

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Donald Tants (dba) Tants 60 Minute Cleaners
2. Site Name (For example, plant name or number): College Pkwy Store
3. Hazardous Waste Generator Identification Number: FLD-961-030-919
4. Facility Location: Street Address: 791-1 College Pkwy City: Ft. Myers County: Lee Zip Code: 33912
5. Facility Identification Number (DEP Use): 0710154

Responsible Official

6. Name and Title of Responsible Official: Donald Tant
7. Responsible Official Mailing Address: Organization/Firm: Tants 60 Minute Cleaners Street Address: 791-1 College Pkwy City: Ft Myers County: Lee Zip Code: 33912
8. Responsible Official Telephone Number: Telephone: (941) 936-3616 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Vicki Smith Sommer-Smith
10. Facility Contact Address: Street Address: 391-1 791-1 College Pkwy City: Ft Myers County: Lee Zip Code: 33912
11. Facility Contact Telephone Number: Telephone: (941) 936-3616 Fax: () -

RECEIVED

SEP 24 1990

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
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	12-91	12-91						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

- (b) Control devices are required, but not yet installed
- (c) No control devices are required to be installed

(new dry cleaning machine has been purchased, expected to be installed Oct. 1996)

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

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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

- Existing small area source New small area source
- Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

run on propane

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

(pending)

(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.

Donald C. Grant
Signature

9-20-96
Date

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 03-Jul-2000 04:23pm

From: Wayne Lewis FTM 941/332-6975
LEWIS_W@a1.depftm.dep.state.fl.us

Dept:

Tel No:

To: Sandy Bowman TAL (BOWMAN_S@A1)

Subject: - no subject (01JRC4Y2T7P20007DT) -

Sandy

I thought this was a done deal last time we went through this but let's do it again. Tant 60 min - 0710154 - 7091 college pkwy I feel quite certain this facility needs to be inactivated. I am certain the equipment has been removed, along with the entire strip mall. Tant only permit should be 0710183

Do you need me to drive out and reconfirm machine has been removed?.....

Perchloroethylene Dry Cleaning Facility Notification

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4. Facility Location: Street Address: 7911-1 College Pkwy City: Ft. Myers County: Lee Zip Code: 33912
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7. Responsible Official Mailing Address: Organization/Firm: Tants 60 Minute Cleaners Street Address: 7911-1 College Pkwy City: Ft. Myers County: Lee Zip Code: 33912
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Bureau of Air Monitoring
& Mobile Sources

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<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>#1</i>	<i>12-91</i>	<i>12-91</i>						
(2) w/ carbon adsorber									
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(6) w/ no controls									
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I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Ronald C. East

Date

9-20-96

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 60 Minute Cleaners DATE: 1-30-98
 FACILITY LOCATION: 16970 A San Carlos Blvd
Ft Myers, Fla. 33908

Annual Reporting Period: Jan 1997 TO Jan 1998

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: _____

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 MAR 31 1998
 Bureau of Air Monitoring
 & Mobile Sources

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: Vicki Sommer Vicki Sommer 1-30-98
 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 60 Minute Cleaners DATE: 1-30-98
FACILITY LOCATION: 7091-1 College Pkwy Ft Myers, FLA 33907

Annual Reporting Period: Jan 1997 TO Jan 1998

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. [X] 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:

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RESPONSIBLE OFFICIAL: Vicki Sommer Name (Please Print) Vicki Sommer Signature 1-30-98 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.

Bureau of Air Monitoring & Mobile Sources MAR 31 1998

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all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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FEB 25 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0710154

DONALD TANT
DONALD TANT
7091-1 COLLEGE PKWY
FT MYERS FL 33912

Do NOT Remove Label

Annual Reporting Period: Jan 1 1998 TO Jan 1 1999

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

REC'D
23 98

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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Exact period of non-compliance: from _____ to _____

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RESPONSIBLE OFFICIAL: Vicki Sommer Vicki Sommer 2-4-98
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.

RF
MA
FE

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259930 ✓

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

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MAIL ROOM

FEB -6 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0710154
TANTS 60 MINUTE CLEANERS DONALD TANT 7091-1 COLLEGE PKWY FT MYERS FL 33912

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

0355266 ✓

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MAIL ROOM

DEC 24 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0710154
TANTS 60 MINUTE CLEANERS DONALD TANT 7091-1 COLLEGE PKWY FT MYERS FL 33912

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

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DEC 30 1998
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389664

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 # 0710154
TANTS 60 MINUTE CLEANERS DONALD TANT 7091-1 COLLEGE PKWY FT MYERS FL 33912

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

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MAIL ROOM
DEC 17 98



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM
FEB 23 98

303346

Do **NOT** Remove Label

AIRS ID#0710154
DONALD TANT DONALD TANT 7091-1 COLLEGE PKWY FT MYERS FL 33912

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

8 1 0

Z 333 612 842

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID 0710154

DONALD TANT
DONALD TANT
7091-1 COLLEGE PKWY
FT MYERS FL 33912

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	
TOTAL Postage & Fees	\$
Postmark or Date	

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0710154

DONALD TANT
DONALD TANT
7091-1 COLLEGE PKWY
FT MYERS FL 33912

4a. Article Number

Z333612842

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2-7-95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

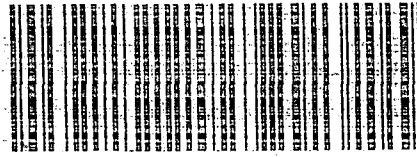
8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

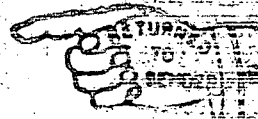
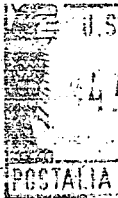
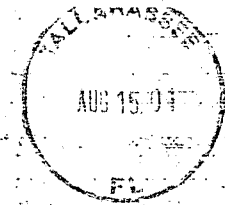
Domestic Return Receipt

Thank you for using Return Receipt Service.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0600 0026 4130 2478



NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
Inactive

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
AUG 20 2001

*NOT
7/24*

10 AIRS ID #0710154001AG
DONALD TANT
TANTS 60 MINUTE CLEANERS
7091-1 COLLEGE PKWY
FT MYERS FL 33912

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.

1. Article Addressed to:

10 AIRS ID # 0710154001AG
DONALD TANT
TANTS 60 MINUTE CLEANERS
7091-1 COLLEGE PKWY
FT MYERS FL 33912

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

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000060000264302478

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)

7000060000264302478

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

10 AIRS ID # 0710154001AG
DONALD TANT
TANTS 60-MINUTE CLEANERS
7091-1 COLLEGE PKWY
FT MYERS FL 33912

Donald Tant

Reverse for Instructions