Please Print)

APR 3, 1998  
Date of Inspection

Ralph Staplin  
Inspector's Signature

Apr / May 99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Forenta Mvādeas 345 machini installed 1994-5  
Have Zero Waste  
45 sec delay on dvr opening; has valve which  
creates a suction (diverter type)

# LEAK DETECTION INSPECTION LOG

DATE 3-25-98

MACHINE NO. 1

INSPECTOR Tim

Inspection done by RIGHT SMALL FIRM/MONITORING INSTRUMENT  
circle one

Inspect the following items for leaks.

		<u>SCALE OF LEAKING?</u>
1. Hoses and pipe connections, fittings, couplings, valves	YES	<u>NO</u>
2. Door gasket and sealing	YES	<u>NO</u>
3. Pump	YES	<u>NO</u>
4. Solvent tank and containers	YES	<u>NO</u>
5. Water separator	YES	<u>NO</u>
6. Muck cooler	YES	<u>NO</u>
7. Sill	YES	<u>NO</u>
8. Exhaust damper	YES	<u>NO</u>
9. Diverter valve	YES	<u>NO</u>
10. Filter gasket and sealing	YES	<u>NO</u>
11. Cartridge filter housings	YES	<u>NO</u>

If YES was answered to any of the above, attach a completed corrective action report.

**CONTACT PATE OR GREN FOR CORRECT REPAIR ACTION**  
**942-5919 656-2018**

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APR 15 1998

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**PCE PURCHASE LOG & RUNNING TOTAL**  
**STORE DIVE II**

	1994		1995		1996		1997		1998	
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total
January	10		0	110	10	110	5	125	10	120
February	5		10	115	10	110	10	125	10	120
March	5		10	120	10	110	10	125		
April	20		10	110	10	110	15	130		
May	10		5	105	10	115	10	130		
June	10		25	120	5	95	10	135		
July	5		0	115	5	100	5	135		
August	10		10	115	10	100	10	135		
September	20		10	105	15	105	10	130		
October	10		10	105	10	105	10	130		
November	10		10	105	10	105	15	135		
December	5		0	100	25	130	5	115		

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APR 15 1998

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1115 TIME OUT: 1145 AIRS ID#: 0730080  
 TYPE OF FACILITY: EXISTING ~~NEW~~ SMALL  
 FACILITY NAME: BLUE RIBBON CLEANERS II DATE: 3/8/99  
 FACILITY LOCATION: 1660-1 NORTH MONROE ST  
TALLAHASSEE, FL 32304  
 RESPONSIBLE OFFICIAL: MIKE WALLENTZ / TIM WEBER PHONE NUMBER: 850-561-3830

- 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 issues.</i>	

**RECEIVED**  
 MAR 10 1999  
 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: MAR/APR 2000  
(Approximate)

INSPECTION CONDUCTED BY: RALPH A STAPLIN  
(Please Print)

INSPECTOR'S SIGNATURE: *Ralph 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#: 0730080 DATE: 3/8/99 TIME IN: 1115 TIME OUT: 1145  
FACILITY NAME: BLUE RIBBON CLEANERS II  
FACILITY LOCATION: 1660-1 NORTH MONROE ST  
TALLAHASSEE FL 32304  
RESPONSIBLE OFFICIAL: MIKE WALLENFELS PHONE: 850 942 5919  
CONTACT NAME: TIM WEBER PHONE: 850 561 3830

### 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<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>   | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>                                |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |
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 125 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? *None required*  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 req.*  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? *None req.*  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 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 <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 March 1999  
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)?
2-5-99	42	<input checked="" type="radio"/> Y <input type="radio"/> N
2-12-99	40	<input checked="" type="radio"/> Y <input type="radio"/> N
2-19-99	42	<input checked="" type="radio"/> Y <input type="radio"/> N
2-26-99	39	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input checked="" type="radio"/> Y <input type="radio"/> N

TOTAL FROM LAST MONTH	120	
SUBTRACT PERC PURCHASED FEBRUARY 1998	- 10	
SUBTOTAL	110	
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
2-9-99	+ 5 gal	115
2-23-99	+ 5 gal	120

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	2-5	2-12	2-19	2-26				
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
<del>MUCK COOKER</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
<del>EXHAUST DAMPER</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>			
<del>DIVERTER VALVE</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
CARTRIDGE FILTER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y			
WASTE CONTAINERS	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	LABLED Y N	DATED Y N	

JANUARY 1999

CONDENSER TEMP LOG

PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
1-8	41	<input checked="" type="radio"/> Y <input type="radio"/> N
1-15	43	<input checked="" type="radio"/> Y <input type="radio"/> N
1-22	40	<input checked="" type="radio"/> Y <input type="radio"/> N
1-29	41	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input type="radio"/> Y <input type="radio"/> N

TOTAL FROM LAST MONTH			115
SUBTRACT PERC PURCHASED JANUARY 1998			-10
SUBTOTAL			105
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL	
12-29-98	+ 5 gal	110	
1-12-99	5 gal	115	
1-26-99	+ 5 gal	120	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	DATE							
	1-8	1-15	1-22	1-29				
HOSES	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y			
DOOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y			
PUMP	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y			
SOLVENT TANK	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y			
WATER SEPARATOR	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y			
MUCK COOKER <i>N/A</i>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del>N Y</del>			
STILL	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	N Y			
EXHAUST DAMPER <i>N/A</i>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del>N Y</del>			
DIVERTER VALVE <i>N/A</i>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del><input type="radio"/> N <input type="radio"/> Y</del>	<del>N Y</del>			
FILTER GASKET	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y			
CARTRIDGE FILTER	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y			
WASTE CONTAINERS	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	<input checked="" type="radio"/> N <input type="radio"/> Y	N Y	LABLED Y N	DATED Y N	

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:45 TIME OUT: 11:30 AIRS ID#: 0730080  
 TYPE OF FACILITY: \_\_\_\_\_  
 FACILITY NAME: Blue Ribbon Cleaners II DATE: 5 Aug 00  
 FACILITY LOCATION: 11620-1 North Monroe St.  
 RESPONSIBLE OFFICIAL: Mike Wawentetz PHONE NUMBER: 850-561-3830

- 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 NOTED</u>	

**RECEIVED**  
 OCT - 9 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: Aug 2001  
 (Approximate)

INSPECTION CONDUCTED BY: Danielle Brown  
 (Please Print)

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0730080 DATE: 5 Aug 00 TIME IN: 10:45 TIME OUT: 11:30  
FACILITY NAME: Blue Ribbon Cleaners II  
FACILITY LOCATION: 1660-1 North Monroe St  
Tallahassee, FL 32304  
RESPONSIBLE OFFICIAL: Mike Wawentusz PHONE: 850-561-3830  
CONTACT NAME: Tim Weber PHONE: 850-561-3830

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:  No notification form  
(check appropriate box)  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 checked="" 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 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  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 170 gallons. Sept 00

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

Danielle Brown  
Inspector's Signature

5 Sept 2000  
Date of Inspection

Aug/Sept 2001  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

Facility clean ; well managed  
temp below 45°F.

*file*

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

FACILITY NAME: Blue Ribbon Cleaners II DATE: 5 Sept 00  
 FACILITY LOCATION: 11660-1 North Monroe St.  
Tallahassee, FL 32304

Annual Reporting Period: MARCH 1999<sup>20</sup> TO September 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: \_\_\_\_\_

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09-19-2000  
Bureau of Air Monitoring  
& Mobile Sources

#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: Tim Weber [Signature] 9-5-00  
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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400069

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 # 0730080

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

Bureau of Air Monitoring  
& Mobile Sources

DEC 20 2000

RECEIVED

12-16-00 pd  
RECEIVED  
MAIL ROOM  
DEC 18 00

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID # 0730080

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

**4a. Article Number**

2 333 660 514

**4b. Service Type**

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

**7. Date of Delivery**

**8. Addressee's Address (Only if requested and fee is paid)**

**5. Received By: (Print Name)**

Paula Thornton

**6. Signature: (Addressee or Agent)**

X

Thank you for using Return Receipt Service.

Z 333 660 514

1999

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Contains

AIRS ID # 0730080

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

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258541 ✓

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# 0730080  
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 **99 300963**

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

RECEIVED  
MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** JAN 27 98

Do **NOT** Remove Label

AIRS ID#0730080  
WALLY OF TALLAHASSEE  
GREG WALLENFELSZ  
1102 E LAFAYETTE STREET  
TALLAHASSEE FL 32301

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360728

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 # 0730080  
BLUE RIBBON CLEANERS II  
GREG WALLENFELSZ  
1102 E LAFAYETTE STREET  
TALLAHASSEE FL 32301

66 91 83  
RECEIVED  
MAIL ROOM

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

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

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery

*Valerio Farney* 8/11

C. Signature  Agent  Addressee

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

1. Article Addressed to:

10 AIRS ID # 0730080001AG  
GREG WALLENFELSZ  
BLUE RIBBON CLEANERS II  
1102 E LAFAYETTE STREET  
TALLAHASSEE FL 32301

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

70000600002641302461

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)

7000 0600 0026 4130 2461

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

10 AIRS ID # 0730080001AG  
GREG WALLENFELSZ  
BLUE RIBBON CLEANERS II  
1102 E LAFAYETTE STREET  
TALLAHASSEE FL 32301

*Valerio Farney*

See reverse for instructions





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389307

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

**TOTAL AMOUNT DUE:**

\$0.00

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
RECEIVED  
DEC 14 1999  
RECEIVED  
MAIL ROOM  
DEC 10 99

Do NOT Remove Label

AIRS ID # 0730080

BLUE RIBBON CLEANERS II  
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

421572 JAN10 2003

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#0730080

BLUE RIBBON CLEANERS II  
MICHAEL WALLENFELSZ  
1102 E LAFAYETTE STREET  
TALLAHASSEE FL  
32301

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO:  
Fund: 20-2-03500  
Obj.: 002273

Bureau of Air  
& Mobile

JAN 16 2003

RECEIVED