

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 23, 1996

Mr. Greg Wallenfelsz Blue Ribbon Cleaners 2107 Capital Circle, N.E. Tallahassee, Florida 32308

Dear Mr. Wallenfelsz:

The Department is returning your check (#1683) for \$100. The annual operation fee of \$50 for a Title V general air permit is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of the general permit.

The Department will be sending fee notices in January to those facilities entitled to use the Title V general air permit. Please pay the \$50 fee upon receipt of the notification.

It appears the fee payment you submitted is for another program. Please check your original invoice material and verify.

If you have any questions concerning your notification form or the payment of fees, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB\

Enclosure

Facility	TD.	9500613

Facility Information: BLUE RIBBON CLEANERS III

2107 CAPITAL CIRCLE NE

TALLAHASSEE, FL 32308-0, County: LEON

Facility Operator: MIKE OR CLARENCE

Account Owner: 38825

WALLENFELSZ INC 1102 E LAFAYETTE ST TALLAHASSEE,FL 32301 Attn: Wallenfelsz, Mike &

Facility Owner: 38825

WALLENFELSZ INC 1102 E LAFAYETTE ST

TALLAHASSEE

Attn: WALLENFELSZ, MIKE & GREG

Property Owner:

1996 Annual Fee:

\$100.00

Adjustments:

\$0.00

Payments:

\$0.00

Total Charges:

\$100.00

Balance Due:

\$100.00

3a. Has third-party liability insurance been obtained for the facility listed above?

[9] YES (Please complete the following)

[9] NO

			Co. is
	Period of coverage	:	
year 1996, provide the la	st date the facility opera n 1996 that did not meet t	the definition of a	
	[] Retail clothin	ng store	
Facility f drycleaning solvents	[] Other		
	ove did not operate as a year 1996, provide the la ove operated a business i ility, indicate the type	Amount of coverage Period of coverage ove did not operate as a drycleaning facility or wh year 1996, provide the last date the facility opera ove operated a business in 1996 that did not meet to ility, indicate the type of business that was opera [] Retail clothing Facility	Period of coverage: ove did not operate as a drycleaning facility or wholesale supply factory year 1996, provide the last date the facility operated as such: ove operated a business in 1996 that did not meet the definition of a control of the c

WALLENFELSZ, INC. D/B/A BLUE RIBBON CLEANERS

PH 904-385-7541 2107 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308 1683

63-68/631 BRANCH 001

OTHE DEPT. OF E.P.A

12.16₁₉96 \$ 100.00

ore blal + 00/xy

DOLLARS Security feature included.



THE V GENERAL PERMIT

D Jalles

Perchloroethylene Dry: Gleaning Facility Notification

11708

Facility	Name	and	Location
----------	------	-----	----------

12345

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	WALLENFELSZ, INC. DBA BLUE RIBBON CLEANERS
2.	Site Name (For example, plant name or number):
	BLUE RIBBON CLEANERS III
3.	Hazardous Waste Generator Identification Number:
	FL 5071571571
4.	Facility Location: Street Address: 2107 CAPITAL CINCLE N.E.
	City: TAII. 41. County: LEON Zip Code: 32308
5.	Facility Identification Number (DEP Use):
	073008/
: HR	
	Responsible Official

6.	Name and Title of Responsible Official:	MIKE	ok		SEC TR	
C	LARENCE CHAPMAN (MGK.)	GREG	WAITENFE	:152	PRES.	
7.	Responsible Official Mailing Address:	_				
	Organization/Firm: BLUE RIBBON CLEA	INERS III				
	Street Address: 1/02 EAST. LAFAY					
		y: LEON		Zip C	Code: 32301	
8.	Responsible Official Telephone Number:					
	Telephone: (904) 385 - 7541 517E	Fax:	()	-		
	904 942 - 5919 Offic	£				

Facility Contact (If different from Responsible Official)

9. Name and 7	Title of Facility Contact	(For example, plant manager):		
CLARE	ENCE CHAPM	IAN (MANAGER)		
10. Facility Con	ntact Address:			
Street Addr City:	ress: Z107 C7PI7	JL CIR. N.€. County: LEON	Zip Code: 32308	
	ntact Telephone Numbe (904) 385 - 7) -	

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Bureau of Air Monitoring

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

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		1	01 JAN 94						
(1) w/ ref. condenser	7	01 . JAN . 94	7.95	1					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					•				
(4) w/ ref. condenser				[
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		1	-			·
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					. 7				'
(10) w/ ref. condenser									
(I1) w/carbon adsorber									
(12) w/ no controls						-			_
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are r	equired to be	installed [_						lending de lending. Zutracred)
(3"	113							
(b) If less than 12 mont	hs h	ow many? f] months						
Check why it is less					l New store	e: [] Dia	d not k	een records:	ן ז
2								p	
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section	(3) of	Part II?	
	Selec	t one classif	ication only.))	nitions foun		ر	Part II?	

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

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4. What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condense	er []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
·	
5. A facility which contains non-exempt emissions units shall not be eligib to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating 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 boiler HP or less), and (2) are fired exclusively by natural gas except for peduring which propane or fuel oil containing no more than one percent sulful.	eriods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	formation
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	\angle
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	$\mathbb{X} \theta$

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

Surrender of Existing Air Permit(s)

Please indicat	e 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)
1	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. Z 24/97 \$1996

AIRS ID# 0730081



This site no longer uses "Perc". We are no longer designed to operate under the general for "Perc Dryclaners".

Unen E. lipnin

BLUE RIBBON CLEANERS III 2107 CAPITAL CIRCLE NE

every 2-3 years, and it seems to list all (as best I can determine) facilities. The listing is attached, and my contact is Jane Gregory in Pensacola. It isn't easy to cross reference, however, it seems to show that perc users need a RCRA number, while other solvent type facilities do not. It might be worth your time to try to get whatever form or tracking method is available from the Division Haz Waste folks, also to use as a cross reference. Hope this information is useful.

I received a call yesterday from Blue Ribbon Cleaners 3 (Capital Circle NE) that they are being required to switch to non-perc solvent, or lose their lease. They have 6 months to convert and plan to go to Exxon 2000. This also requires a machine changeout, at a cost of about \$55k. They will send us a letter so we can update and drop them from our GP program.

Hope things are going well for you. The DAWGS have a tough game with 13000 UK this weekend. I plan to go to the Fla game in 2 weeks. Have a good one.

Ralph ----- ATTACHMENT ------

Press RETURN to continue, GOLD MENU for options or EXIT to cancel

Treasury.

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

Durguent to the provisions of Costion 215 26 or Costion
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: WALLENFELSZ, INC.
ADDRESS: DBA: BLUE RIBBON CLEANERS 2107 CAPITAL CIRCLE, N.E. TALLAHA
FEID OR SS NUMBER:
AMOUNT: \$50.00 DEPOSIT DATE: 20-AUG-96 DEPOSIT: 970169
DOCUMENT NUMBER: 41708 SYS RECEIPT#:
REV OBJECT CODE: 4012 SHORTAGE/OVERAGE
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
SAMAS ACCOUNT CODE
372020350013700000000040000
372020350013700000000040000 Statutory Authority for Collection
372020350013700000000040000
372020350013700000000040000 Statutory Authority for Collection It is requested that payment be made from:
372020350013700000000040000 Statutory Authority for Collection It is requested that payment be made from: NAME OF ACCOUNT: SAMAS ACCOUNT CODE
372020350013700000000040000 Statutory Authority for Collection
372020350013700000000040000 Statutory Authority for Collection It is requested that payment be made from: NAME OF ACCOUNT: SAMAS ACCOUNT CODE 372020350013700000022000000 ********************
372020350013700000000040000 Statutory Authority for Collection
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372020350013700000000040000 Statutory Authority for Collection It is requested that payment be made from: NAME OF ACCOUNT: SAMAS ACCOUNT CODE 372020350013700000022000000 *******************

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

12345
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
WALLENFELSZ, INC. DBA BLUE RIBBOW CLEANERS
2. Site Name (For example, plant name or number):
BLUE RIBBON CLEANERS III
Hazardous Waste Generator Identification Number:
FL 5071571571
4. Facility Location: Street Address: 2107 CAPETAL CEACLE N.E.
City: TAII. 41. County: LEON Zip Code: 32308
Facility Identification Number (DEP Use):
0130081
Responsible Official
. Name and Title of Responsible Official:
MIKE OR SECTOR
CLARENCE CHAPMAN (MGR.) GREG WAITENFELSZ PRES. Responsible Official Mailing Address:
Organization/Firm: BLUE RIBBON CLEANERS W
Street Address: 1/02 EAST. LAFA VETTE ST. City: Zip Code: Zip Code
City: 7311. 71. County: LEON Zip Code: 32301
Responsible Official Telephone Number: Telephone: (904) 385 - 7541 SITE Fax: () -
904 942 - 5919 Office
Facility Contact (If different from Responsible Official)
Facility Contact (11 different from Responsible Official)
Name and Title of Facility Contact (For example, plant manager):
CLARENCE CHAPMAN (MANAGER)
0. Facility Contact Address:
Street Address: Z107 CJPZ7JL CIR. N.E.
City: 7211 71 County: LEON Zip Code: 32308
1. Facility Contact Telephone Number:
Telephone: (904) 385 - 7541 Fax: () -
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SEP 5 1996

Page 13 of Air Monitoring & Mobile Sources

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device	l
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed	ı
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92	l
Dry-to-Dry Unit	1 1					`				ı
(1) w/ ref. condenser	,	01 · JAN · 94	1.96							ı
(2) w/ carbon adsorber										i
(3) w/ no controls										ı
Washer Unit										i
(4) w/ ref. condenser										i
(5) w/ carbon adsorber										ì
(6) w/ no controls										i
Dryer Unit				Îst (vi			:			i
(7) w/ ref. condenser										i
(8) w/ carbon adsorber										ì
(9) w/ no controls										i
Reclaimer Unit				1.5			. 1			ì
(10) w/ ref. condenser										i
(11) w/carbon adsorber		•	1							i
(I2) w/ no controls										ì
(b) Control devices are (c) No control devices 2.(a) What was the total of [140]	are re	equired to be	installed [_			O MON; BEASON HEA TO DO	741	45° 112 is c e wax.	•	zcyicE
(b) If less than 12 mont Check why it is less					_] New store	: [] Did :	not k	eep records:		
3. What is the facility's so (Indicate with an "X".					nitions found	l in section (3	3) of	Part II?	,	
Existing small are	ea so	urce []	Ne	w sm	nall area sour	ce 🏋				
Existing large are	ea sou	ırce []	Ne	w lar	rge area sour	ce []				

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

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 pursuar 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
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan
DEP Form No. 62-213.900(2) Page 15 of 16 Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	ate with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorizing of facility indicated in this notification form; specifically,	•
	No air permits currently exist for the operation of the f this notification form.	facility indicated in
	Responsible Official Certificat	ion
this notific statement maintain i	dersigned, am the responsible official, as defined in Part I fication. I hereby certify, based on information and belief ats made in this notification are true, accurate and comple a the air pollutant emissions units and air pollution contro with all terms and conditions of this general permit as set	formed after reasonable inquiry, that the ete. Further, I agree to operate and ol equipment described above so as to
I will proi	omptly notify the Department of any changes to the inform	nation contained in this notification.
Signature	Jack J	19196 Date
Signature	č	Duit

0 16

#0730081

P. 14

3. to be a small area source, RO must write under 140 on 2. (a)

P.15 (f) Should be marked

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Blue Ribl	on III				DATE: 3	12/97
FACILITY NAME:	2107 6	apital C	hèle NE	-	<u> </u>		
	Tallah	issee	76 323	∂ {			_
Annual Reporting Period: _	Sept	3	19 96	то _	March	12	19 97
Based on each term or cond 62-213.300, Florida Admini		-			<u> </u>		ıle NO
If NO, complete the following	ng:						
#1. Term or condition of th	ne general permit	that has not been	n in continuous	complianc	e during the report	ting period sta	ated above:
Exact period of non-complia	ance: from			to	0		
Action(s) taken to achieve c	compliance:						
Method used to demonstrate	e compliance:						
#2. Term or condition of th	ne general permit	that has not bee	n in continuous	complianc	e during the report	ting period sta	ated above:
Exact period of non-complia	ance: from			to	:		
Action(s) taken to achieve of	compliance:						
Method used to demonstrate	e compliance:						
As the responsible official, a made in this notification are upon rolling averages of pu year for transfer or combinates of the RESPONSIBLE OFFICIAL	e true, accurate d urchase receipts, d ation facilities.	and complete. F does not exceed	Turther, my annu 2,100 gallons p	al consum	ption of perchloro	ethylene solve	ent, based

^{*}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

V

TYPE OF INSPECTION: ANNUAL 🔀 COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 8:00 pm TIME OUT: 3: 45 pm AIRS ID#: TYPE OF FACILITY: Blue Ribbon 3 FACILITY NAME: ____ 2107 CAPITAL CIRCLE NE FACILITY LOCATION: TALLA hASSEE H 32308 RESPONSIBLE OFFICIAL: Mille Wallenfels PHONE NUMBER: 904-942-5919 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in Xcompliance 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 None COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. NO DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: Ralph Staphin (Flease Print)
INSPECTOR'S SIGNATURE: Au Staphin PHONE NUMBER: <u>904-486-370</u>

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE INSPECTION CHECKLIST					
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY			
THE OF INSTECTION.	RE-INSPECTI				
	RE-INSPECTI				
AIRS 1D#: <u>0730081</u> 1	DATE: 3/12	/97 TIME IN: 3:00pm TIME OUT	3:45 pm		
FACILITY NAME:	LUE RIBE	SON CLEANERS III			
FACILITY LOCATION:	2107	Capital Circle NE Lassee H 32308			
	Tallal	12308			
	- / acces		_		
PART I: NOTIFICATION					
(check appropriate box)	22.61 04.40.6		57/		
1. Existing facility notified DAF	·				
2. New facility notified DARM	• •	•	_		
3. Facility failed to notify DARM	A to use general p	ermit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	n form that it is:	:			
l _A .					
1. Existing small area source	e 🗆	2. New small area source			
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr			
both types, x<140 gal/yr		both types, x<140 gal/yr			
(constructed before 12/9/91)		(constructed on or after 12/9/91)			
3. Existing large area source	e 🗆	4. New large area source			
dry-to-dry only, 140 <x<2,100< td=""><td>gal/yr</td><td>dry-to-dry only, 140<x<2,100 gal="" td="" yr<=""><td></td></x<2,100></td></x<2,100<>	gal/yr	dry-to-dry only, 140 <x<2,100 gal="" td="" yr<=""><td></td></x<2,100>			
transfer only, 200 <x<1,800 g<="" th=""><th>_</th><th>transfer only, 200<x<1,800 gal="" th="" yr<=""><th></th></x<1,800></th></x<1,800>	_	transfer only, 200 <x<1,800 gal="" th="" yr<=""><th></th></x<1,800>			
both types, 140 <x<1,800 <br="" gal="">(constructed before 12/9/91)</x<1,800>	yr 	both types, 140 <x<1,800 gal="" yr<br="">(constructed on or after 12/9/91)</x<1,800>			
This is a correct facility classific	ation	CY ON			
If no, please check the appropria	nte classification:				
☐ facility qualifie	d for a general pe	ermit as numberabove			
☐ facility exceeds	facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchlor	coethylene (perc)	purchased within the preceding 12 months by this	dry cleaning		
facility was 170 gallons.	as of Feb	47			

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	<i>J</i>
1. Storing perchloroethylene in tightly sealed and impervious containers?	ØY ON
2. Examining the containers for leakage?	PY ON
3. Closing and securing machine doors except during loading/unloading?	ey on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	oy on
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ™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	<i>'</i> -
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	dy on
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON PAN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ey on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Has not been a problem	DY ON (NA)
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	en on

PART III: GENERAL CONTROL REQUIREMENTS

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?				DY ON
2.	Which method of detection is used by the	ne respon	sible officia	1?	
	Visual examination (condensed so	lvent on	exterior su	faces)	
	Physical detection (airflow felt thr	ough gas	kets)		
	Odor (noticeable perc odor)				2
	Use of direct-reading instrumentat	tion (FID	/PID/calori	metric tubes)	
	If using direct-reading instrume	ntation,	is the equip	oment:	
	a. Capable of detecting p	erc vapo	r concentra	tions in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to	and after each use	OY ON
	c. Inspected for leaks and	d obvious	signs of w	ear on a weekly basis?	OY ON
	d. Kept in a clean and se	cure area	when not	in use?	□Y □N
	e. Verified for accuracy b	by use of	duplicate sa	amples (calorimetric only)?	OY ON
3.	Has the facility maintained a leak log?				DY ON
4.	Does the responsible official check the f	ollowing	areas for le	eaks?	
	Hose connections, fittings, couplings, and valves	T Y	□N	Muck cookers	OY ON
•	Door gaskets and seating	BY	□N	Stills	ON ON
	Filter gaskets and seating	BY	□N	Exhaust dampers	OY ON
	Pumps	₽Ý	□N	Diverter valves	OY ON
	Solvent tanks and containers	BY	□N	Cartridge filter housings	DY ON
	Water separators Zero Les	B Ý	□N	·	
MIKE WATTENSE (CLANENCE CHAPMAN, MGR.) Name of Responsible Official					
	RALPH STAPLIN MAR. 12, 1997				
	Increator's Name (Please Prin	t)		Date of Inspe	ction

, , , , , , , , , , , , , , , , , , , ,
MAR. 12, 1997
Date of Inspection
MANAPR 98
Approximate Date of Next Inspection

В.	Has the responsible official of an existing large or new large area source also:			-
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\Box Y	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box Y$	□N	
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	QY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	
	Accordate the complete and an the Categorian subsect for accounting			
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?	ПΥ	⊓n °	
	or expansion, and downsdeam from no onice met.	- 1	— 11	
5.	Equipped transfer machines (dryers, reclaimers) and washers) with individual			
	condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	No. 70 No. 7
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	מם עם
2. Maintained rolling monthly averages of perc consumption?	DY DN
 Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days no in and parts installed w/in 5 days of receipt? 	DY ON NAD endents
4. Maintained calibration data? (for direct reading instruments only)	DY DN DNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON
 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? None required Problem corrected? 8. Maintained compliance plan, if applicable? 	DY ON ON ON OY ON OY ON ON ON

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring AIRS ID#0730081 WALLENFELSZ INC GREG WALLENFELSZ 1102 E LAFAYETTE STREET TALLAHASSEE FL 32301 Do NOT Remove Label DEC JAN 1 1997 *3* l Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule **□**NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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 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

*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.

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 WANEAFEISZ
Name (Please Print)

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

,	

TYPE OF INSPECTION: ANNUAL 🔀 C	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	OZSAIRS ID#: 0730081
TYPE OF FACILITY: New Small	
FACILITY NAME: BLUE RIBBON CLE	ANERS III DATE: APR 3, 1998
FACILITY LOCATION: 2107 CAPITAL CIA	PELE NE
TALLAHASSEE FL	32308
RESPONSIBLE OFFICIAL: MIKE WALLENFELSE/ C	HAPMAN PHONE NUMBER: 850 - 385 - 7541
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admin	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements ev discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No noted problems	
	APR
	<u> </u>
·	4 5 1998 Air Monitor le Sources
	es es
	·
COMMENTS:	
The Annual Compliance Certification form has been properly complete.	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: APR	MAY 98
INSPECTION CONDUCTED BY: RAPH INSPECTOR'S SIGNATURE: RAPH	(Approximate) H STAPLIN (Please Print)
INSPECTOR'S SIGNATURE. Ola Stablin	PHONE NUMBER 850 - 488 - 3704

Page 1 of 1.

Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	on o	COMPLAINT/D	ISCOVERY		
AIRS ID#: 0730081 FACILITY NAME:	DATE: APR 3, BLUE RIBA			TIME OUT:	1025	
FACILITY LOCATION:	2107 CAP.	ITAL CIRC	KE NË			_
	TALLAHAS					
RESPONSIBLE OFFICIAL:				- 942 - 5	919	_
CONTACT NAME: Clar						- ·
PART I: NOTIFICATION						
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM		•			0	
PART II: CLASSIFICATIO						
Facility indicated on notificat (check appropriate box) A.	ion form that it is:		☐ No notificatio☐ Drop store/ou		etroleum	
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr r	transfer only, both types, x	у, x < 140 gal/ут x < 200 gal/уr	×		
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/ут 00 gal/ут gal/yr	transfer only, both types, 14	e area source by, $140 \le x \le 2,100$ g $200 \le x \le 1,800$ gal $0 \le x \le 1,800$ gal/yr on or after $12/9/91$)	/yr	Bureau of Air Monitoring & Mobile Sources	APR 151
5. This is a correct facility	classification	ØY □N	□Can not deter	mine	Monito Durce	5 1998
	lity qualified for a go	eneral permit as	number a	above permit	oring s	
B. The total quantity of perch facility was 135 gallon			n the preceding 12 m	onths by this	dry cleani	ng

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

PART IV: PROCESS VENT CONTROLS

In	Par	+ T1	[_A	٠

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

BY ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

DY ON

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

Y ON ON/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

SY ON

В.	Has the responsible official of an existing large or new large area source also:			,
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a reckly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΠN	□N/A
	Is the temperature differential equal to of greater than 20° F?	ΠY	□И	□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?	$\Box Y$	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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?	ΠY	ПИ	□N/A
5.	Equipped transfer machines dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	□N/A
6.	Routed airflow to the earbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	⊡ Y □N
2. Maintained rolling monthly averages of perc consumption?	ey on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? No + required	GY ON ON/A
4. Maintained calibration data? Gor applicable direct reading instruments)	alae no yo
5. Maintained exhaust duct monitoring data on perc concentrations?	GY ON ON/A
6. Maintained startup/shutdown/malfunction plan? OPS Manual	₽ Y □N
7. Maintained deviation reports? None required	DY DN PANA
Problem corrected? θ	DA DN BANY
8. Maintained compliance plan, if applicable? Nove required	DY DN PANA

PART VI: LEAK DETECTION AND REPAIRS

							
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			on or			
2.	Has the facility maintained a leak log?			on on			
3.	Does the responsible official check the f	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	CY ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills Wash	ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	©Y □N □N/A			
	Pumps -	GY ON ON/A	Diverter valves	GY ON ON/A			
	Solvent tanks and containers	ery on on/a	Cartridge filter housings	DY ON ON/A			
	Water separators Zewannik	MY ON ON/A					
4.	Which method of detection is used by the	he responsible official?					
	Visual examination (condensed so	olvent on exterior surface	s)				
	Physical detection (airflow felt the	rough gaskets)					
	Odor (noticeable perc odor)			9			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)				
	Halogen leak detector Have	me					
	If using direct-reading instr	umentation, is the equip	oment:	□ N/A			
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	□Y □N			
	OY ON						
	c. Inspected for leaks ar	DY DN					
	d. Kept in a clean and/s	ecure area when not in u	se?	NO YO			
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	NO YO			

Inspector's Name (Please Print)

APR 3, 1998

APR 3, 1998

APR 3, 1998

Approximate Date of Inspection

Approximate Date of Next Inspection

Frenter Miracless 355 Model 0355 mann. about 1994 ser. 1618 Zero Waste for water separation Have 45 ser cluly down opining / suction

PCE PURCHASE LOG & RUNNING TOTAL STORE BLUE TIL

OPEN -> STORE

	1994		1995		199	6	199	17	1998		
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	
January	40		10	125	10	115	5	130	10	135	
February	30		10	105	20	125	/D	120.	10	135	
March	4		20	125	15	120	10	175,			
April	10		5	120	2	125	25	130			
May	5		10	125	ф	115	10	140.			
June	5		5	125,	5	175	15	150			
July	15		15	125.	10	110	10	150			
August	15		10	120.	0	110	<i>(</i> 5	155			
September	15		5	110.	10	115	10	155			
October	15		10	105	20	125	10	145			
November	5		10	110	15	130	5	136			
December	4	155	5	115	10	135	10	135			

Bureau of Air Monitoring & Mobile Sources

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LOG REQUIRED UNDER THE "EPA CLEAN AIR ACT REGULATION"

RECEIVED

APR 1 5 1998

and the second second		Jan	uar	Y	F	ebr	ruai	ry		Me	arch	•		A	pril		M	ayB	ureau	of /	Air Mo le Sou	anitor urces	ing
Gallons of perc purchased and date of purchase.																			,				
Date of leak detection inspection <u>DATE</u> and repair made if required. (Weekly)* <u>REPAIR YW</u>	V																						
A. Dry-to-Dry (Refrigeration Condenser) Temperature on outlet side. (Weekly)	41	239	40	39	39	40	40	70	32	37	41	37	40										
B. Transfer Machine (Refrigeration OUTLE) Condenser) Temperature on outlet side and difference in temperature between inlet and outlet side. (Weekly) DIFFERENCE																							
C. Dry-to-Dry Vented or Transfer with carbon adsorber - Colorimetric tube test. (Weekly)																							
D. No Vent Dry-to-Dry with door fan carbon adsorber - Colorimetric tube test on exhaust. (Weekly) (<i>Major Source Only</i>)	-																		· .				
E. No Vent Dry-to-Dry with door fan carbon adsorber - Colorimetric tube test on exhaust with door closed. (Weekly) (Major Source Only)	,																						

Weekly' Leak Detection and Repair Program Required

A. I use a refrigerated condenser on a dry-to-dry machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the retrigerated condenser is less than or equal to 45 degrees Fahrenhelt.

B. I use a refrigerated condenser on a transfer machine to meet the required control.

if you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45 degrees Fahrenheit AND that the difference between the inlet and the outlet temperature of the refrigerated condenser on the transfer washer is less than or equal to 20 degrees Fahrenheit.

C, I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR

D. I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.

If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc in the exhaust from the carbon adsorber is not over 100 parts per million.

E. I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.

If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the drycleaning machine drum at the end of the drying cycle is not over 300 parts per million.

*On small area sources, bi-weekly.

~1998**"**

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LEAK DETECTION INSPECTION LOG

DATE	4.1.98	MACHINE NO		Bur	RE
INSPE	circle one	ATTORING INSTRUMENT		APR 1 5 (998) Bureau of Air Monitori & Mobile Sources	(F
Inspec	the following items for leaks.	SIGNS OF L	EAKING?	1998 Monitoring Sources	
1.	Hose and pipe connections, fittings, couplings, valves	YES	1		
2.	Door gasket and seating	YES	No	-	
3.	Pump	YES	No		
4.	Solvent tank and containers •	YES	do		
5 .	Water separator	YES	NO		
6.	Muck cooker .	YES	410-		
7.	Still	YES	60		
8.	Exhaust damper	YES	MO		
9.	Diverter valve	YES	pro		
10.	Filter gasket and seating	YES	MA		
11.	Cartridge filter housings	YES	/110		

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

CONTACT MILE OR GREG FOR COLLECT REPAIR ACTION

942-5919 656-2018

• TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	UAL 🗶 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0930	TIME OUT: /00	AIRS ID#:	0730081
TYPE OF FACILITY: NET	N SMALL		7-11
FACILITY NAME: BLUE K	CIBBON CLEANE	rs III	DATE: <u>3/8/99</u>
FACILITY LOCATION: 2/07	CAPITAL CIRCO	LE NE	′ /
	HASSEE FL 32		
RESPONSIBLE OFFICIAL: Mike War			R: 850 385 7541
Based on the results of the comp compliance with DEP Rule 62-2	-	- · · · · · · · · · · · · · · · · · · ·	acility is found to be in
Based on the results of the comp discrepancies were noted:	liance requirements evalua	ted during this inspection, the f	following compliance
COMPLIANCE REQUIREM	IENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
no problems note	d		
New petroleum (x-20)		Please notify	Sept when
machine received		Please notify -	complete
		·	REC
			AN OF AIR
			Source Source
·			1939 Ir Monitoring E Sources
COMMENTS:			υu
<i>7.</i>			
The Annual Compliance Certification for	rm has been properly certif	ied and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:	MAR / AP		
INSPECTION COMPLICATED BY	(Ap RAIOU	proximate) A STAPL A	
INSPECTION CONDUCTED BY:	(PI	ease Print)	
INSPECTOR'S SIGNATURE:	RALPH Par Staplin	PHONE NUMBE	CR: 850 488 3704
	11	<u>l</u> of <u>l</u> .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION		COMPLAIN I/DISCOVER					
AIRS 1D#: 0730081	,	_		r: <u>1000</u>				
FACILITY NAME:	BLUE RIBBOI	I CLEANET	28 III					
FACILITY LOCATION: _	2107 CAPITAL	CIRCLE	NE					
	TALLAHASSE	E FL 3	23 <i>0</i> 8					
RESPONSIBLE OFFICIAL: Mike Wallen fe/s = PHONE: 850 942 5919 CONTACT NAME: CHRENCE Chapman PHONE: 850 385 7541								
PART I: NOTIFICATION								
(check appropriate box)			· <u> </u>					
1. New facility notified DAR	M 30 days prior to start	up						
2. Facility failed to notify DA	ARM to use general peri	nit						
PART II: CLASSIFICATI	ON							
Facility indicated on notific (check appropriate box)	ation form that it is:		□ No notification form□ Drop store/out of busines	ss/petroleum				
1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9	al/yr /yr	2. New small are dry-to-dry only, x transfer only, $x <$ both types, $x < 14$ (constructed on or	< 140 gal/yr 200 gal/yr 0 gal/yr					
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	≤ 2,100 gal/yτ ,800 gal/yτ 00 gal/yr		$40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$					
5. This is a correct facility	y classification	OY ON	□Can not determine					
If no please check t								
□ fa	the appropriate classific cility qualified for a ger cility exceeds above lim	eral permit as nun						

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at PY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BN/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 plas 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) PY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY EN ON/A condenser upon opening the door? No diverter valve 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bk-weekly/basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN PN/A condenser exceeded 45°F? None nieded 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	d y on					
2. Maintained rolling monthly averages of perc consumption?	on no Ye					
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?	øý on on/a					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OM/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BANA					
6. Maintained startup/shutdown/malfunction plan?	DY DN					
7. Maintained deviation reports?	DY DN BN/A					
Problem corrected?	DY DN PN/A					
8. Maintained compliance plan, if applicable?	OY ON ONA					

P.	PART VI: LEAK DETECTION AND REPAIRS								
1.	Does the responsible official conduct a v	veekly (for small sources, b	oi-weakly) leak detection an	d repair					
e.	inspection?	•		ON ON					
2.	Has the facility maintained a leak log?			ON NO					
3.	Does the responsible official check the f	following areas for leaks?	į						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A					
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A					
i L	Filter gaskets and seating	CHY ON ON/A	Exhaust dampers	DY ON ON/A					
	Pumps	DAY ON ON/A	Diverter valves	CY ON ON/A					
	Solvent tanks and containers	RY ON ON/A	Cartridge filter housings	DY ON ON/A					
	Water separators Zewate	DY ON ON/A							
4.	Which method of detection is used by the	ne responsible official?							
	Visual examination (condensed so	olvent on exterior surfaces)		<u>u</u>					
	Physical detection (airflow felt the	rough gaskets)							
ļ	Odor (noticeable perc odor)			9					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes) -	-					
	Halogen leak detector		•	-9-					
	If using direct-reading instr	umentation, is the equipm	nent:	□N/A					
ľ	a. Capable of detecting j	perc vapor concentrations	in a range of 0-500 ppm?	OY ON					
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	DY DN					
	c. Inspected for leaks an	nd obvious signs of wear or	a weekly basis?	□Y □N					
	d. Kept in a clean and s	ecure area when not in use	?	□Y □N					
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□Y □N					

RAISH A. Staplin March 8, 1999

Inspector's Name (Please Print)

Date of Inspection

MARIAPR 2000

Approximate Date of Next Inspection

New petro is in and ready for installation with take 2-3 days X-2000 solvent type. Will inform as when changeout complete

CONDENSER TEMP LOG

DATE	TEMP	Is tem than or 6 45° F (7	equal to
3.5	41	Y	N
3.12		Υ	N
3.19		Υ	N
3.26		Υ	N
		Υ	N

MARCH 1999 PERC PURCHASES RUNNING TOTAL

TOTAL FI	120					
SUBTRA PURCH MARCI	- 10					
SUBT	OTAL	. 110				
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL				
	+					
	+					

NOTES			
	_	 	

INSPECTIONS

INSPECTED	LEAKING? DATE								DATE PARTS	DATE PARTS	C DATE		
	35	ā :									ORDERED	RECEIVED	REPAIRED
HOSES	K	Y	N	Υ	N.	Υ	Ν	Υ	N	Υ			
DOOR	4	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ			
PUMP	W	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ			
SOLVENT TANK	40	Υ	N	Υ	N	Υ	N	Υ	N	Υ			
WATER SEPARATOR	W	Υ	N	Υ	N	Υ	N	Υ	N	Υ			
MUCK COOKER	N-	-Y-	-14-	Υ	-M-	··Y-~	-14-	Y	-14-	Y			
STILL	W	Υ	N	Υ	N	Υ	N	Υ	N	Υ			
EXHAUST DAMPER	-N-				-14-		14	Y	N-	~ \			
DIVERTER-VALVE-	-N-	¥	-N-	_Y	-11-	- Y		Y	N+		· .		
FILTER GASKET	W	Υ	N	Υ	N	Υ	N	Υ	N	Υ			
CARTRIDGE FILTER	M	Υ	N	Υ	Ñ	Υ	N	Υ	N	Υ			
WASTE CONTAINERS	W	Υ	N	Υ	N	Υ	N	Υ	N	Υ	LABLED Y N C	DATED Y N	

PCE PURCHASE LOG & RUNNING TOTAL STORE BIVE III-

	190	18	190	<u>i9</u>						
	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total	Gal.	Total
January	10	140	10	115						
February	10	140	ID	105						
March	10	140	15	110						
April	10	125					1			
May	10	izs								
June	10	120								
July	5	115								
August	10	110								
September	10	115								
October	15	115								
November	5	115								
December	10	115								

AIRC ID# 0730081

Blue Ribbon

CLEANERS

3-1-00

This site no longer uses "Perc".

We are no longer designed to operate under the general for "Perc Dryclaners".

BLUE RIBBON CLEANERS III 2107 CAPITAL CIRCLE NE TALLAHASSEE, FLORIDA 32308

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
WALLENFELSZ, INC.
2. Site Name (For example, plant name or number):
BLUE RIBBON CIGANERS, INC.
3. Hazardous Waste Generator Identification Number:
##################################
4. Facility Location:
Street Address: 2107 CAPITAL CIRCLE N.E. City: County: County: Zip Code: 27201
City: TALLA HASSEE County: LEON Zip Code: 32301
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0730081-001
Responsible Official
6. Name and Title of Responsible Official:
Name: MICHAEL WALLENFELSZ Title: V.P.
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 1102 EAST LAFA YETTE ST. City: TAUNUSCO County: 1 Cod Zip Code: 27701
City: TAIIAHASSEE County: LEON Zip Code: 32301
8. Responsible Official Telephone Number:
Telephone: (950) 942 - 5919 Fax: (850) 942 - 2651
<u> </u>
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
CLARENCE CHAPMAN
10. Facility Contact Address:
Street Address: ZIO7 CAPITAL CIRCIE NE
City: TALLAHASSEE County: LEON Zip Code: 32301
11. Facility Contact Telephone Number:
Telephone: (850) 385 - 9739 Fax: (850) 385 - 7851

DEP Form No. 62-213.900(2)

AS OF MORCH 1999 THIS SITE CHAINGED OVER TO EXXON ZOOD THIS SITE NO LONGER USES PERCHLOROETHYLENE.

Facility Information			1) Lad
1.(a) DRY-TO-DRY M.	ACHINES ONLY	!	X Works
How many dry-to-dry machines do you have on-site? Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New many washers do you have on-site? The transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING anti. If the transfer machine was purchased after September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Existing/New RC/CA/None required Date Control Device Required (or on December 9, 1991, it is an EXISTING and It is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Status (circle one) (circle one) Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required			
A DRY-TO-DRY MACHINES ONLY How many dry-to-dry machine do you have on-site? Or each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased from Manufacturer Existing/New RC/CA/None required			
Date Initially Purchased From Manufacturer		· •	(if already included at time of
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	ea to the same of the
	Existing/Nev	w RC/CA/None required	and the second of the second
*CONTROL DEVICE K	EY: $RC = res$	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	The same of the sa	
How many washers do yo	ou have on-site?		
Trow many washers.do ye			•
	iers do you have oi	n-site? []	
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n	as purchased from ine was purchased to units purchased	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allo	December 9, 1991 and September 22, owed to operate under this general
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n	as purchased from ine was purchased to units purchased er machine on-site, Status	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allow, please provide the following information of the control Device Required*	December 9, 1991 and September 22, when to operate under this general formation: Date Control Device Installed (if already) included at time of
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer	as purchased from ine was purchased to units purchased er machine on-site, Status (circle one)	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allowable, please provide the following information (circle one)	December 9, 1991 and September 22, when to operate under this general formation: Date Control Device Installed (if already) included at time of
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer	as purchased from ine was purchased to units purchased er machine on-site, Status (circle one) Existing/New	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allo, please provide the following information (circle one) RC/CA/None required	December 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed ((if already)included at time of purchase, write "SAME")
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer	each dry-to-dry machine on-site, please provide the following information: Initially Purchased in Manufacturer Status		
How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Gircle one Circle one Circle one Existing/New RC/CA/None required Existing/New RC/CA/None required			
L(a) DRY-TO-DRY MACHINES ONLY			
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor	A DRY-TO-DRY MACHINES ONLY fow many dry-to-dry machine on-site, please provide the following information: the Initially Purchased from Manufacturer (circle one) Existing/New RC/CA/None required CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber The transfer machine was purchased from the manufacturer between December 9, 1991, it is an EXISTING init. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general errint). For each transfer machine on-site, please provide the following information: atel Initially Purchased Status (circle one) Existing/New RC/CA/None required Date Control Device Installed (If already-included attime of purchase, write "SAME") Existing/New RC/CA/None required Existing/New R		
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [] gallor	as purchased from ine was purchased to units purchased er machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allo, please provide the following information (Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = wave you used within the last 12 methis in)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber
How many dryers/reclaim If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [] gallor	as purchased from ine was purchased to units purchased er machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allo, please provide the following information (Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = wave you used within the last 12 methis in)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed ((if already included at time of purchase, write "SAME")
How many dryers/reclaim If the transfer machine w unit. If the transfer machin 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [] gallor Check why it is less	as purchased from ine was purchased to units purchased to units purchased er machine on-site, Status (circle one) Existing/New Existing/New Existing/New EX: RC = reference (perc) has (You must fill to onths, how many? [the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allo, please provide the following information (Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required frigerated condenser	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed ((if already)included at time of purchase, write "SAME") carbon adsorber sonths?

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)
Small Area Source []
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) New machines at small area source Refrigerated condenser
Existing machines at large area source Carbon adsorber Refrigerated condenser [] New machines at large area source Refrigerated condenser 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 (see attached memo for the criteria).
All steam and hot water generating units exempt OR No such units on-site
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [] []
What type of fuel do you use? [] propane [] natural gas [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring []
(e) Startup, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

7. Surrende	der of Existing DEP Air Permit(s)	
Please indic	licate with an "X" the appropriate selection:	·
[<u>*</u>]	I hereby surrender all existing DEP air permits auth this notification form; the permit number(s) are	orizing operation of the facility indicated in
	No DEP air permits currently exist for the operation form.	of the facility indicated in this notification
_Responsibl	ble Official Certification	
this not stateme mainta comply I will p	undersigned, am the responsible official, as defined in Partification. I hereby certify, based on information and be ments made in this notification are true, accurate and contain the air pollutant emissions units and air pollution couly with all terms and conditions of this general permit as promptly notify the Department of any changes to the infact wallender wallenders.	elief formed after reasonable inquiry, that the inplete. Further, I agree to operate and introl equipment described above so as to set forth in Part II of this notification form.
Signati	l Woulf	8-28-1 Date

17

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259373 /

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 30 9TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0730081

BLUE RIBBON CLEANERS INC GREG WALLENFELSZ 1102 E LAFAYETTE STREET

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300962

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

TOTAL AMOUNT DUE: \$50.00 JAN 27 98

Do NOT Remove Label

AIRS ID#0730081

WALLENFELSZ 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

0357475

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 15 99.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0730081

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

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER: COMPLETE THIS SECTION	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 C. Signature X
1. Article Addressed to:	If YES, enter delivery address below:
10 AIRS ID # 0730081001AG	
GREG WALLENFELSZ	
BLUE RIBBON CLEANERS III	
1102 E LAFAYETTE STREET	3. Service Type
TALLAHASSEE FL 32301	Certified Mail
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 30 23	55
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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		MAIL REC	EIPT Coverage Provided)	
5.5		e mande e e e e e e e e e e e e e e e e e e		
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7	Return Receipt Fee (Endorsement Required)		Here	12
9200	Restricted Delivery Fee (Endorsement Required)			Y
	10 A	AIRS ID # 07300810	001AG	7
-13	GREG WALLE			1
í —	BLUE RIBBON			·····/
	1102 E LAFAYE	ETTE STREET		$ \varphi $
7000	TALLAHASSEF	E FL 32301		
1	PS Form 3800, February 2	2000	See Reverse for Instri	uctions