

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 22, 2001

Mr. Travis E. Guerra
Carriage Cleaners
10425 Old St. Augustine Road
Jacksonville, Florida 32257

Re: Facility No.: 0310423-002

Dear Mr. Guerra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 19, 2001.

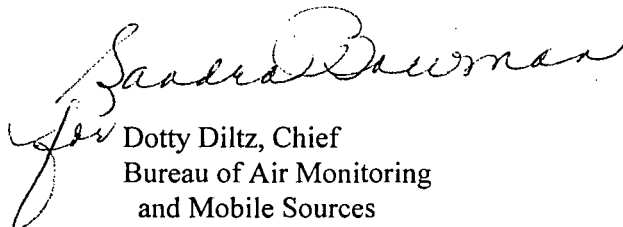
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Wayne Tutt, Duval County

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

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 19 2001
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):	TRAVIS E. GUERRA		
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 RD		
City:	County:	Zip Code:	
JACKSONVILLE	DUVAL	32257	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0310423-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Title:		
TRAVIS GUERRA	OWNER		
7. Responsible Official Mailing Address:	CARRIAGE CLEANERS		
Organization/Firm:			
Street Address:	10425 OLD ST. AUGUSTINE ROAD		
City:	County:	Zip Code:	
JACKSONVILLE	DUVAL	32257	
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
(904) 262-4478	(904) 732-7599		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
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")
April 12, 1995	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

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

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

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

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

7001 0320 0001 7976 6607

OFFICIAL USE

Postage	\$	<i>PAID</i> <i>Guerra</i>	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Total Postage & Fees

AIRS ID#0310423

Sent To: CARRIAGE CLEANERS
Street: TRAVIS GUERRA
or PO Box: 10425 OLD ST AUGUSTINE RD
City, State: JACKSONVILLE FL
32257

PS Form

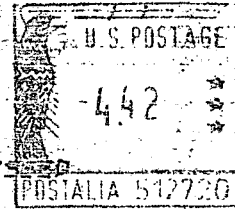
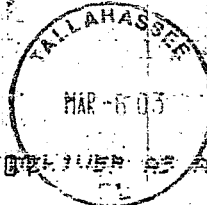
Instructions

CERTIFIED MAIL

MS# 5510

MC Acct # 5521

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



POSTNET ADDRESS ONLY

AIRS ID#0310423
CARRIAGE CLEANERS
TRAVIS GUERRA
10425 OLD ST AUGUSTINE RD
JACKSONVILLE FL
32257

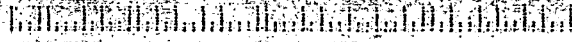
Handwritten: JARR M

Bureau of ...
& Mobile Subscribers

MAR 13 2003

RECEIVED

POSTNET ADDRESS ONLY



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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0310423

CARRIAGE CLEANERS
TRAVIS GUERRA
10425 OLD ST AUGUSTINE RD
JACKSONVILLE FL
32257

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 6607

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

7001 0320 0001 7975 5120

OFFICIAL USE

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

[Handwritten Signature]
 Postmark
 Date

AIRS ID#0310423

Sent To **CARRIAGE CLEANERS**
 Street, Apt. No., or PO Box No. **TRAVIS GUERRA**
10425 OLD ST AUGUSTINE RD
 City, State, ZIP+4 **JACKSONVILLE FL**
32257

PS Form 3800, Jan 2002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0310423

CARRIAGE CLEANERS
 TRAVIS GUERRA
 10425 OLD ST AUGUSTINE RD
 JACKSONVILLE FL
 32257

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent Addressee

[Handwritten Signature]

D. Is delivery address different from the return address? Yes No
 If YES, enter delivery address below.

JACKSONVILLE, FL 32209
 MAR 4 2003
 MANDARIN STATION
 8666 19998

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 0320 0001 7975 5120

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

MAR 05 2003

RECEIVED

32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415236 MAR18 2002

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

TOTAL AMOUNT DUE: \$50.00

4

Do NOT Remove Label

AIRS ID # 0310423
CARRIAGE CLEANERS
TRAVIS GUERRA
10425 OLD ST AUGUSTINE RD
JACKSONVILLE FL
32257

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

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

OFFICIAL USE

7001 0320 0001 7976 1404

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

Postmark
Here

AIRS ID # 0310423

Sen CARRIAGE CLEANERS
 Str TRAVIS GUERRA
 or P 10425 OLD ST AUGUSTINE RD
 City JACKSONVILLE FL
 32257

PS F

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0310423
 CARRIAGE CLEANERS
 TRAVIS GUERRA
 10425 OLD ST AUGUSTINE RD
 JACKSONVILLE FL
 32257

COMPLETE THIS SECTION ON DELIVERY

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

38

C. Signature
 X *Matt Ki* Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 1404

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

7000 0600 0026 4128 6761

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

Postmark
Here

AIRS ID # 0310423

Total Postage: CARRIAGE CLEANERS
 TRAVIS GUERRA
 10425 OLD ST AUGUSTINE RD
 JACKSONVILLE FL
 32257

Recipient's Name
 Street, Apt. No.
 City, State, Zip

PS Form 3800, February 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0310423

CARRIAGE CLEANERS
 TRAVIS GUERRA
 10425 OLD ST AUGUSTINE RD
 JACKSONVILLE FL
 32257

COMPLETE THIS SECTION ON DELIVERY

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

2-9

C. Signature

X 

Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

70000600002641286761

2. Article Number (Copy from service label)

UNITED STATES POSTAL SERVICE



STRAWBERRY
PLANT

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

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

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 11 2002