

Department of Environmental Protection

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Mohammad A. Marmolli Phamir Cleaners 8910 San Jose Boulevard Jacksonville, Florida 32257

Re: Facility I.D. No. 0310396

Dear Mr. Marmolli:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 4, 1996.

Please note that in November 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: Ms. Lori Tilley, Duval County

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



Jeb Bush Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

October 31, 2001

Pamir Cleaners Inc. 8910 San Jose Blvd. Jacksonville, FL 32257
To Whom It May Concern:
We are returning check #2134 for the following reasons.
XX Check not signed
Wrong Payee

Please call (850) 488-2400 if you have any questions.

Other -

Sincerely,

Ann R. Sullivan Accounting Services Supervisor Bureau of Finance and Accounting

Mullip

AS/Ih

cc: reading file

ą		± 6310396	
	Pe	Marmolly he is the owner.	
1.	Facility Owner/C	1 1 1 1 1 0 0	
	PAMIR O	6. add 71. a 32. c	
2.	Site Name (For ex	7. fill in	
	PAMIR (
3.	Hazardous Waste		
	FLD		
4.	Facility Location: Street Address:		-
	City: JA)	1 mal	257
-5	Facility Identifica		
			201
			296
6.	Name and Title of		
	MOHAMM		
7.	Responsible Office		
	Organization/Firm Street Address:	1:	
	City:	County: Zip Code:	
8.	Responsible Offic	zial Telephone Number:	
	Telephone: (4	104)739 - 3952 Fax: () -	
		Facility Contact (If different from Responsible Official)	
9.	Name and Title of	f Facility Contact (For example, plant manager):	
10.	Facility Contact A	Address:	***
	Street Address:	·	
	City:	County: Zip Code:	
11.		elephone Number:	,
	Telephone: () - Fax: () -	
L			

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SEP A 1776

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

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Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Owner/Company Name (Name of corporation, agency, or individual owner): PAMIR CLEANERS, Inc.
2.	Site Name (For example, plant name or number):
	PAMIR CLEANER
3.	Hazardous Waste Generator Identification Number:
	FLD CESQG
	Facility Location: Street Address: 8910 SAN JOSE BLVD City: JAX County: DUVAL Zip Code: 32257
5.	Facility Identification Number (DEP Use): 03/0396
	Responsible Official
6.	Name and Title of Responsible Official:
	MOHAMMAD A. MARMOLLI -on en MAM
7.	Responsible Official Mailing Address: Organization/Firm: Pamir Cluner 5 Street Address: G916 Sanges County: Drivel City: Jax - FL-32257 Zip Code: 32257
8.	Responsible Official Telephone Number: Telephone: (904)739 - 3952 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:
	Facility Contact Telephone Number:
,	Telephone: () - Fax: () -
	CENED

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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date 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-9
Dry-to-Dry Unit		<u></u>							
(1) w/ ref. condenser	#1	01-JUN-92	01-JUN-92						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			4 4 4					;	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	T					•		•	
(7) w/ ref. condenser	_								
(8) w/ carbon adsorber							i		
(9) w/ no controls									
Reclaimer Unit							,		
(10) w/ ref. condenser									T
(11) w/carbon adsorber									
(12) w/ no controls	1				· · · · · · · · · · · · · · · · · · ·		-	<u> </u>	
(b) Control devices are (c) No control devices 2.(a) What was the total of the least than 12 montrol Check why it is less	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	_] purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large ar	Selec ea so	et one classifi	cation only.) Ne	ew sn	initions foun nall area sour	rce [X		Part II?	
Landing in ge at	Ju 30	u, e []	, 110	err ia	ibe area sour		J		

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

 What control technology is required on machines pursual (Indicate with an "X".) 	nt to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrig	gerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units sh to Rule 62-213.300, F.A.C. Verify that all steam and hot w exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural garduring which propane or fuel oil containing no more than a	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site]
Equipment Monitoring and Re	cordkeeping Information
Check all logs which are required to be kept on-site in acco	
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	: [X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	Salience of Skitching III. To min(s)
Please indicat	te 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)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility according in the 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	imply notify the Department of any changes to the information contained in this notification. 8 -26 - 1996

Derricad	10/10/06

AIRS ID#: 03/0396

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pan	nir Cleaner		DATE:	4/28/97
FACILITY LOCATION:	910 San Jos	se Blud.		
Jack	son ville, FC	32257		
			1 1	-
Annual Reporting Period: Sex	Hember 4	_19 <u>%</u> то	HPr:1 28	19 <u>97</u>
Based on each term or condition of the	: Title V general air permit,	my facility has remain	ed in compliance with DE	P Rule
62-213.300, Florida Administrative Co	ode (F.A.C.), during the per	iod covered by this stat	ement. ZYES	\square_{NO}
If NO, complete the following:			•	
#1. Term or condition of the general p	permit that has not been in c	ontinuous compliance	during the reporting perio	d stated above:
Exact period of non-compliance: from	ı	to_		
Action(s) taken to achieve compliance	:			
Method used to demonstrate complian	ce:			
#2. Term or condition of the general p	permit that has not been in o	continuous compliance	during the reporting perio	d stated above:
Exact period of non-compliance: from	1	to		_
Action(s) taken to achieve compliance	::			
Method used to demonstrate complian	ce:			
As the managed to - Mai-1 Thank	with hand as information	and halias samuel -0-	w wagoowahla ku a ka a da a	46
As the responsible official, I hereby comade in this notification are true, accupon rolling averages of purchase recommendations.	urate and complete. Furthe eipts, does not exceed 2,100	r, my annual consump	tion of perchloroethylene.	solvent, based
year for transfer or combination facili		(M)	Malles	. 45 57
RESPONSIBLE OFFICIAL:	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.

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PAMIR CLEANERS, Inc.
2.	Site Name (For example, plant name or number):
_,	PAMIR CLEANER
3.	Hazardous Waste Generator Identification Number:
	FLD CESQG
4.	Facility Location:
	Street Address: 8910 SAN JOSE BLVD City: 1AX County: DUVAL Zip Code: 32257
	City: JAX County: DUVAL Zip Code: 32.25/
5	Facility Identification Number (DEP Use):
	03/0396
	Responsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	MOHAMMAD A. MARHOLLI
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (904)739 - 3952 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
- 0.	y
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
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	DECLIVE

SEP A 1746

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

6310396

5poke to Mohammad A.

Marmolly he is the owner.

P. 13

6. add title - owner

7. fill in

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
Example	#1		12-NOV-93		08-DEC-91		#3		1
Dry-to-Dry Unit		Tar to the second		1, ,				The state of the s	
(1) w/ ref. condenser	#1	01-JUN-92	01-JUN-92						
(2) w/ carbon adsorber		V		-					
(3) w/ no controls		· ·							
Washer Unit					1		. ÷,·		air, L. e.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	r			·; '		er jar sei	: -		logi, e
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	, all de								
(10) w/ ref. condenser									
(11) w/carbon adsorber			1						
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of [120] (b) If less than 12 mont Check why it is less	are roquant	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	et one classifi	cation only.)		nitions found			Part II?	
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PAMIR CLEANERS, Inc.
2.	Site Name (For example, plant name or number):
	PAMIR CLEANER
3.	Hazardous Waste Generator Identification Number:
	FLD CESQG
4.	Facility Location: Street Address: 8910 SAN JOSE BLUD
	City: JAX County: DUVAL Zip Code: 3225/
5.	Facility Identification Number (DEP Use):
	03/0396
	Responsible Official
6.	Name and Title of Responsible Official:
	MOHAMMAD A. MARMOLLI -on en MAM
7.	Responsible Official Mailing Address: Organization/Firm: Pamir Claner 5 Street Address: Galo Sandos County: Drivel Zip Code: 32257
8.	Responsible Official Telephone Number: Telephone: (904)739 - 3952 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: () -

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Macinaring & 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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			······································						
(1) w/ ref. condenser	71	01-JUN-92	01-JUN-92						
(2) w/ carbon adsorber		1	<u> </u>						
(3) w/ no controls					•				
Washer Unit		<u> </u>	•		<u> </u>			-	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1		'		<u> </u>				·
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		<u> </u>	·			'			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the local of the lo	are ro	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) MMNe	w sn	nitions found nall area sour	ce 🏂		Part 11?	·

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required (Indicate with an "X".)	on machines pursuant to section	on (5) of Part II of this notification form?
Existing large area source Carbon adsorber] Refrigerated co	ndenser []
New small area source Refrigerated condenser	MAM	
.New large area source Refrigerated condenser	ا	
5. A facility which contains non-exempt to Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such units a All steam and hot water generating unit boiler HP or less), and (2) are fired excluding which propane or fuel oil contain All steam and hot water generating units No such units on-site	all steam and hot water gener exist on-site: s on-site (1) have a total heat lusively by natural gas except ning no more than one percer	input of 10 million BTU/hr or less (298 t for periods of natural gas curtailment
	Monitoring and Recordkeep	ing Information th the requirements of this general permit:
(a) Purchase receipts and solvent purcha	-	[X]
(a) I aremase receipts and servent parema		J
(b) Leak detection inspection and repair		۸. [🔀]
(b) Leak detection inspection and repair(c) Refrigerated condenser temperature		
•	monitoring	
(c) Refrigerated condenser temperature	monitoring	

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

Surrender of Existing Air Permit(s)

ase indica	te 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)
<u>(X</u>)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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	omptly notify the Department of any changes to the information contained in this notification.
Signature	Date 4-28-1997
	50-12/13 5-26-1999

4. What control technology is required on machines pursuant to section (5) of Part II of this notification for (Indicate with an "X".)	rm?
Existing large area source Carbon adsorber [] Refrigerated condenser []	
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit purs 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 (29 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailmen 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 per	mit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(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) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te 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
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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	emptly notify the Department of any changes to the information contained in this notification.
Signature	8-26-1996 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /0/0 TIME OUT: /0	120 AIRS ID#: 03/0396
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Pamir Cleaner.	DATE: 4/28/97
FACILITY LOCATION: 8910 San J	
	L 32257
RESPONSIBLE OFFICIAL: Mohammad	Marmolli PHONE NUMBER: 904-739-3952
Based on the results of the compliance requirements evacompliance with DEP Rule 62-213 300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
<u> </u>	· ·
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
- ` 	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
·	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly ce	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1pril, 1998
	Approximate)
INSPECTION CONDUCTED BY:	eff Winter (Please Print)
INSPECTOR'S SIGNATURE: Jeffry Dr.	PHONE NUMBER: 904-630-3484
Page	A of A Revised 10/96



Department of Environmental Protection

3755

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

Virginia B. Wetherell Secretary

March 04, 1997

PAMIR CLEANERS, INC. 8910 SAN JOSE BLVD. JACKSONVILLE, FL. 32257

Dear Sir:

our office on February	27, 1997. We are returning the check for the following reason:
X Che	eck is unsigned. Please sign your check.
	oney amounts are different. Please issue a new check in the correct amount. Numerical and Written amounts)
	ner: Please provide more information so we can properly apply your check.

Attached is Check No. 0514, dated February 24, 1997, in the amount of \$50.00, which was received in

Sincerely,

Ann R. Sullivan

Accounting Services Supervisor

Receipts Section

Bureau of Finance and Accounting

AS/dh Attachment RECEIVED MAIL ROOM MAR 20 97



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

Pamir Cleaners, Inc. 8910 San Jose Boulevard Jacksonville, Florida 32257

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNI RE-IN	JAL ISPECTION	СОМЕ	LAINT/DISCOVERY	0
AIRS ID#: 03/0396 FACILITY NAME: Pami FACILITY LOCATION: \$9	r Clear 10 San	ers	id.	20
PART I: NOTIFICATION		-		
(check appropriate box) 1. Existing facility notified DARM by 9/ 2. New facility notified DARM 30 days and a second sec	orior to startup			X
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. N dry-trans	lew small area sou to-dry only, x<140 afer only, x<200 ga types, x<140 gal/y structed on or after	gal/yr /yr	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry- tran both</td><td>lew large area sou to-dry only, 140<x< sfer only, 200<x<1, types, 140<x<1,80 structed on or after</x<1,80 </x<1, </x< </td><td>:2, 100 gal/yr 800 gal/yr 0 gal/yr</td><td></td></x<2,>	dry- tran both	lew large area sou to-dry only, 140 <x< sfer only, 200<x<1, types, 140<x<1,80 structed on or after</x<1,80 </x<1, </x< 	:2, 100 gal/yr 800 gal/yr 0 gal/yr	
This is a correct facility classification	XY	ПN		
If no, please check the appropriate class	ification:			
facility qualified for a facility exceeds above			bove I permit	

PART III: GENERAL CONTROL REQUIREMENTS 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 DY DN XINA beds according to the manufacturer's specifications? 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 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) MY DN 1. Equipped all machines with the appropriate vent controls? AY ON ONA 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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? OY ON

	<u></u> -
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	X(Y □N
2. Maintained rolling monthly averages of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	Ж У 🗆 И
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
4. Maintained calibration data? (for direct reading instruments only)	oy on Maya oy on N/14
5. Maintained exhaust duct monitoring data on perc concentrations?	-04 ON N/4
6. Maintained startup/shutdown/malfunction plan?	MO ASS
7. Maintained deviation reports?	MO Y X
Problem corrected?	No væ
8. Maintained compliance plan, if applicable?	AVA X NO YO
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	N YK
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	×
Physical detection (airflow felt through gaskets)	×
Odor (noticeable perc odor)	×
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	×

	If using direct-reading instrumen	itation,	is the equi	pment:		
	a. Capable of detecting pe	erc vapo	or concentra	tions in a range of 0-500 ppm?	XY (א⊏
	b. Calibrated against a sta (PID/FID only)?	andard (gas prior to	and after each use	OY)	z ív
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			XY (א⊏	
	d. Kept in a clean and secure area when not in use?			in use?	XY ON	
	e. Verified for accuracy b	y use of	f duplicate s	amples (calorimetric only)?	□Y	□и
3. Hz	as the facility maintained a leak log?				XY I	⊔ו
4. Ti	ne following areas should be checked for	or leaks	by the insp	ector:	• .	
		Leak I	Detected?		Leak	Detected?
	Hose connections, fittings, couplings, and valves	ΩY	AM	Muck cookers	ПY	МX
	Door gaskets and seating	ΠY	NA	Stills	ПY	MM
	Filter gaskets and scating	ΠY	MA	Exhaust dampers	ΠY	N
	Pumps	ΠY	AN	Diverter valves	□Y	X V
	Solvent tanks and containers	ΠY	AN	Cartridge filter housings	ΠY	MA
	Water separators	ΠY	₩.			_

Mohammad A. Marmolli
Name of Responsible Official
Jeff Winter
Inspector's Name (Please, Print)
Gelfry Winter
Inspector's Signature

Date of Inspection

April 1998

eximate Date of Next Inspection

ADDITIONAL SITE INFOR	MATION:		
			•
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COM ELANCE INSI	PECTION (CHECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCO	VERY
AIRS ID#: 0310396			in: 750 time	оит: <u>/020</u>
FACILITY NAME: Pa	mir Ckane	215		
FACILITY LOCATION:	_			
	Jacksonvil	1/e, FL	32257	
RESPONSIBLE OFFICIAL :	: Mohammad /	Yarmolli	PHONE: <u>904-73</u>	
CONTACT NAME:		u	_ PHONE:	rue
PART I: NOTIFICATION				
(check appropriate box)			· · · · · · · · · · · · · · · · · · ·	
1. New facility notified DARM	30 days prior to startup			×
2. Facility failed to notify DAR	M to use general permit			' _
=				
PART II: CLASSIFICATION	1			
Facility indicated on notificati		-/	□ No notification form	
			☐ No notification form ☐ Drop store/out of bus	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	ion form that it is:	New small a	☐ Drop store/out of bus	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	ion form that it is: ree	-to-dry only,	Drop store/out of bus area source x < 140 gal/yr	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: ree	r-to-dry only, nsfer only, x h types, x <	Drop store/out of business source x < 140 gal/yr < 200 gal/yr 140 gal/yr	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ion form that it is: ree	r-to-dry only, nsfer only, x h types, x <	Drop store/out of bus area source x < 140 gal/yr < 200 gal/yr	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce	r-to-dry only, nsfer only, x h types, x <	Drop store/out of business source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	siness/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2,	ion form that it is: ree	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only,	Drop store/out of business source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 140 ≤ x ≤ 2,100 gal/yr	siness/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Therefore source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	siness/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2,	ion form that it is: ree	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140	Drop store/out of business source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 140 ≤ x ≤ 2,100 gal/yr	siness/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g	ion form that it is: ree	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140 nstructed on	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	siness/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification.	ion form that it is: ree	r-to-dry only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140 nstructed on New large a nstructed on New large a la	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine The source of the	siness/petroleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 □N □N/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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 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? Y 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 Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B	. Has the responsible official of an existing large or new large area source also:			<u>~</u> ~~~~
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?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	$\square N$	□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 machine are against with a content of contents.	Οv		□N/A
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ЦN	□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?	ПY	□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY ON ON/A 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 OY ON ON/A and parts installed w/in 5 days of receipt? DY DN MINA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? May □N 6. Maintained startup/shutdown/malfunction plan? DY DN XINA 7. Maintained deviation reports? Problem corrected? □Y □N ¥N/A AND NO YOU 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS		····	
Does the responsible official conduct		nall sources,	bi-weekly) leak detection a	nd repair
inspection?	, ,	Ź	•	XY DN
2. Has the facility maintained a leak log	?			XY DN
3. Does the responsible official check th	e following area	s for leaks?		•
Hose connections, fittings, couplings, and valves	AT ON C	IN/A	Muck cookers	Y ON ON/A
Door gaskets and seating	AY ON C	IN/A	Stills	Y ON ON/A
Filter gaskets and seating	ATA DN C	IN/A	Exhaust dampers	AND NO YA
Pumps	AY ON C	IN/A	Diverter valves	XY ON ON/A
Solvent tanks and containers	AN ON C	IN/A	Cartridge filter housings	XY ON ON/A
Water separators	Apr on c	IN/A		
4. Which method of detection is used by	the responsible	official?		,
Visual examination (condensed	solvent on exter	rior surfaces))	**
Physical detection (airflow felt t	hrough gaskets)	•		A A
Odor (noticeable perc odor)				×
Use of direct-reading instrument	ation (FID/PID	/calorimetric	tubes)	
Halogen leak detector				.≱T
If using direct-reading inst	rumentation, is	the equipm	ient:	MN/A
a. Capable of detecting	perc vapor con	centrations i	n a range of 0-500 ppm?	OY ON
b. Calibrated against a	standard gas pr	ior to and af	ter each use	
(PID/FID only)?				OY ON
c. Inspected for leaks a	nd obvious sign	s of wear on	a weekly basis?	DY DN
d. Kept in a clean and	secure area whe	n not in use	?	OY ON
e. Verified for accuracy	by use of dupli	cate samples	s (calorimetric only)?	□Y □N
Joff Wint	ev-		7/	9/98
Inspector's Name (Please Pri	nt)	_	Date of Inspec	ction

Inspector's Name (Please Print)

John July

Jaspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	· · · · · · <u> </u> , <u> · · · · · · · · · · · · · · · · · </u>	
	The second secon	-
	•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DI	SCOVERY	RE-INSPECTION	1
TIME IN: 950	TIME OUT:	1020	AIRS ID#:	03/0396	
TYPE OF FACILITY: \mathcal{V}	ry Cleaner				
FACILITY NAME:	duir Cleane	VS		DATE: 7/9/	98
FACILITY LOCATION:	89/0 San 3	Tose Blue	4.		
	ackson ville,	FL 32	257	_	
RESPONSIBLE OFFICIAL:	10 harmad 1	1armolli	PHONE NUMBE	R: 904-739-37	952
Based on the results of th	ne compliance requirements	evaluated during t	his inspection, the	facility is found to be in	
	ile 62-213.300, Florida Adı				
Based on the results of the discrepancies were noted	ne compliance requirements	evaluated during t	his inspection, the	following compliance	
COMPLIANCE REQU	IREMENT/PROBLE	M FO	LLOW-UP AC	TION REQUIRED	
				:	
			P	^	
				<u>C</u>	
			Our July	6/	
			Mobile of Min	2/L M	
<u> </u>			Sur Ai Mon	<i>3</i> 0	
			C. C.		
COMMENTS:					
				•	
•					
The Annual Compliance Certifica		y certified and subr	nitted to the inspec	tor. YES NO	
DATE OF NEXT INSPECTION	V:	(Approximate)	17		<u> </u>
INSPECTION CONDUCTED I	BY: Jeff	Winter			
	Adl 1	(Please Print)		Ond 120-20	100
INSPECTOR'S SIGNATURE:	Jeffry W.	Me	PHONE NUMBE	r: <u>904-630-28</u>	
	/ W/ Pag	re of		Pevic	ed 10/06

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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

Bureau of Air Monitoring & Mobile Sources

MAR 0.3 1998

Do NOT Remove Label

Annual Reporting Period:	19 <u>9</u> 4	ТО	0)-01	19 <u>99</u>
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), dur				h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has no	ot been in continuous	compli	ance during the reporting p	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 no	ot been in continuous	compli	ance during the reporting p	period stated above:
Exact period of non-compliance: from	• • • • • • • • • • • • • • • • • • •		to	
4 4' 7 5 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-		<u> </u>
Method used to demonstrate compliance:		(ψ		
As the responsible official, I hereby certify, based on information are true, accurate and complete. Further, my does not exceed 2,100 gallons per year for dry-to dry facility	annual consumption o	f perchle	oroethylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL: Mohammed-, Name (Please	A-Marmilli		I fruits	2-19-98
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.

Best Available Copy

Acc

AIRS ID#: 03/0396

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pam:	Cleaners	DATE:
FACILITY LOCATION: 89/0) San Jose Blud.	
Jack	Sonville, FL 3225	57
Annual Reporting Period:	1997 to	July 9, 1998
Based on each term or condition of the Title	V general air permit, my facility has rema	ined in compliance with DEP Rule
62-213.300, Florida Administrative Code (F	F.A.C.), during the period covered by this st	atement. YES UNO
If NO, complete the following:		(
#1. Term or condition of the general permi	t that has not been in continuous compliance	e during the eporting period stated above:
Exact period of non-compliance: from	t	ALL VILLE
Action(s) taken to achieve compliance:	·	10 2 L
Method used to demonstrate compliance:		State of O
#2. Term or condition of the general permi	t that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my annual consum	ption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Na	4 · Marmalli Tolli ume (Please Print)	Signature Date

Page ____ of ____

^{*}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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISC	COVERN	
AIRS 1D#: <u>03/0396</u>			: <u>940 [°] </u>	g our <u>189</u>	_
FACILITY NAME:	Pamir Clea		, je		_
FACILITY LOCATION:	8910 Sa		_	<u></u>	_
	Jackson	ville, 1	FL 322	.57	_
RESPONSIBLE OFFICIAL :			_		1
CONTACT NAME:	Sone	<u>'</u>	PHONE:	ame	-
PART I: NOTIFICATION					
(check appropriate box)				- 1	
New facility notified DARM				X	
2. Facility failed to notify DAR	M to use general permit			<u> </u>	
PART II. CLASSIFICATION	N .				
PART II: CLASSIFICATION Facility indicated on notificati			☐ No notification for	rm	
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box)			☐ No notification for☐ Drop store/out of l		
Facility indicated on notificati (check appropriate box)	ion form that it is:		☐ Drop store/out of b	business/petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	ion form that it is: -ce	New small are	☐ Drop store/out of to a source < 140 gal/yr		
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	rce 2. N /yr dry- tran	New small are to-dry only, x sfer only, x <	Drop store/out of to a source < 140 gal/yr 200 gal/yr	business/petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	rce 2. Note that it is: -ce dry tran both	New small are to-dry only, x sfer only, x < types, x < 14	Drop store/out of to a source < 140 gal/yr 200 gal/yr	business/petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: ce	New small are to-dry only, x sfer only, x < types, x < 14 structed on or lew large are to-dry only, 14 sfer only, 200 types, 140 ≤ 1	Drop store/out of the source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)	business/petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth	ion form that it is: ree	New small are to-dry only, x sfer only, x < types, x < 14 structed on or lew large are to-dry only, 14 sfer only, 200 types, 140 ≤ structed on or	☐ Drop store/out of the source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source 50 ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr	business/petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility clean of the constructed before 12/9/91) 5. This is a correct facility clean of the constructed before 12/9/91)	ion form that it is: ree	New small are to-dry only, x sfer only, x < types, x < 14 structed on or lew large are to-dry only, 14 sfer only, 200 types, 140 < type	Drop store/out of the source $< 140 \text{ gal/yr}$ 200 gal/yr after $12/9/91$) a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ after $12/9/91$) Can not determine therefore $0 \le x \le 1$ above	business/petroleum	

L	PART III: GENERAL CONTROL REQUIREMENTS			
	s the responsible official of the dry cleaning facility: (check appropriate boxes)			
1.	1. Storing perchloroethylene in tightly sealed and impervious containers?	MY DN	□N/A	
2	2. Examining the containers for leakage?	MO VE	□N/A	
ı	3. Closing and securing machine doors except during loading/unloading?	ND VAC		
ı	I. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Agy □N	□N/A	
5.	5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON	MN/A	
P.	PART IV: PROCESS VENT CONTROLS			
_	n Part II-A:			
	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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	0	d	
	If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condo	enser	
u .	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?	□У □И		
	Equipped dry-to-dry machines with a closed-loop vapor venting system?		⊐N/A	
	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?		⊐N/A	
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y □N		
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?		⊐N/A	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y □N		

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?	ΟY	□N	
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 or greater than 20° F?	ПY	ΠN	□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?	□Y	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□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?	.□Y	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MY DN			
2. Maintained rolling monthly total of perc consumption?	XY. DN			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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?	OY ON DESTA			
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ÞÆN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	Y ON XXVA			
6. Maintained startup/shutdown/malfunction plan?	May □N			
7. Maintained deviation reports?	OY ON XIN/A			
Problem corrected?	□Y □N XN/A			
8. Maintained compliance plan, if applicable?	OY ON SAN/A			

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection	and repair
inspection?			yaav □n
2. Has the facility maintained a leak log	?	•	XY □N
3. Does the responsible official check th	e following areas for leaks	?	•
Hose connections, fittings, couplings, and valves	XX ON ON/A	Muck cookers	XX ON ON/A
Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A
Filter gaskets and seating	AND NO VA	Exhaust dampers	DY DN PANA
Pumps	Y ON ON/A	Diverter valves	OY ON MINA
Solvent tanks and containers	AV ON ON/A	Cartridge filter housings	XY ON ON/A
Water separators	AV ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	es)	X
Physical detection (airflow felt the	hrough gaskets)		X X
Odor (noticeable perc odor)	•		×
Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	ā
Halogen leak detector			
If using direct-reading inst	rumentation, is the equip	ment:	M/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N
c. Inspected for leaks a	nd obvious signs of wear o	n a weekly basis?	□Y □N
d. Kept in a clean and s	secure area when not in us	e ? ·	□Y □N
e Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	\Box Y \Box N

Inspector's Name (Please Print)

My Links

Inspector's Signature

May 26, 1999
Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
	·	
		ľ

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 940	TIME OUT:	950 AIRS 1D#: 0	3/0396
	rc. Dry Cleaner		
FACILITY NAME:	amir Cleaner		DATE: 5/26/79
FACILITY LOCATION:	8910 San Jos	e Blud.	
	Jackson ville,	FL 32257	
RESPONSIBLE OFFICIAL:	Chammed Marmo	/// PHONE NUMBER:	904-739-3952
	ne compliance requirements evaluate 62-213.300, Florida Administ	uated during this inspection, the factrative Code (F.A.C.).	cility is found to be in
Based on the results of the discrepancies were noted	-	nated during this inspection, the fol	llowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
	-		
		,	
•			
	-		
COMMENTS:			
		: Cad and a landar day day	
- ·	11	ified and submitted to the inspector	YES NOL
DATE OF NEXT INSPECTION	V: // <u>// Q.Y</u>	pproximate)	
INSPECTION CONDUCTED I	BY: Jeff	Winter	
INSPECTOR'S SIGNATURE:		lease Print) PHONE NUMBER:	904/630-3484
	Page_/	of \angle .	Revised 10/96

AIRS ID#: 03/0396

RU

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Paris Cleaner DA	TE: 5/26/99
FACILITY LOCATION: 8910 Son Jose Blud.	
Jackson ville, FL 32257	
Annual Reporting Period: May 26, 1998 TO May 2	26, 19 <i>99</i>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance wit	h DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	□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	
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, made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethy upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or year for transfer or combination facilities.	lene solvent, based
RESPONSIBLE OFFICIAL: M. A. Mar Malli Signature Name (Please Print) Signature	$\frac{5-20-99}{\text{Date}}$

^{*}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.

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

FACILITY LOCATION: \$9/10 Sam Jose B/M. Jackson Ville, FL 32257 RESPONSIBLE OFFICIAL: Mohammad Marmoli: PHONE: $9/10$ PART I: NOTIFICATION PART II: NOTIFICATION Facility indicated on notification form that it is: $9/10$ No notification form (check appropriate box) $9/10$ Drop store/out of business/petroleum A. 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	,	COMPLIANCE INSI	PECTION (CHECKLIST	
AIRS ID#: $O3/O39b$ DATE: $Y/Y/2000$ TIME IN: $ID 50$ TIME OUT: II/O FACILITY NAME: $ID 50$ TIME OUT: $ID 50$ TIME O	TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISC	COVERY OF DIAM
AIRS ID#: $03/039b$ DATE: $4/4/2000$ TIME IN: 1050 TIME OUT: $11/0$ FACILITY NAME: 1050 PAMIC Cleaner FACILITY LOCATION: 1050 San 1050 Blvd. 1050 TOSE B			/ `		
FACILITY NAME: Pamir Cleaner FACILITY LOCATION: 89/10 San Jose Blud. Jackson V. Ile, FL 32257 RESPONSIBLE OFFICIAL: Mohammas Manuelli PHONE: 904/739-3952 CONTACT NAME: PHONE: Same PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: No notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $200 \le x \le 1,800$ gal/yr both types, $200 \le x \le 1,800$ gal/yr both types, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $200 \le x \le 1,800$ gal/yr	·	ND-INGLECTION			100
FACILITY LOCATION: \$9/10 San Jose Blud. Jackson ville, FL 32257 RESPONSIBLE OFFICIAL: Mohammad Marmoli: PHONE: Bul/739-3952 CONTACT NAME: Same PHONE: Same PART I: NOTIFICATION Check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: No notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $200 \le x \le 1,800$ gal/yr	II	• '		IN: 1050 TIM	1E OUT: ///D
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RESPONSIBLE OFFICIAL: Mohawad Motwolk PHONE: My 739-3952 CONTACT NAME: PHONE:	FACILITY LOCATION:				
RESPONSIBLE OFFICIAL: Mohawad Motwolk PHONE: My 739-3952 CONTACT NAME: PHONE:		Jacksoni	1:1/e, 1	-L 3225	7
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		<u> </u>			
(constructed before 12/9/91) (constructed on or after 12/9/91)		•	• •		
	5. This is a correct facility class	. 1		□Can not determine	
F This		sification way	Y LIN	Lan not determine	;

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 57.6 gallons.

facility exceeds above limits and is not eligible for a general permit

facility qualified for a general permit as number

If no, please check the appropriate classification:

Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y 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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN \$MN/A beds according to the manufacturer's specifications? 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 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □Y □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΩY	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□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?	ШΥ	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N □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?	□Y	□n · □n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	□n □n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N □N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y ON ON/A 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MAN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN SN/A Problem corrected? OY ON SAN/A □Y □N \$\forall \text{\$\forall N/A} 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for small source	ces, bi-weekly) leak detection a	nd repair
	inspection?			AA DN
2.	Has the facility maintained a leak log?			ATY ON
3.	3. Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves	Y UN UN/A	Muck cookers	XY ON ON/A
	Door gaskets and seating	TY ON ON/A	Stills	Y ON ON/A
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers	OY ON MYN/A
	Pumps	Y ON ON/A	Diverter valves	OY ON XIN/A
	Solvent tanks and containers	TAY ON ON/A	Cartridge filter housings	Y ON ON/A
	Water separators	YY ON ON/A		
4. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)				A
Physical detection (airflow felt through gaskets)			A A	
Odor (noticeable perc odor)			A	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			Ò
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			M/A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	Y ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	□Y □N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y □N
	d. Kept in a clean and secure area when not in use?			□Y □N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□Y □N
	•			
		<u> </u>		·

Jeff Winter	April 4, 2000
Inspector's Name (Please Print)	Date of Inspection
Mespector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		·
		•
	•	
·		

AIRS ID#: 03/0396

Pic

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Pamir	Cleaners	, INC.		DA	ATE:	1/4/2000
FACILITY LOCATION:	8910	San Jo					
	Jack	Sonville,	FL3	2257			
Annual Reporting Period: _	May	26,	19 <u>99</u>	то	April .	4,	*8 200
Based on each term or condi	ition of the Title	: V general air perm	uit, my facility	has remained in	compliance wit	h DEP I	Rule
62-213.300, Florida Admini	istrative Code (F	F.A.C.), during the p	period covered	by this statemen	t. YYES		ON
If NO, complete the following	ng:						
#1. Term or condition of the	e general permit	t that has not been i	n continuous c	ompliance durin	g the reporting	period s	tated above:
Exact period of non-complia	ance: from			to			
Action(s) taken to achieve co	ompliance:						
Method used to demonstrate	compliance:						
#2. Term or condition of the	e general permit	that has not been i	n continuous c	ompliance durin	g the reporting	period s	tated above:
Exact period of non-complia	ance: from			_ to			
Action(s) taken to achieve co	ompliance:						
Method used to demonstrate	compliance: _			_			
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina	true, accurate or true, accura	and complete. Furt does not exceed 2,1	her, my annua	l consumption o	f perchloroethy	lene solv	vent, based
RESPONSIBLE OFFICIA	L: <u>/ / . / + .</u> Nar	Marmold ne (Please Print)	<u> </u>	Signa	ture	_4_	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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1050	TIME OUT:	///	2airs id#:	0310396
TYPE OF FACILITY:	erc. Dry Cla	aner	-	
FACILITY NAME:	Pamir Clean		<u>.</u>	DATE:
FACILITY LOCATION:	8910 San	Jose	13/vd.	· ·
	DACKSOUVIL	<i>V</i> .	32251	14/ 770 225
RESPONSIBLE OFFICIAL:	10 hammad 1	Marmolli	PHONE NUMBER	R: <u>904-139-3952</u>
Based on the results of the compliance with DEP Ru				facility is found to be in
Based on the results of the discrepancies were noted:		ts evaluated dur	ing this inspection, the	following compliance
COMPLIANCE REQUI	REMENT/PROBLE	EM :	FOLLOW-UP AC	TION REQUIRED
	•			
			·	
	<u> </u>			
	·			
COMMENTS:				
The Annual Compliance Certifica	tion form has been proper	ly certified and	submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION	[: <u></u>	Afril)	2001	
	1. C	(Approximate)	ate) Lec	
INSPECTION CONDUCTED B	Y:	(Please Pri	nt)	<u> </u>
INSPECTOR'S SIGNATURE:_	Jeffyn L	linte	PHONE NUMBE	r: <u>904-630-348</u> 4
	Pa	ageof		Revised 10/96

DEPARTMENT OF ENVIRONMENTAL PROTECTION CASH LISTINGS OFFICE

VERIFICATION OF DOCUMENTATION RECEIVED WITH NO CHECK/CASH

DATE: 2-25-98.
DOCUMENTATION RECEIVED FROM Pamis. Clames Inc
NO CHECK OR CASH WAS RECEIVED IN THE ENVELOPE WITH THE DOCUMENTATION.
OPENED BY: Suth
WITNESSED BY: Alpha for

Documentation received by the Mail Rooms that does not contain a check or the appropriate amount of cash will be entered on this form.

Pamir Cleaners 8910 San Jose BL Jax-FL-32257

#



Environmental Protection
Twin Towers office Building
2000 Blair Stone Road
Tallahassee FL-32399-2400

32333\2400

Talland ballah b

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested** on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to:	4a. Article No	13 12 03 4 E
DDRESS completed	AIRS ID 0310396 PAMIR CLEANERS INC MOHAMMAD A MARMOLLI 8910 SAN JOSE BLVD JACKSONVILLE FL 32257	4b. Service 1 Registere Express I Return Rec	Type ad Certified Mail Insured ceipt for Merchandise COD
< 4		7. Date of De	14-98 B
your RETURN	Received By: (Print Name) Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested 😤
ls yo	X Tahra PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt

Z 333 612 934 US Postal Service Receipt for Certified Mail AIRS ID 0310396 PAMIR CLEANERS INC MOHAMMAD A MARMOLLI 8910 SAN JOSE BLVD JACKSONVILLE FL 32257 Postage 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 PS Form

	Service D.MAIL REC Only, No Insurance (
Postage	\$	
Certified Fee		Postmark
Return Receipt Fee (Endorsement Required)		Here
Endorsement Required) Restricted Delivery Fee (Endorsement Required)		
Total Poetana & Face	¢	, · · ·
Recipi PAMIR CL		RS ID # 0310396
MOHAMM	AD A MARMOLLI	
Conect,	OSE BLVD	
City, S JACKSON	VILLE FL 32257	
*PS FO		structions

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. Article Addressed to: AIRS ID # 0310396 PAMIR CLEANERS MOHAMMAD A MARMOLLI 8910 SAN JOSE BLVD JACKSONVILLE FL 32257 	A. Received by (Please Print Clearly) C. Signature X
2. Article Number (Copy from service label): 4126	1423
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

	A Company of the State of the S
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eipt Fee	Postmark Here
ery Fee equired)	. `
AIPS ID # 0210	
MAD A MARMOLLL	39600TAG y mailer)
LEANERS JOSE BLVD	
	aired Fee equired) AIRS ID # 03 IO MAD A MARMOLLI LEANERS

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. Article Addressed to: AIRS ID # 0310396001AG MOHAMMAD A MARMOLLI PAMIR CLEANERS 910 SAN JOSE BLVD ACKSONVILLE FL 32257	A. Received by (Please Print Clearly) B. Date of Delivery S. 17 OC C. Signature X
2. Article Number (Copy from service label)	022
	c Return Receipt 102595-00-M-0952

OLD AT DOTTED LINE OLD AT DOTTED LINE OLD AT DOTTED LINE OLD AT DOTTED LINE	HE HE L
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Prifit 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. AIRS ID # 0310396 PAMIR CLEANERS MOHAMMAD A MARMOLLI 8910 SAN JOSE BLVD	A. Received by (Please Print Clearly) B. Date of Delivery 2 S C C Signature X
JACKSONVILLE FL 32257	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 0600 0026 4/2	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

1527	U.S. Postal S CERTIFIED (Domestic Mall ©	MAIL REC	EIPT Coverage Provided)
금	Postage	\$	
4126	Certified Fee		Postmark
-13	Return Receipt Fee (Endorsement Required)		Here
9200	Restricted Delivery Fee (Endorsement Required)		
		AIRS ID # 0	310396
06.00	PAMIR CLEANERS MOHAMMAD A M	S IARMOLLI	
{	8910 SAN JOSE BL	LVD	
7000	JACKSONVILLE F	L 3225/	
	PS Form 9300, February	2000	See Reverse for Instructions

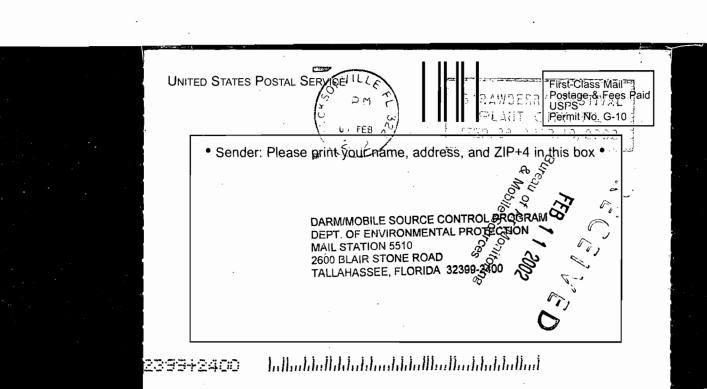
on the reverse side?	SENDER: Complete items 1 Complete items 3 Complete items 3 Complete items 3 Complete items 3 Complete items 5 Complete items	e can return this e does not e number.	i also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ADDRESS completed	AIRS ID#: 0310396 PAMIR:CLEANERS INC MOHAMMAD A MARMOLLI 8910:SAN JOSE BLVD JACKSONVILLE FL 32257	4a. Article N 4b. Service Registere Express I Return Rec 7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	e's Address (Only if requested 🗧
<u> </u>	PS Form 3811 , December 1994		Domestic Return Receipt

	P 265	302	155	
	US Postal Service Receipt for No Insurance Cove			
	PAMIR CLEANE MOHAMMAD A M 8910 SAN JOSE JACKSONVILLE	RS INC MARMOL BLVD		
	ı vətaya	\$		}
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fe	:0		
1995	Return Receipt Showi Whom & Date Deliver			
Apri	Return Receipt Showing to Date, & Addressee's Addre			
800	TOTAL Postage & Fe	es \$		
PS Form 3800 , April 1995	Postmark or Date 2/13/9	7		

	U.S. Postal CERTIFIEI	Service D MAIL RECE Only; No Insurance C	EIPT overage Provided)
345	A CONTRACTOR OF THE SECOND	extenses in the second	
40	<u> </u>		
4128	Postage Certified Fee	\$	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0600	Total Postage & Fees Recir PAMIR CLEA MOHAMMAI 8910 SAN JO City, JACKSONVII 32257	AIRS ID # 0310: ANERS D A MARMOLLI SE BLVD	396

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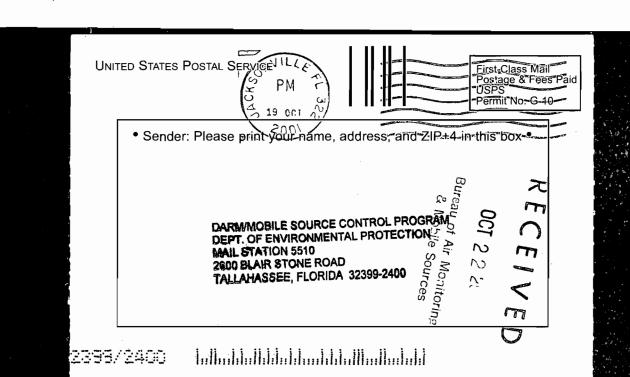
F	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
Article Addressed to:	D. Is delivery address different from item 1? LI Yes If YES, enter delivery address below: No
AIRS ID # 0310396 PAMIR CLEANERS MOHAMMAD A MARMOLLI 8910 SAN JOSE BLVD	
JACKSONVILLE FL	3. Septice Type
32257	M 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)	2 50-1/-
7000 0600 0026 4	428 8345
PS Form 3811, July 1999 Domestic Ref	urn Receipt 102595-99-M-1789



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
9410	1 4 35414 3	Care and the second	
4			
С С	Postage	\$	
177	Certified Fee		Postmark
12	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
0600	Total Postage & Fees	\$	
OF	Redpient's Name (Pleas	e Print Clearly) (to be comp	leted by mailer)
7000	Street Ant No : OFPO B		
70	racksmrillo Florida 32257		
	PS Form 3800, February 2	r	See Reverse for Instructions

*	,
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 Agent Addressee
1. Article Addressed to: 03/0396-0 Pamir Cleaners Mr. M. a. Marmolli	
8910 Son Jose Blud	Service Type ★ Certified Mail
8910 Son Jose Blod Jacksonville, Florida 3235	Pagistered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4128 9410	
PS Form 3811, July 1999 Domes	tic Return Receipt 102595-00-M-0952

Best Available Copy



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406541 FEB28 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 # 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

303370

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

Do NOT Remove Label

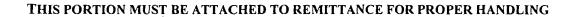
AIRS ID 0310396

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

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



0390748

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 MOHAMMAD A MARMOLLI 8910 SAN JOSE BLVD JACKSONVILLE FL 32257 FOR GOVERNMENT USE PALY OF Org.: 37550101000 EO: B1 OF Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355730

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 INC MOHAMMAD A MARMOLLI 8910 SAN JOSE BLVD JACKSONVILLE FL 32257 FOR GOVERNMENT USE ON Org.: 37550101000 EO: BI

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.

RECEIVED
MAIL ROOM

Lanaaa,

FEB 27 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0310396

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

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 1 NOV 7 2801

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

0310396-001

Pamir Cleaners Mr. M.A. Marmolli 8910 San Jose Blvd

Jacksonville, Florida 32257

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273