

Department of Environmental Protection

Jeb Bush Governor 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

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

SEP 19 20UI

Part III. Notification of Intent to Use General Permit

Part III. Notification of Intent to Use General Permit $\mathcal{E}_{\mathcal{M}_{OS//e}}^{\mathcal{N}_{OF//e}} \mathcal{E}_{\mathcal{M}_{OF//e}}^{\mathcal{N}_{OF//e}}$ Prior to filling out this form, please read the instructions provided at the end of the form. Send $\mathcal{E}_{\mathcal{N}_{OF/e}}^{\mathcal{N}_{OF/e}}$ 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 ED				
City: Jackson VIIE County: DVAL Zip Code: 32257				
5. Facility Identification Number (DEP Use ONLY - do not fill in):				
D310423-002				
Responsible Official A Name and Title of Responsible Officials				
6. Name and Title of Responsible Official: Name: Title:				
TRAVIS GUERRA DWNER				
7. Responsible Official Mailing Address: CARRIAGE CLEANERS				
Organization/Firm: Street Address: 10425 OW ST. AUGUSTINE ROAD				
City: — Zip Code:				
City: JALLSONVILLE County: DUVAL Zip Code: 32257				
8. Responsible Official Telephone Number:				
Steet Address: City: Jacksonville County: DUVAL 32257 8. Responsible Official Telephone Number: Telephone: (904) 262 4478 Fax: (904) 132 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: () -				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information	on
----------------------	----

1.(a) DRY-TO-DRY M	ACHINES ONLY		
How many dry-to-dry ma	chines do you have	e on-site?	
For each dry-to-dry mach	ine 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/New	CCA/None required	SAME
	Existing/Nev	v RC/CA/None required	
· · · · · · · · · · · · · · · · · · ·	Existing/Nev	v RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = ref$	frigerated condenser $CA = ca$	arbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		. 5.
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have on	n-site?	·
			cember 9, 1991, it is an EXISTING
1993, it is a NEW unit (n permit). For each transfe	o units purchased a er machine on-site,	after September 22, 1993 are allow please provide the following information	mation:
1993, it is a NEW unit (n	o units purchased a er machine on-site,	after September 22, 1993 are allow please provide the following information Control Device Required*	ed to operate under this general
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	o units purchased a er machine on-site, Status (circle one)	after September 22, 1993 are allow please provide the following information Control Device Required*	ed to operate under this general mation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	o units purchased a er machine on-site, Status (circle one) Existing/New	after September 22, 1993 are allow please provide the following information Control Device Required* (circle one)	ed to operate under this general mation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer	o units purchased a er machine on-site, Status (circle one) Existing/New Existing/New	after September 22, 1993 are allow please provide the following information Control Device Required* (circle one) RC/CA/None required	ed to operate under this general mation: Date Control Device Installed (if already included at time of
*CONTROL DEVICE K 2.(a) How much perchlor	o units purchased a er machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allow please provide the following information of the following informatio	ed to operate under this general mation: Date Control Device Installed (if already included at time of purchase, write "SAME")
CONTROL DEVICE KI 2.(a) How much perchlor 1993, it is a NEW unit (nepermit). For each transfer trans	o units purchased a er machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allow please provide the following information Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = case ave you used within the last 12 months in)	ed to operate under this general mation: Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE K 2.(a) How much perchlor [30] gallor (b) If less than 12 mor	o units purchased a er machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allow please provide the following information of the following informatio	ed to operate under this general mation: Date Control Device Installed (if already included at time of purchase, write "SAME")
CONTROL DEVICE K 2.(a) How much perchlor [30] gallor (b) If less than 12 mor	o units purchased a er machine on-site, Status (circle one) Existing/New Existing/New	after September 22, 1993 are allow please provide the following information Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = case ave you used within the last 12 months in)	ed to operate under this general mation: Date Control Device Installed (if already included at time of purchase, write "SAME") arbon adsorber nths?

DEP Form No. 62-213.900(2)

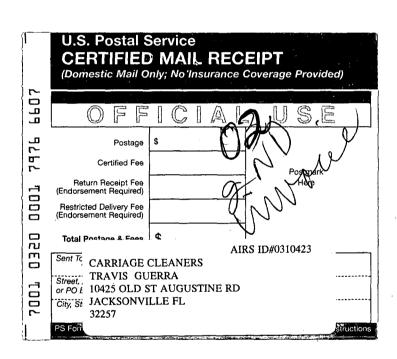
Effective: 2/24/99

3. What is the facility's source classification based on the Indicate with an "X". Select one classification only			
Small Area Source			
Transfer only on-site (1	used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)		
Large Area Source			
Transfer only on-site (used 140 - 2,100 gallons of perc per year) used 200 - 1,800 gallons of perc per year) used 140 - 1,800 gallons of perc per year)		
4. What centrol technology is required on machines pu (Indicate with an "X".)	ersuant to section (5) of Part II of this notification form?		
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser		
Existing machines at large area source Carbon adsorber Refrigerated condenser []	New machines at large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions un Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site (s			
All steam and hot water generating units exempt No such units on-site	OR		
How many boilers do you have on-site?			
For each boiler, indicate its horsepower (HP) rating:	5		
What type of fuel do you use? [X] propane [No. 2 fuel o			
6. Equipment Monitoring and Recordkeeping Information	tion		
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 add	dition log		
(b) Leak detection inspection and repair	<u>(</u> <u>X</u>)		
(c) Refrigerated condenser temperature monitoring	(\times)		
(d) Carbon adsorber exhaust perc concentration monitor	oring [X]		
(e) Startup, shutdown, malfunction plan			

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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. Imptly notify the Department of any changes to the information contained in this notification.
TRAI	16 GUERRA ne of responsible official 9-12-01
<u></u>	

DEP Form No. 62-213.900(2) Effective: 2/24/99



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
© Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired. □ © Fint your name and address on the reverse	A. Signature ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
	202.3 200mg/system (see - group) year are
AIRS ID#0310423	See See
CARRIAGE CLEANERS	Manager 1 and 1
TRAVIS GUERRA 10425 QLD ST AUGUSTINE RD JACKSONVILLE FL 32257	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 7001	0320 0001 7976 6607/

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, August 2001

ή	U.S. Postal Service		
	CERTIFIED MAIL		
5120	OFFIC	IALŲSE	
7975	Postage \$ Certified Fee	Rostmark	
0007	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	() refer	
0320	Total Postage & Food CARRIAGE CLI	AIRS ID#0310423 EANERS	
7001	Street, Apt. No.; TRAVIS GUER or PO Box No. 10425 OLD ST A City, State, ZiP+4 JACKSONVILLI 32257	AUGUSTINE RD	
T. D. D.	PS Form 3800, Ja.	100°	1
SENDER: COMPLETE	THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
 Complete items 1, 2, item 4 if Restricted E Print your name and 			B. Date of Delivery
so that we can return	n the card to you. ne back of the mailpiece,	C. Signature	Agent Addressee
Article Addressed to:		D. Is delivery address diverged by the content of t	Yes No
	AIRS ID#0310423	IS come A anna	

PS Form 3811, July 1999

2. Article Number (Copy from service la

CARRIAGE CLEANERS TRAVIS GUERRA

JACKSONVILLE FL

32257 -

10425 OLD ST AUGUSTINE RD

Domestic Return Receipt

7001 0320 0001

3. Service

☐ Certified Ma ☐ Registered

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

102595-00-M-0952

☐ Yes

ALS VES

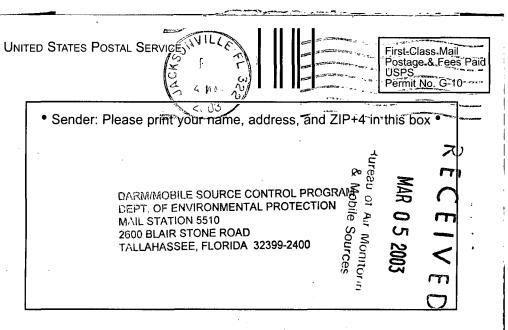
☐ Return Receipt for Merchandise

Express Mail

☐ C.O.D.

7975 5120

0



2399+2400 - Ուկաիկահիսինունիի Մուկականիան



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415236 MAR182002

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

K

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 RECEIF (Domestic Mail Only; No Insurance Cove	
404	OFFICIAL	USE.
7976 1	Postage \$ Certified Fee	Postmark
0007	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
0350	Total Postage & Fees \$\partial AIRS ID # 0310423 Sen CARRIAGE CLEANERS Stre TRAVIS GUERRA	
1007	or P 10425 OLD ST AUGUSTINE RD ON JACKSONVILLE FL 32257	rinstructions

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 # 0310423 CARRIAGE CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
TRAVIS GUERRA 10425 OLD ST AUGUSTINE RD JACKSONVILLE FL 32257	3. Service Type ,
7001 0320 0001 7976 1404	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

P.7	(Domestic Mail O	MAIL REC	EIPT Coverage Provided)	
129				
un en	Postage	\$		
7	Certified Fee		Postmark	
먑	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)	AIDGAE	" 021040	
	Total Posta: CARR	AIRS IL IAGE CLEANERS	D# 0310423	
190	Recipient's N	IS GUERRA OLD ST AUGUSTI	NE RD	
00	Street, Apt. N. JACKS			
700	32257 City, State, Zli		-	,
	PS Form 3800, February 2	2000	See Reverse for Instru	ctions

.

PS Form 3800, February 2000	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 X Agent Addressee
1. Article Addressed to: AIRS ID # 0310423 CARRIAGE CLEANERS TRAVIS GUERRA 10425 OLD ST AUGUSTINE RD JACKSONVILLE FL	☐ If delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
32257	3. Service Type Certified Mail
1000060000264168676	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-00-M-0952

