



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

April 21, 2003

Mr. and Mrs. William Mooney  
Carriage Cleaners  
5257 Oxford Crest Drive  
Jacksonville, Florida 32258

Re: Facility No.: 0310423-003

Dear Mr. and Mrs. Mooney:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 17, 2003.


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

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

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

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

Sincerely,

  
Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

Printed on recycled paper.

AIRS I.D. 0310423-003  
INACTIVE

RECEIVED

SEP 22 2001  
Bureau of Air Monitoring  
& Mobile Sources

To Whom It May Concern

This letter is to inform  
you that Wendy & William Mooney  
are no longer the owners of  
Carriage Cleaners  
10425 Old St. Augustine Rd.  
Jacksonville, FL 32258  
(904) 262-4478

I am not sure exactly of new  
owners name but the phone #  
is still the same.


Thank you.  
Wendy Mooney  
(904) 288-6962

DC - 3212886804

3/9/03 Called for Mrs. Mooney and left message  
3:50P

ownership change

04/11/2003

 Rick Butler spoke with Mr. Bill Mooney who is the co-owner of Carriage Cleaners. Mr. Mooney stated that the dry-to-dry machine was manufactured in 1994 and it has a built-in refrigerated condenser as a control device.

Page 15

- 1.(a) New should be circled under Status for a 1994 machine.  
Add Date Control Device installed on 1994 dry-to-dry machine. Add SAME if date is same as purchase date.

Page 16

4. New machines at small area source Refrigerated Condenser should be marked for 1994 machines using less than 140 gallons of Perchloroethylene.
6. (b) Required for all sources. Should be marked.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAR 17 2003  
Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Wendy / William Mooney
2. Site Name (For example, plant name or number): Carriage Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 10425 Old St. Augustine ROAD City: Jacksonville County: Duval Zip Code: 32257
5. Facility Identification Number (DEP Use ONLY - do not fill in) 0310423-003

Responsible Official

6. Name and Title of Responsible Official: Name: Wendy / William Mooney Title: Owners
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 5257 Oxford Crest Drive City: Jacksonville County: Duval Zip Code: 32258
8. Responsible Official Telephone Number: Telephone: (904) 288-6962 Fax: (904) 288-6962

Facility Contact (If different from Responsible Official)

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



**Facility Information**

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

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

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

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

~~0~~ 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 checked="" type="checkbox"/>                                         | <u>New machines at small area source</u><br>Refrigerated condenser <input 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?

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

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

*will be changed to natural gas in the next couple of months*

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.*

Wendy Mooney  
Print name of responsible official

Wendy Mooney  
Signature

3/12/03  
Date

## Instructions for Completing Part III of Notification Form

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

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

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

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

### Facility Name and Location

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

### Responsible Official

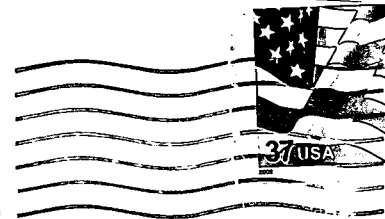
6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300,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

### Facility Contact

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

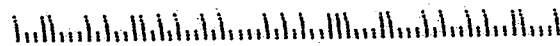


William Mooney  
5257 Oxford Crest Dr.  
Jacksonville, FL 32258



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

32399-2400





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.

437311 MAR 32004

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

310423  
WENDY MOONEY  
CARRIAGE CLEANERS  
5257 OXFORD CREST DRIVE  
JACKSONVILLE FL 32258

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

~~Bureau of Finance & Management Services~~  
MAR 1 2004  
RECEIVED

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Postage	\$	<i>2nd Ct</i> Postmark Here <i>2003</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 310423

WENDY MOONEY  
 CARRIAGE CLEANERS  
 5257 OXFORD CREST DRIVE  
 JACKSONVILLE, FL 32258

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9447

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 ADDRESS FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">AIRS ID # 310423</p> <p>WENDY MOONEY          CARRIAGE CLEANERS          5257 OXFORD CREST DRIVE          JACKSONVILLE, FL 32258</p> </div> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent</span>  <i>Wendy Mooney</i> <span style="float: right;"><input checked="" type="checkbox"/> Addressee</span></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span>  <i>Wendy Mooney</i> <span style="float: right;"><i>3/10</i></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 9447</p>	

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First-Class Mail  
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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

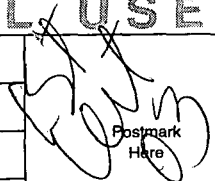
Division of Air Quality  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

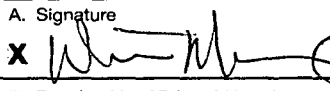
MAR 1 2004

32399-2400

32399-2400



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<b>OFFICIAL USE</b>	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
ID# 310423	
To WENDY MOONEY	
Send	CARRIAGE CLEANERS
Street or P.O. Box	5257 OXFORD CREST DRIVE
City	JACKSONVILLE, FL 32258
PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span>	

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 310423          WENDY MOONEY          CARRIAGE CLEANERS          5257 OXFORD CREST DRIVE          JACKSONVILLE, FL 32258</p> </div> <p>2. Article Number (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature   <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>          William Mooney</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             7003 2260 0003 5650 8014           </div>	
<p>PS Form 3811, August 2001 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

UNITED STATES POSTAL SERVICE



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

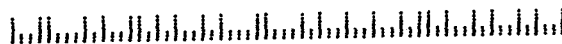
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 16 2004

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*(Domestic Mail Only; No Insurance Coverage Provided)*

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

02  
 3rd  
 [Signature]  
 Postmark Here

Total **AIRS ID#0310423**

Sent To **CARRIAGE CLEANERS**  
**TRAVIS GUERRA**  
 Street, **10425 OLD ST AUGUSTINE RD**  
**JACKSONVILLE FL**  
 City, St **32257**

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE

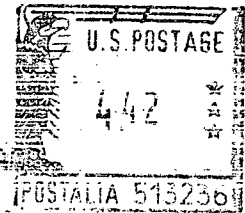
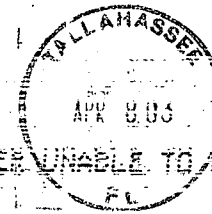
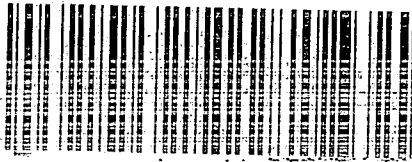
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	
	B. Date of Delivery	
1. Article Addressed to:  <div style="text-align: right;">AIRS ID#0310423</div> <b>CARRIAGE CLEANERS</b> <b>TRAVIS GUERRA</b> <b>10425 OLD ST AUGUSTINE RD</b> <b>JACKSONVILLE FL</b> <b>32257</b>	C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label) <b>70001670001331091889</b>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

5510

5521

**CERTIFIED MAIL**

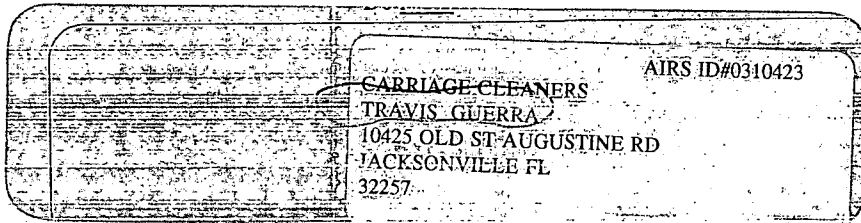
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



MC5521

7000 1670 0013 3109 1889

BANMS/BCO  
JOEY ROBERTS  
5510



UAA  
RX  
MLNF  
Refused by

32257+7000 0013 3109 1889

