



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 27, 1997

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

Re: Facility I.D. No. 0310423

Dear Mr. Guerra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 28, 1996.

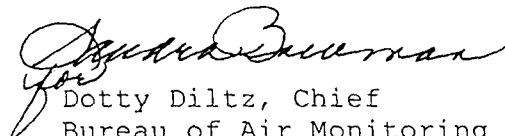
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

# 0310423

p. 14

1. (a) add date control device installed
3. new small area source should be marked

p. 15

4. new small area source should be marked
- (f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

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OCT 24 1996

BUREAU OF AIR REGULATION

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
**TRAVIS GUERRA**

2. Site Name (For example, plant name or number):  
**CARRIAGE CLEANERS**

3. Hazardous Waste Generator Identification Number:  
**ILD 984908202**

4. Facility Location:  
 Street Address: **10425 OLD ST. AUGUSTINE RD**  
 City: **JACKSONVILLE** County: **DUVAL** Zip Code: **32257**

5. Facility Identification Number (DEP Use):  
**0310423**

Responsible Official

6. Name and Title of Responsible Official:  
**TRAVIS GUERRA (OWNER)**

7. Responsible Official Mailing Address:  
 Organization/Firm: **CARRIAGE CLEANERS**  
 Street Address: **10425 OLD ST. AUGUSTINE RD**  
 City: **JAX** County: **DUVAL** Zip Code: **32257**

8. Responsible Official Telephone Number:  
 Telephone: **(904) 262-4478** 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: ( ) -

RECEIVED

OCT 28 1996

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.

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1	12-APR-04							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

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

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

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.)

Existing small area source       New small area source

Existing large area source       New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment 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 permit:

(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

**Surrender of Existing Air Permit(s)**

Please indicate 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**

*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.*

Signature

Date

0310446

0310423 — 2/25/98

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

2/26/97

**AIRS ID#:** 0310423 **TIME IN:** 9:45 **TIME OUT:** 1800  
**FACILITY NAME:** Carriage Cleaners  
**FACILITY LOCATION:** 10425 Old St. Augustine Rd.  
Jacksonville, FL 32257

**PART I: NOTIFICATION**

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

- A.**
- |  |  |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed before 12/9/91)</p>                       | <p>2. New small area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr<br/>                 transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr<br/>                 both types, <math>140 &lt; x &lt; 1,800</math> gal/yr<br/>                 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr<br/>                 transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr<br/>                 both types, <math>140 &lt; x &lt; 1,800</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> |

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

- facility qualified for a general permit as number 2 above
- facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 45 gallons.



**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?  Y  N
- 2. Examining the containers for leakage?  Y  N
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**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  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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, reclaimers, and dryer machines on a weekly basis?  Y  N

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Maintained rolling monthly averages of perc consumption?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	<input type="checkbox"/> Y <input type="checkbox"/> N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Maintained calibration data? <i>(for direct reading instruments only)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Maintained startup/shutdown/malfunction plan?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
7. Maintained deviation reports?	<input type="checkbox"/> Y <input type="checkbox"/> N
Problem corrected?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
8. Maintained compliance plan, if applicable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>

**If using direct-reading instrumentation, is the equipment:**

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  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
3. Has the facility maintained a leak log?  Y  N
4. The following areas should be checked for leaks by the inspector:

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

Travis Guerra

Name of Responsible Official

Jeffrey Winter

Inspector's Name (Please Print)

Jeffrey Winter  
Inspector's Signature

2/26/97

Date of Inspection

2/98

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

# 0310423

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BUREAU OF AIR REGULATION

P.14

1. (a) add date control device installed

3. new small area source should be marked

P.15

4. new small area source should be marked

(f) should be marked

1. Facility Owner	TRAVIS
2. Site Name	CARRI
3. Hazardous	IL
4. Facility Location Street Address: City:	J
5. Facility	

32257  
3

6. Name and Title	TRA
7. Responsible Official Mailing Address: Organization/Firm: CARRIAGE CLEANERS Street Address: 10425 OLD ST. AUGUSTINE RD City: JAX County: DUVAL Zip Code: 32257	
8. Responsible Official Telephone Number: Telephone: (904) 262-4478 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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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

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OCT 24 1996

BUREAU OF AIR REGULATION

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TRAVIS GUERRA
2. Site Name (For example, plant name or number):	CARRIAGE CLEANERS
3. Hazardous Waste Generator Identification Number:	ILD 984908202
4. Facility Location: Street Address: City: County: Zip Code:	10425 OLD ST. AUGUSTINE RD JACKSONVILLE DUVAL 32257
5. Facility Identification Number (DEP Use):	0310423

Responsible Official

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

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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OCT 28 1996

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.

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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#1	17-APR-94	19-APR-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

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

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

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

1.6.

New small area source

Refrigerated condenser

1.6.

New large area source

Refrigerated condenser

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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment 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 permit:

(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

1.6.



**Surrender of Existing Air Permit(s)**

Please indicate 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**

*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.*

Signature

Date

10/20/96

2/24/96

AIRS ID#: 0310423

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Carriage Cleaners DATE: 2/26/97  
 FACILITY LOCATION: 10425 Old St. Augustine Rd.  
Jacksonville, FL 32257

Annual Reporting Period: October 28 1996 TO February 26 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  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 \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_ to \_\_\_\_\_

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, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: TRAVIS GUERRA [Signature] 2/26/97  
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.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**



TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 945 TIME OUT: 1000 AIRS ID#: 0310423  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: CARRIAGE CLEANERS DATE: 2/26/97  
 FACILITY LOCATION: 10425 Old St. Augustine Road  
Jacksonville, FL 32257  
 RESPONSIBLE OFFICIAL: Travis Guerra PHONE NUMBER: (904)262-4478

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

---

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 2/98  
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Winter  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: (904)630-3484

# INTEROFFICE MEMORANDUM

**Date:** 15-Jul-1998 08:17am  
**From:** Jeff Winter  
WINTER@coj.net@PMDF@EPIC66  
**Dept:**  
**Tel No:**

**To:** BOWMAN\_S

( BOWMAN\_S@A1@DER )

**Subject:** Drycleaners -Reply

2.99 Cleaners bought the business from Carriage Cleaners. We need to delete Carriage Cleaners from the ARMS database. 2.99 Cleaners has new ownership.

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

7000 0600 0026 41302102

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

Postmark  
Here

1 10 AIRS ID # 0310423001AG  
 R<sub>1</sub> TRAVIS GUERRA  
 CARRIAGE CLEANERS  
 S<sub>1</sub> 10425 OLD ST AUGUSTINE RD  
 C JACKSONVILLE FL 32257

*Mildred F. Guerra*

PS Form 3800, February 2000

for Instructions

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

ON

**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

8/17/01

C. Signature  Agent  Addressee

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

1. Article Addressed to:

10 AIRS ID # 0310423001AG  
 TRAVIS GUERRA  
 CARRIAGE CLEANERS  
 10425 OLD 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 (Copy from service label)

70000600002641302102

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

P 265 302 136

US Postal Service  
**Receipt for Certified Mail**

AIRS ID#: 0310423

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

PS Form 3800, April 1995

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	2/13/97

Fold at line over top of envelope to the right of the return address

**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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0310423

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

4a. Article Number  
P 265 302 136

4b. Service Type

Registered       Certified  
 Express Mail       Insured  
 Return Receipt for Merchandise       COD

7. Date of Delivery  
2/18/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

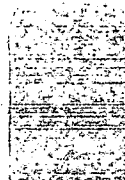
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

Z 333 660 429

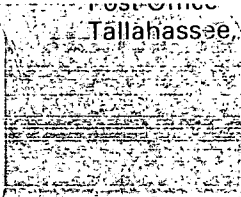
MAIL

MS# 5510  
37550301000

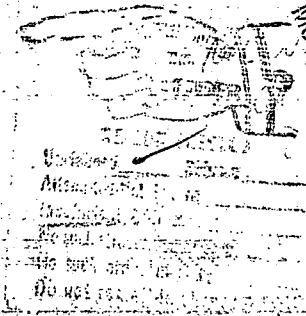


CARRIAGE CLEANERS  
TRAVIS GUERRA  
10425 OLD ST AUGUSTINE RD  
JACKSONVILLE FL 32257

AIRS ID # 0310423



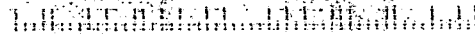
Tallahassee



Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 23 1994

32257X7628 11



Z 333 660 429

US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0310423

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

PS Form 3800 April 1995

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	

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1, 2, 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

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

AIRS ID # 0310423

4a. Article Number

Z 333 660 429

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.