



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 19, 2001

Mr. M. A. Marmolli  
Pamir Cleaner  
8910 San Jose Boulevard  
Jacksonville, Florida 32257

Re: Facility No.: 0310396-002

Dear Mr. Marmolli:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 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. Wayne Tutt, Duval District

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

10/10/01 Spoke to M. A. Marmolli and he will check on  
payment in 1996.

10/16/01

Sent Invoice to Pamir Cleaver for  
late payment of 1996 emission fee.  
Invoice was sent certified mail.

No 1996 Payment  
Fees Paid 97.00  
SOC 5  
Compliance IN

**Bowman, Sandy**

---

**From:** Bill Coffman [COFFMAN@coj.net]  
**Sent:** Friday, June 30, 2006 8:51 AM  
**To:** Bowman, Sandy  
**Subject:** Inactive dry cleaners

**Sandy** the following Dry cleaners are no longer using PERC, or are closed

0310466 ---- Now a drop site

0310373 ---- Now a drop Site

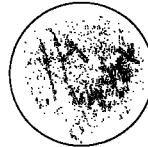
0310376 ---- Closed out of Business

0310396 ---- Closed out of business

Please remove them from the active facility list.

Thank You, and have a great day

Bill Coffman ERMD/EQD Jacksonville FL.



03/0396-002

Page 15

(a) (New) should be circled under Status.

(RC) should be circled under Control Device  
required

Page 17

Responsible official sign and date for  
changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

COMMENTS:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
SEP 17 2001  
Bureau of Air Monitoring  
& Mobile Source Assessment

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): | Pamir cleaner |           |  |
| 2. Site Name (For example, plant name or number):                                  | Pamir cleaner |           |  |
| 3. Hazardous Waste Generator Identification Number:                                |               |           |  |
| 4. Facility Location:  |               |           |  |
| Street Address:  |               |           |  |
| City:  | County:       | Zip Code: |  |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):                 | 0310396-002   |           |  |

Responsible Official

|  |                  |         |                 |
|--|------------------|---------|-----------------|
| 6. Name and Title of Responsible Official: |                  |         |                 |
| Name:                                      | M.A. Marmolli    | Title:  | owner           |
| 7. Responsible Official Mailing Address:   |                  |         |                 |
| Organization/Firm:                         |                  |         |                 |
| Street Address:                            | 8910 San Jose BL |         |                 |
| City:                                      | Jax              | County: | Zip Code: 32257 |
| 8. Responsible Official Telephone Number:  |                  |         |                 |
| Telephone:                                 | (904) 739-3952   | Fax:    | (904) 292-4955  |

Facility Contact (If different from Responsible Official)

|   |                         |           |       |
|---|-------------------------|-----------|-------|
| 9. Name and Title of Facility Contact (For example, plant manager): | M.A. Marmolli (Manager) |           |       |
| 10. Facility Contact Address:                                       | 8910 San Jose BL        |           |       |
| Street Address:   |                         |           |       |
| City:   | 302                     | County:   | Duval |
|   |                         | Zip Code: | 32257 |
| 11. Facility Contact Telephone Number:                              |                         |           |       |
| Telephone:  | (904) 739-3952          | Fax:      | ( ) - |

**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") |
|--|---------------------|---------------------------------------|---|
| July 1992                                  | Existing/New        | RC/CA/None required                   | SAME  |
| _____                                      | 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?

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)

(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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/>            |

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?  1

For each boiler, indicate its horsepower (HP) rating:  15 <sup>HP</sup>

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) \_\_\_\_\_

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:

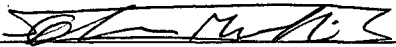
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

M.A. Marmolli  
Print name of responsible official

  
Signature

9-7-2001  
Date

Pamir Cleaner  
8910 San Jose BL  
Fax-FL-32257



General Permits section  
Bureau of Air Monitoring and Mobile Sources MS5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee - FL-32399-2400

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**OFFICIAL USE**

|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

ID# 310396  
MOHAMMAD MARMOLLI

Se PAMIR CLEANERS  
St 8910 SAN JOSE BLVD  
or JACKSONVILLE, FL 32257  
Ci

PS Form 3800, June 2002 See Reverse for Instructions

**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:

ID# 310396  
MOHAMMAD MARMOLLI  
PAMIR CLEANERS  
8910 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

2. Article Number  
(Transfer from service label)

7003 2260 0003 5650 7932

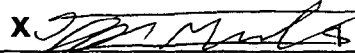
PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- Agent  
 Addressee

B. Received by (Printed Name)

MOHAMMAD MARMOLLI

C. Date of Delivery

2-6-04

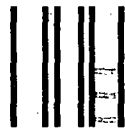
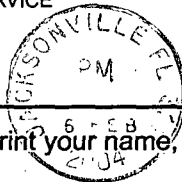
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

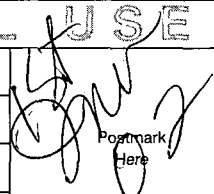
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
BUREAU OF AIR MONITORING  
MOBILE SOURCES  
FEB 9 2004

32399+2400



| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided)   |  |
|---|--|
| OFFICIAL USE  |  |
| Postage \$  |  |
| Certified Fee   |  |
| Return Receipt Fee<br>(Endorsement Required)  |  |
| Restricted Delivery Fee<br>(Endorsement Required)   |  |
| Total Postage & Fees  |  |
| <p style="text-align: right;">AIRS ID#0310396</p> <p>Sent To: PAMIR CLEANERS<br/>MOHAMMAD A MARMOLLI<br/>8910 SAN JOSE BLVD<br/>JACKSONVILLE FL<br/>32257</p> <p>Street, Apt. No., or PO Box No.<br/>City, State, ZIP+4</p> |  |
| PS Form 3800, July 1999   |  |

**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#0310396

 PAMIR CLEANERS  
 MOHAMMAD A MARMOLLI  
 8910 SAN JOSE BLVD  
 JACKSONVILLE FL  
 32257

2. Article Number (Copy from service label)

7001 0320 0001 7975 5205

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

2-8-03

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

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-102



• Sender: Please print your name, address, and ZIP+4 in this box. •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mail  
& Mobile Sources

FEB 10 2003

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OFFICIAL USE

|  |                  |
|--|------------------|
| Postage \$   | Postmark<br>Here |
| Certified Fee  |                  |
| Return Receipt Fee<br><small>(Endorsement Required)</small>      |                  |
| Restricted Delivery Fee<br><small>(Endorsement Required)</small> |                  |

Total Post: AIRS ID# 310396 1stC

Sent To: PAMIR CLEANERS  
 8910 San Jose Blvd  
 JACKSONVILLE, FL 32257

Street, Apt. or PO Box I  
 City, State,

PS Form 3800, June 2002 See Reverse for Instructions

**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# 310396 1stC  
 PAMIR CLEANERS  
 8910 San Jose Blvd  
 JACKSONVILLE, FL 32257

2. Article Number

*(Transfer from service label)*

7004 2510 0004 6986 5104

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

2/7/05

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

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING  
& MOBILE SOURCES

FEB 10 2005

RECEIVED







THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414134 FEB14 2002

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**

X

Do **NOT** Remove Label

AIRS ID # 0310396  
PAMIR CLEANERS  
MOHAMMAD A MARMOLLI  
8910 SAN JOSE BLVD  
JACKSONVILLE FL  
32257

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422811 FEB 14 2003

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

|   |
|---|
| AIRS ID#0310396   |
| PAMIR CLEANERS<br>MOHAMMAD A MARMOLLI<br>8910 SAN JOSE BLVD<br>JACKSONVILLE FL<br>32257 |

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 14 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436244 FEB11 2004

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

ID# 310396  
MOHAMMAD MARMOLLI  
PAMIR CLEANERS  
8910 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

Bureau of Air Monitoring  
& Mobile Sources

FEB 18 2004

RECEIVED



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445952 FEB 10 2005

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# 310396 1stC  
PAMIR CLEANERS  
8910 San Jose Blvd  
JACKSONVILLE, FL 32257

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

Printed on recycled paper.

RECEIVED  
FEB 15 2005  
Buyer of Air Monitoring  
& Mobile Sources