

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

January 15, 2004

Mr. Timothy P. Vanaman  
Island Cleaners  
Post Office Box 838  
Sanibel, Florida 33957

Re: Facility No.: 0710172-002

Dear Mr. Vanaman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 15, 2003.

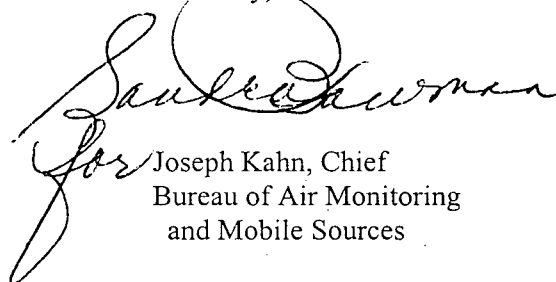
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 98-2000  
SOC REPORT .....1.....  
COMPLIANCE STATUS IN.....

RECEIVED  
-17-04  
FEB 20 2004

Bureau of Air Monitoring  
& Mobile Sources

RE: ISLAND CLEANERS  
Box 838  
SANIBEL, FL. 33957  
FACILITY # 0710172-002

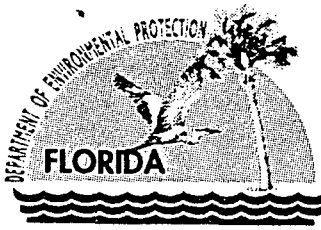
DEAR SANDRA,

I RECEIVED THE ENCLOSED LETTER FROM  
YOUR OFFICE IN JANUARY. BUT AS YET  
HAVE NOT RECEIVED A FEE NOTICE.

I HAVE ALSO ENCLOSED A CHECK FOR <sup>\$</sup>50.00  
FOR THIS FEE PAYMENT AS YOU STATE IT  
IS DUE BEFORE MARCH 1.

PLEASE INFORM ME IF YOU NEED  
ANYTHING ELSE.

THANK YOU,  
Tim Vanover



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

February 23, 2004

Mr. Timothy P. Vanaman  
Island Cleaners, Inc.  
Post Office Box 838  
Sanibel, Florida 33957

Re: Facility No.: 0710172-002

Dear Mr. Vanaman:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#1032) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

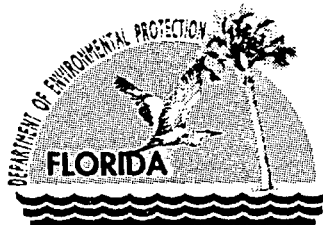
<b>ISLAND CLEANERS, INC.</b>		11-03	1032
239-395-0055			
2445 PERIWINKLE WAY			
SANIBEL, FL 33957-3230		DATE <u>2-17-04</u>	63-4/630 FL 9552
PAY TO THE ORDER OF	<u>DEPT. of ENVIRONMENTAL PROTECTION</u>		\$ <u>50.00</u>
	<u>FIFTY</u>	<u>00/100</u>	DOLLARS
<b>Bank of America</b>			
ACH R/T 063100277			
FOR	<u>FACILITY # 0710172-002</u>		
	<u>ANNUAL OPERATION FEE</u>		

GUARDIAN SAFETY © 2004 American Bank Note Company

Island Cleaners  
Post Office Box 838  
Sanibel, Florida 33957-0838



SANDRA BOWMAN  
TITLE V GENERAL PERMITS OFFICE  
BUREAU OF AIR MONITORING + MOBILE SOURCES MS 5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD,  
TALLAHASSEE, FL.  
32399+2400 32399-2400



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

January 15, 2004

Mr. Timothy P. Vanaman  
Island Cleaners  
Post Office Box 838  
Sanibel, Florida 33957

Re: Facility No.: 0710172-002

Dear Mr. Vanaman:

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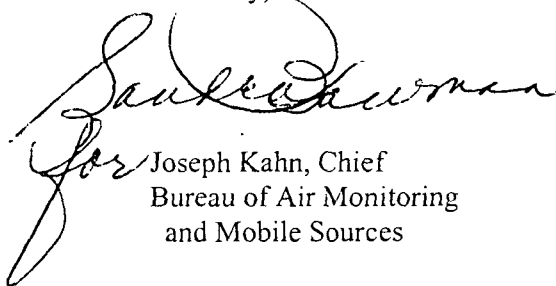
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Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

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,



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
DEC 15 2003  
Bureau of Air Monitoring  
& Mobile Sources

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):	Island Cleaners, TNC / Ektal & AVNi Enterprises, Inc		
2. Site Name (For example, plant name or number):	Island Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City:	County:	Zip Code:	
2445 Periwinkle Way Lee County 33957			
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0710172-002		

Responsible Official

6. Name and Title of Responsible Official:	Debra Vanaman V. President		
Name:	Timothy P. & Debra L. Vanaman President		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	County:	Zip Code:	
Post-office Box 838, San bel, FL Sambel, FL Lee County 33957 P.O. Box 838			
8. Responsible Official Telephone Number:	Telephone:	Fax:	
239-395-0055			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address: Street Address: City:	County:	Zip Code:	
11. Facility Contact Telephone Number:	Telephone:	Fax:	

**Facility Information**

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>Post 1991</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>Post 1991</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site?     

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. 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 permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

     gallons (You must fill this in) under 140 based on past experience

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

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

New store:  New machine

Unopened store  (date of expected opening     )



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

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  
 No. 6 fuel oil  Other (please list) 3 phase Electric

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are New owner
- No DEP 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.*

Debra L. Vanaman  
Print name of responsible official

Debra L. Vanaman  
Signature

12/10/03  
Date

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

**DISTRICT ROUTING SLIP**

To: SANDY BOWMAN DATE: 12/12  
TWIN TOWERS AIR SECT. CC To:

<b>PENSACOLA</b>	<b>NORTHWEST DISTRICT</b>	
Panama City	Northwest District Branch Office	
Tallahassee	Northwest District Branch Office	
Sopchoppy	Northwest District Satellite Office	
<b>TAMPA</b>	<b>SOUTHWEST DISTRICT</b>	
Punta Gorda	Southwest District Branch Office	
Bartow	Southwest District Satellite Office	
<b>ORLANDO</b>	<b>CENTRAL DISTRICT</b>	
Melbourne	Central District Satellite Office	
<b>JACKSONVILLE</b>	<b>NORTHEAST DISTRICT</b>	
Gainesville	Northeast District Branch Office	
<b>FORT MYERS</b>	<b>SOUTH DISTRICT</b>	
Marathon	South District Branch Office	
<b>WEST PALM BEACH</b>	<b>SOUTHEAST DISTRICT</b>	
Port St. Lucie	Southeast District Branch Office	

Reply Optional Date Due \_\_\_\_\_
  Reply Required Date Due \_\_\_\_\_
  Info Only

Comments:

From: Wayne Lewis Tel: \_\_\_\_\_

RECEIVED  
 DEC 12 2003  
 Bureau of Air Quality Monitoring  
 & Mobile Emissions

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS  
DOCUMENT TO:

Sandy Bowman  
Name of Individual/Office

5510  
Mail Station Number

RECEIVED

JAN 20 2004

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM Bureau of Air Monitoring  
& Mobile Sources

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): <i>Island Cleaners, Inc</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: <i>2445 Perwinkle Way</i> County: <i>Lee County</i> Zip Code: <i>33957</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>0710172-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Timothy P. &amp; Debra L. Vanaman</i> Title: <i>V. President President</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: <i>Santibel, FL</i> County: <i>Lee County</i> Zip Code: <i>33957</i> <i>P.O. Box 838</i>
8. Responsible Official Telephone Number: Telephone: <i>(239) 395-0055</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

Facility Information

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Post 1991	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Post 1991
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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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

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What type of fuel do you use?  propane  natural gas  No. 2 fuel oil  No. 4 fuel oil  No. 6 fuel oil  Other (please list) 3 phase Electric

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Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

New owner

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

**Responsible Official Certification**

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

Debra L. Vanaman

Print name of responsible official

Debra L. Vanaman

Signature

12/10/03

Date



-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

443490 DEC20 2004

**Please include your AIRS ID# on your check or money order. This number is located on the mailing label.**

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 710172 10  
ISLAND CLEANERS  
2445 Periwinkle Way  
SANIBEL, FL 33957

**FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273**

*Printed on recycled paper.*

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

457169 DEC22 2005

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

710172 10  
ISLAND CLEANERS  
2445 Periwinkle Way  
SANIBEL, FL 33957

Bureau of Air Monitoring  
& Mobile Sources

DEC 29 2005

RECEIVED  
FPAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

457082 JAN11 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 710172  
EKTA & AVNI ENTERPRISES ✓  
INC  
2445 Periwinkle Way  
SANIBEL, FLORIDA 33957

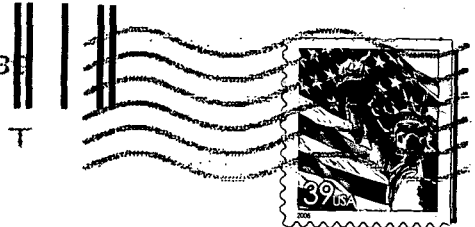
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*Printed on recycled paper.*

FORT MYERS FL 33

09 JAN 2007 PM 5 T



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070-70 8085

