

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 26, 2001

Ms. Mary E. Yant
Shirttails Drycleaning, Inc.
3837 Miccosukee Road
Tallahassee, Florida 32308

Re: Facility No.: 0730102-001

Dear Ms. Yant:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 2001.

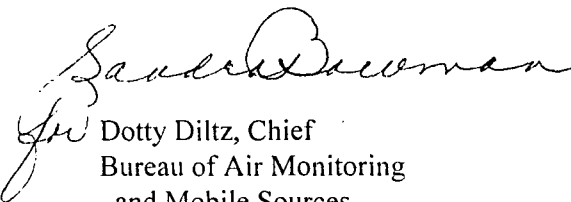
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

Bowman, Sandy

From: Norman, Charles
Sent: Monday, June 30, 2003 3:04 PM
To: Bowman, Sandy
Subject: RE: Pay 02NoPay.xls

FLORIDA SHIRTTAILS DRY-CLEANING INC., 0730102, is inactive. Tracy has been there a couple of times and it appears to be closed, i.e. door locked and a faded note on the door. He can see a dry cleaning machine in there. I told him to let his Haz Waste guy know that. Looks like it went inactive in ARMS on 6/4/03. I don't know of any forwarding address. I'll ask Tracy if the note on the door gave one.

Charlie

Charles Norman

-----Original Message-----

From: Bowman, Sandy
Sent: Monday, June 30, 2003 1:27 PM
To: Norman, Charles; Schilling, Tracy; Lewis, Wayne; Culliver, Sherrill; Janis, Neal; 'tutt@coj.net'; 'John.Parker@ocfl.net'; 'cbittle@broward.org'; 'Martin_liebler@doh.state.fl.us'; 'nozari@epchc.org'; 'mmccann@co.pinellas.fl.us'; 'ajaya_satyal@doh.state.fl.us'; 'scameron@co.sarasota.fl.us'; 'barrom@miami-dade.gov'
Cc: Davis, William; Grant, Patricia
Subject: Pay 02NoPay.xls

Hey All!

According to our records, the attached list identifies those facilities that have not paid their Title V general permit 2002 annual operations fee. Some of these facilities may no longer be in business or they may have changed ownership. If you are aware of any such changes, please let us know so that we may update the database.

Penalty letters were mailed in April to 140 facilities. If you are interested in pursuing enforcement for non-payment and would like copies of letters mailed or signed certified receipts, please contact Pat Grant.

Thank you. Have a safe and happy Fourth!

Sandy

Butler, Rick

From: White, Tracy A.
Sent: Wednesday, June 04, 2003 9:12 AM
To: Norman, Charles
Cc: Butler, Rick; Neubauer, Gerry
Subject: Shirrtails Drycleaning, 0730102

Inactivate facilities

I heard through another drycleaner that Shirrtails Drycleaning had went out of business. I've been by there this year a few times this year and had not seen any activity. No one has returned my calls. Until I hear otherwise, I will consider them inactive.

Tracy White
Environmental Specialist
Northwest District Branch Office
2815 Remington Green Circle, Ste. A
Tallahassee, Florida 32308-1513
850-488-3704, Fax: (850) 922-3620

0730102-001

page 15

1(a) None Required should be circled under Control Device Required.

Date Control Device Installed is not required for existing small sources.

2(a) Add # of gallons of pere purchased. If none were purchased then add "0".

page 16

5. All steam and hot water units exempt should be marked.

page 17

Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

ASGP

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):	Florida Shirttails Drycleaning Inc.		
2. Site Name (For example, plant name or number):	Shirttails Drycleaning Inc.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City:	4517 N. Monroe St	County: Leon	Zip Code: 32303
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0130102-001		

Responsible Official

6. Name and Title of Responsible Official: Name:	Mary E. Yant	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	3837 Micosulac Road	County: Leon	Zip Code: 32308
8. Responsible Official Telephone Number: Telephone:	(850) 878-6736	Fax:	() - -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Claude Booker J.R. V-president		
10. Facility Contact Address: Street Address: City:	2600 Micosulac Road	County: Leon	Zip Code: 32308
11. Facility Contact Telephone Number: Telephone:	(850) 510-8745	Fax:	() - -

Rick Booker

RECEIVED
AUG 23 2001
AIR GENERAL PERMIT DIVISION

Facility Information

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

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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
12-12-86	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	same
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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 / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> 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)

(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 10-15-01)

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
No such units on-site

OR

How many boilers do you have on-site?

1

For each boiler, indicate its horsepower (HP) rating: 15

What type of fuel do you use?

- propane
- No. 2 fuel oil
- No. 6 fuel oil
- natural gas
- 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

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 _____
- 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.

Mary E. Yant
Print name of responsible official

Mary E. Yant
Signature

8-21-07
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 09-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

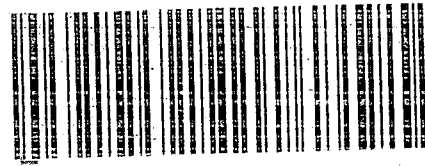
Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

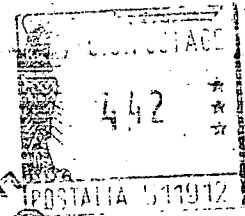
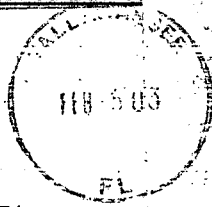
MS# 5570 MC Acct # 5527

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7000 1670 0013 3106 6434



TO SENDER
UNCLAIMED

TO SENDER
UNCLAIMED

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
FEB 25 2003

SHIRTTAILS DEP
MARY E. VANCE
3837 W. COOKE ROAD
TALLHASSEE FL
32308
AIRSEID#0730102

FIRST NOTICE
FEB 6 2003
SECOND NOTICE
FEB 11 2003
RETURN
FEB 21 2003
FINAL NOTICE



SEND

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:

AIRS ID#0730102

SHIRTTAILS DRYCLEANING
 MARY E YANT
 3837 MICCOSUKEE ROAD
 TALLAHASSEE FL
 32308

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

(Transfer from service label)

7600 1670 0013 3108 6434

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total P:

AIRS ID#0730102

Sent To SHIRTTAILS DRYCLEANING
 MARY E YANT
 Street, A 3837 MICCOSUKEE ROAD
 City, State TALLAHASSEE FL
 City, State 32308

Postmark
2002

HE49 907E E100 029T 0002

PS Form

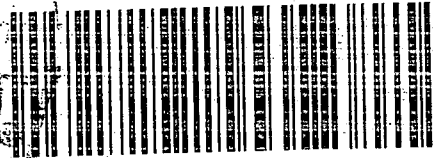
Instructions

5510

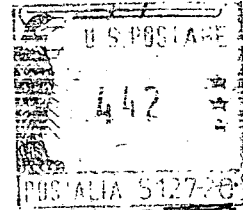
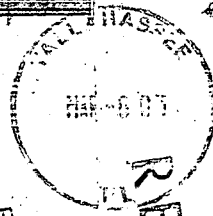
5821

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 0520 0020 9373 2378



RETURNED TO SENDER
REASON CHECKED
Retained
Attempted but failed
Insufficient address
No such office
No post office in this country

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 5 2003
2-7-03

MAR 7 2003
FIRST NOTICE
MAR 12 2003
SECOND NOTICE
MAR 22 2003
RETURN

LEGAL NOTICE

0730102
SHIRTTAILS DRYCLE
MARY E YANT
3837 MICCOSUKEE ROAD
TALLAHASSEE FL
32308

SENDER

- 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:

SHIRTTAILS DRYCLEANING
 MARY E YANT
 3837 MICCOSUKEE ROAD
 TALLAHASSEE FL
 32308

AIRS ID#0730102

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
- C. Signature _____ Agent
 Addressee
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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)

70000520002093732378

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1709

7000 0520 0020 9373 2378

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Fee _____

Postmark Here

AIRS ID#0730102

SHIRTTAILS DRYCLEANING
 Recipient MARY E YANT
 3837 MICCOSUKEE ROAD
 Street, Apt. TALLAHASSEE FL
 32308
 City, State, _____

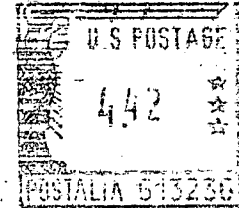
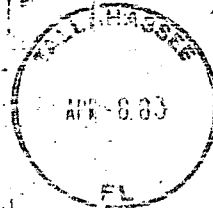
PS Form 3809, February 2000 See Reverse for Instructions

5510

5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 0520 0020 9372 7213

RETURNED TO SENDER
UNCLAIMED
JULY 1 2003
5510
RETURNED TO SENDER
JULY 1 2003
5510

SHIRTA...CLEANING
MAR...ANT.
38...GOSUKEE ROAD
TALLAHASSEE, FL
2308
AIRS ID#0730102

Bureau of Air Monitoring
& Mobile Sources

MAY 02 2003

RECEIVED

APR 10 2003
FIRST NOTICE
APR 15 2003
SECOND NOTICE
APR 25 2003
RETURN

RECEIVED

MAIL OF MEMBERS OF CONGRESS
 TO THE RIGHT OF RETURN ADDRESS
 RETURN TO THE OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

SENDER - COMPLETE THIS SECTION

- 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:

AIRS ID#0730102

SHIRTTAILS DRYCLEANING
 MARY E YANT
 3837 MICCOSUKEE ROAD
 TALLAHASSEE FL
 32308

2. Article Number (Copy from service label)

7000 0520 0020 9372 7213

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____ Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

022
 302
 J. Yant

Postmark Here

AIRS ID#0730102

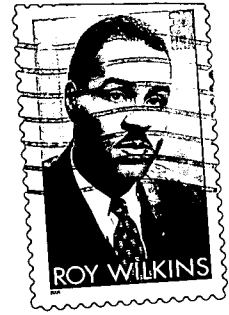
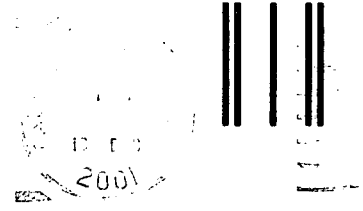
Re: SHIRTTAILS DRYCLEANING
 MARY E YANT
 Str: 3837 MICCOSUKEE ROAD
 TALLAHASSEE FL
 City: 32308

(mailer)

PS Instructions

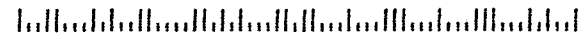
7000 0520 0020 9372 7213

Shirrtails Drycleaning
3837 Mice Rd
Tall, Fla 32308



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

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411944 DEC20 2001

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 # 0730102
SHIRTTAILS DRYCLEANING
MARY E YANT
3837 MICCOSUKEE ROAD
TALLAHASSEE FL
32308

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