



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 2, 1998

Mr. Thomas J. Mouro
Mouro Cleaners
5435 Ortega Boulevard
Jacksonville, Florida 32210

Re: Facility No.: 0310441

Dear Mr. Mouro:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 5, 1998.

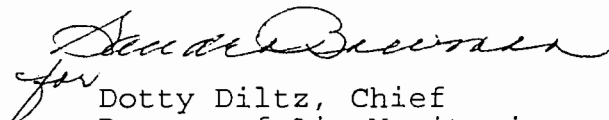
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


for
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"

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 198-2006
SOC REPORTS 2
COMP. STATUS - SNC MNC (IN)

Insp - INS2 - Compliance Inspection
walkthrough - 5/8/2007

Insp - Duval/Co - W Tuttt



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 20, 2000

Mr. Thomas Mouro
Mouro Cleaners
5435 Ortega Boulevard
Jacksonville, Florida 32210

Dear Mr. Mouro:

Thank you for your letter of December 11 informing us of your recent \$100.00 payment and inquiry into the payment of the \$50.00 invoice.

The \$100.00 fee is for the Department's Division of Waste Management drycleaner registration program.

The Perchloroethylene Dry Cleaner Air General Permit invoice mailed to you on December 6 is for the Division of Air Resource Management's annual emissions fee. In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), a \$50 annual emissions fee for Title V sources authorized to operate under a Title V general permit must be paid between **January 15 and March 1** of each year, upon *written* notice from the Department.

If you have further questions pertaining to the Title V air general permit annual emissions fee or about the Title V general permit program, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB/

"More Protection, Less Process"

Printed on recycled paper.

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.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

MOURO CLEANERS
THOMAS MOURO
5435 ORTEGA BLVD
JACKSONVILLE FL 32210

AIRS ID # 0310441

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

Thomas J Mouro
Mouro Cleaners
5435 Ortega Blvd.
Jacksonville, Fl. 32210

Dec 11, 2000

Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fl. 32399-2400

Reason: Permits

Please explain why I would get a \$100.00 annual fee and then get a \$50.00 fee.
My customer ID # 42837. The \$100.00 fee was just paid. This gives me the feeling I am
paying too much.

Please respond to the above address. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Mouro", written in a cursive style.

Thomas J. Mouro

Thomas J Mouro
Mouro Cleaners
5435 Ortega Blvd.
Jacksonville, Fl. 32210

Dec 11, 2000

Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fl. 32399-2400

Reason: Permits

Please explain why I would get a \$100.00 annual fee and then get a \$50.00 fee.
My customer ID # 42837. The \$100.00 fee was just paid. This gives me the feeling I am
paying too much.

Please respond to the above address. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Thomas J. Mouro". The signature is written in black ink and is positioned above the printed name.

Thomas J. Mouro

Best Available Copy

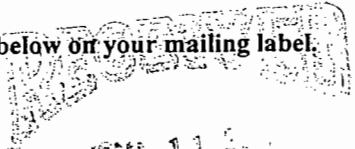
3755

THIS PORTION MUST BE AT...

...TANCE FOR PROPER HANDLING

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



Bureau of Finance and Accounting REVENUE

Do NOT Remove Label

AIRS ID # 0310441

MOURO CLEANERS
THOMAS MOURO
5435 ORTEGA BLVD
JACKSONVILLE FL 32210

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

1-11-01 Pd

03964

ALL SUNSHINE CENTER

MOURO CLEANERS
5435 ORTEGA BLVD.
JACKSONVILLE, FL 32210

SOUTHTRUST BANK N.E. FLORIDA, N.A.
63-956-630

1/8/2001

PAY TO THE ORDER OF Department of Enviremental Protection

\$ **50.00

Fifty and 00/100*****

DOLLARS

Department of Enviremental Protection
2600 Blair Stone Rd.
MS 4525
Tallahassee, Fl. 32399-2405

MEMO Annual Fee for air



Security features included. Details on back.

BEST AVAILABLE COPY

THIS PORTION MUST BE AT...

...ANCE 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

SEP 11 2001

Bureau of Finance
and Accounting
REVENUE

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0310441
MOURO CLEANERS
THOMAS MOURO
5435 ORTEGA BLVD
JACKSONVILLE FL 32210

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

0310441

p13

6 add Title of Responsible Official

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Thomas J. Mouro		
2. Site Name (For example, plant name or number):	MOURO CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	4644 N. MAIN ST.		
Street Address:			
City:	County:	Zip Code:	
JAY	DUVAL		
5. Facility Identification Number (DEP Use):	0310441		

Responsible Official

6. Name and Title of Responsible Official:	Thomas J. Mouro		
7. Responsible Official Mailing Address:	5435 ORTEGA BLVD		
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
JAY	DUVAL	32210	
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
9043841888	()		

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

FEB 5 1998

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
Dry-to-Dry Unit									
(1) w/ ref. condenser		1/96	1/96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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)

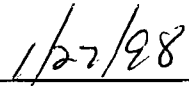
No air permits currently exist for the operation of the facility indicated in this notification form.

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

P13

6 Add Title of Responsible Official

1. Facility	
2. Site	
3. H	
4. E	
5.	441
6.	



ip Code: 32210

9. Name and Title of Facility Contact (Last, First, Middle Initial)		
10. Facility Contact Address:		
Street Address:	County:	Zip Code:
City:		
11. Facility Contact Telephone Number:		
Telephone: () -	Fax: () -	

RECEIVED
FEB 5 1998

Bureau of Air Monitoring
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Thomas J. Mourou	
2. Site Name (For example, plant name or number):	MOUROU CLEANERS	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:	4644 N. MAIN ST.	
Street Address:		
City:	JAY	County: DUVAL Zip Code: 32206
5. Facility Identification Number (DEP Use):	0310441	

RECEIVED
JUL 22 1998
Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	Thomas J. Mourou - Owner <i>[Signature]</i>	
7. Responsible Official Mailing Address:	5435 ORTEGA BLVD	
Organization/Firm:		
Street Address:		
City:	JAY	County: DUVAL Zip Code: 32210
8. Responsible Official Telephone Number:	904 384 1888 Fax: ()	
Telephone:		

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:	(353) 353 1176 Fax: ()	
Telephone:		

RECEIVED

FEB 5 1998

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
Dry-to-Dry Unit									
(1) w/ ref. condenser		1/96	1/96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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.

Thomas J. Moran
Signature

1/27/98
Date

Thomas J. Moran

6/30/98

Date: 06/01/1998 10:27:37 AM
From: Sandy Bowman TAL
Subject: Mouro Cleaners
To: Jeffrey Winter JAX
CC: Henry Estevez TAL
CC: Rick Butler TAL

Jeff,

Just wanted to check with you and see if you have had an opportunity to contact Mr. Thomas Mouro regarding his notification form?

As you may recall, he submitted an unapproved notification form to this office (we received the form Dec 1). We wrote him a letter explaining the situation (Dec 4) and also provided him with an approved notification form. He returned only the front page telling us that a form had already been completed (Dec 15). We have not been able to process his form.

I am concerned that he may be under the impression that he is entitled to a general permit because he has completed and submitted a form. He may not understand that he is operating without a permit.

Again, thanks for your assistance.

Sandy

Date: 17/12/1997 11:44:05 AM
From: Sandy Bowman TAL
Subject: Notification forms
To: Jeffrey Winter JAX
CC: Rick Butler TAL
CC: Henry Estevez TAL

Hi Jeff!

With the move and all, I thought this might be the best way to get in touch with you.

Sometime ago, we spoke about the unapproved notification forms being given out. We have received several of the completed forms in this office and have in turn provided these facilities the correct form. A copy of the correspondence has also been forwarded to you for your records.

We provided Mr. Thomas Mouro (Mouro Cleaners at 4644 North Main Street) with the corrected form. He sent the first page (only) back to us telling us it had already been filled out. I don't think he understands the situation with the approved form. We are not processing the form he originally submitted to us. I would appreciate it if you could assist Mr Mouro with his form.

Also, Gail Kozikowski of Koastal Kleaners (14286 Beach Blvd) submitted the incorrect form. Unfortunately, we assigned an AIRS ID # before we noticed the submittal was on the incorrect form. We provided the facility with a new form and have asked that it be completed and submitted to us as soon as possible. We have not received the completed approved form and have 12 days left. Again, I would appreciate it if you could give us any assistance with this.

I will be in the office the remainder of this week. I will be out of the office the last two weeks in December. However, Rick Butler will be available should you need additional information.
Thanks,
Sandy

RECEIVED

DEC 15 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>This has been filled out</i>		
2. Site Name (For example, plant name or number):	<i>look under</i>		
3. Hazardous Waste/Generator Identification Number:	<i>NO WASTE CLEANERS</i>		
4. Facility Location: Street Address: City:	County:	Zip Code:	
<i>MOBILE CLEANERS</i>	<i>5435 ORTEGA BLVD</i>	<i>32210</i>	
5. Facility Identification Number (DEP Use):	<i>EPY 11-32210</i>		

Responsible Official

6. Name and Title of Responsible Official:			
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	County:	Zip Code:	
8. Responsible Official Telephone Number: Telephone: () -	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: () -		

Jane,

These are the en-
cllosures for *transcripts.doc*
in draft key.

Thank you -

Barly

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Thomas J. Mouzo		
2. Site Name (For example, plant name or number):	Mouzo Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:			
City:	4644 N. MAIN ST.	County: Duval	Zip Code: -
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Thomas J. Mouzo	Title:	owner
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	5435 ORTEGA BLVD.		
City:	JAX FL.	County: Duval	Zip Code: 32210
8. Responsible Official Telephone Number:			
Telephone:	904 384-1888	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

DEC 1 1997

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	Control Device Required*	Date Control Device Installed (if same as purchase date, write "SAME")
1996	Existing/New	RC/CA/None required	1996
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*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	Control Device Required*	Date Control Device Installed (if same as purchase date, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed within the last 12 months? [78.4] 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: [] 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.)

Small Area Source []

Dry-to-dry machines only on-site ($x < 140$ gal/yr)

Transfer only on-site ($x < 200$ gal/yr)

Both machine types on-site ($x < 140$ gal/yr)

Large Area Source []

Dry-to-dry machines only on-site ($140 \leq x < 2,100$ gal/yr)

Transfer only on-site ($200 \leq x < 1,800$ gal/yr)

Both machine types on-site ($140 \leq x < 1,800$ gal/yr)

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

Existing machines at small area source
(NONE REQUIRED) []

New machines at small area source
Refrigerated condenser [X]

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 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 have a cumulative (total) heat input rating of 65 horsepower (HP) or less and are fired by natural gas or propane or fuel oil containing no more than 0.5 percent sulfur.*

All steam and hot water generating units exempt [X]
No such units on-site []

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
- (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

7. 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.

Thomas J. Moore
Print name of responsible official

Thomas J. Moore
Signature

11/21/97
Date



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 4, 1997

Mr. Thomas J. Mouro
Mouro Cleaners
4644 North Main Street
Jacksonville, Florida 32210

Dear Mr. Mouro:

Thank you for your submittal of the Perchloroethylene Dry Cleaning Facility Notification form received by the Department on December 1.

The form used to notify the Department of your intent to use the general permit has not yet been approved. Therefore, I am sending you the current effective form (Effective 6-25-97). Please complete and submit this form to the Department in the enclosed envelope. Processing of your notification will continue upon the receipt of the proper form.

I appreciate your attention to this matter and apologize for any inconvenience. Please call me if you have any questions at 850/921-9583.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

SB\

Enclosures

cc: Jeff Winter, Duval County

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Thomas J. Mourou</i>
2. Site Name (For example, plant name or number): <i>MOUROU CLEANERS</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: <i>4644 N. MAIN ST.</i> County: <i>DUVAL</i> Zip Code: <i>-</i>
5. Facility Identification Number (DEP Use ONLY -- do not fill in)

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Thomas J. Mourou</i> Title: <i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>5435 ORTEGA BLVD.</i> City: <i>JAY FL.</i> County: <i>DUVAL</i> Zip Code: <i>32210</i>
8. Responsible Official Telephone Number: Telephone: <i>904 384-1888</i> 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

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	Control Device Required*	Date Control Device Installed (if same as purchase date, write "SAME")
1996	Existing <u>New</u>	<u>RC</u> /CA/None required	1996
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*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	Control Device Required*	Date Control Device Installed (if same as purchase date, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*KEY: RC = refrigerated condenser CA = carbon adsorber

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
- (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

7. 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.

Thomas J. Moura
Print name of responsible official

Thomas J. Moura
Signature

11/21/97
Date

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed within the last 12 months? [78.4] 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: [] 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.)

Small Area Source []

Dry-to-dry machines only on-site (x<140 gal/yr)

Transfer only on-site (x<200 gal/yr)

Both machine types on-site (x<140 gal/yr)

Large Area Source []

Dry-to-dry machines only on-site (140≤x<2,100 gal/yr)

Transfer only on-site (200≤x<1,800 gal/yr)

Both machine types on-site (140≤x<1,800 gal/yr)

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

Existing machines at small area source
(NONE REQUIRED) []

New machines at small area source
Refrigerated condenser [X]

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 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 have a cumulative (total) heat input rating of 65 horsepower (HP) or less and are fired by natural gas or propane or fuel oil containing no more than 0.5 percent sulfur.*

All steam and hot water generating units exempt [X]
No such units on-site []

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

✓ RECEIVED
JUL 22 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0310441 DATE: 6/30/98 TIME IN: 1000 TIME OUT: 1030
 FACILITY NAME: Mouro Cleaners
 FACILITY LOCATION: 4644 N. Main Street.
Jacksonville, FL 32206
 RESPONSIBLE OFFICIAL: Thomas J. Mouro PHONE: 904-384-1888
 CONTACT NAME: Fredericka Miller PHONE: 904-353-1176

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:
 (check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> 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. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ 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 79 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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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 N/A
- 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/bi-weekly basis? Y N N/A
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 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, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

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

4. 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)
 - Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- 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

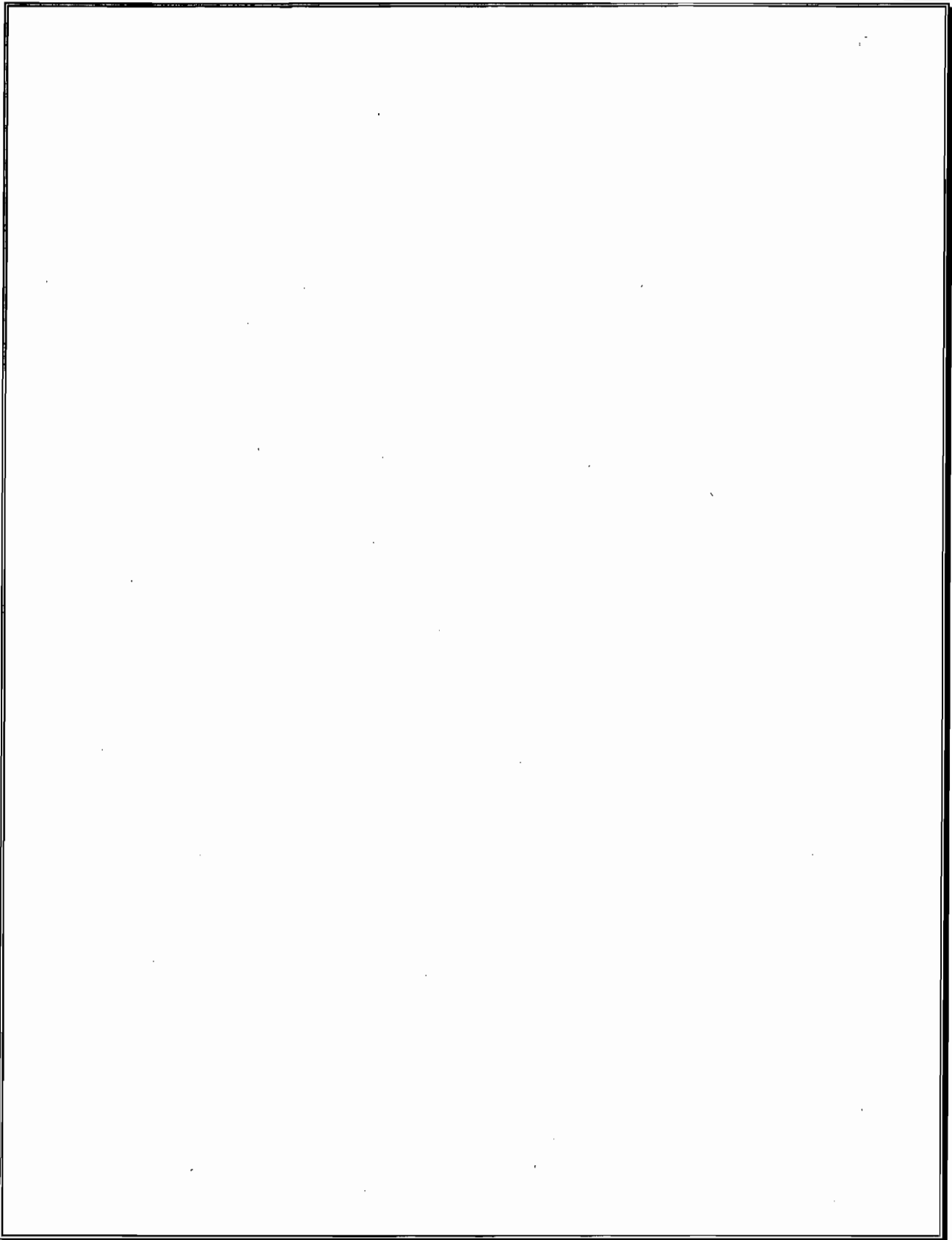
Jeff Winter
Inspector's Name (Please Print)

6/30/98
Date of Inspection

Jeffrey Winters
Inspector's Signature

June, 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



ACC ✓

AIRS ID#: 0310441

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mouro Cleaners DATE: 6/30/98
 FACILITY LOCATION: 4644 N. Main St.
Jacksonville, FL 32206

Annual Reporting Period: March 5 19 98 TO June 30, 19 98

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: _____

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#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: Thomas J. Mouro Thomas J. Mouro 6/30/98
 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.

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



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1000 TIME OUT: 1030 AIRS ID#: 0310441
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Mouro Cleaner DATE: 6/30/98
 FACILITY LOCATION: 4644 N. Main St.
Jacksonville, FL 32206
 RESPONSIBLE OFFICIAL: Thomas J. Mouro PHONE NUMBER: 904-384-1888

- 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

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COMMENTS:

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

DATE OF NEXT INSPECTION: June, 1999
 (Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
 (Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: 904-630-2800

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0355022

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 # 0310441

MOURO CLEANERS
THOMAS MOURO
5435 ORTEGA BLVD
JACKSONVILLE FL 32210

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DEC 29 1998
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAIL ROOM
DEC 22 98

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

RECEIVED
 JUN - 7 1999
 Bureau of Air Monitoring
 & Mobile Sources

AIRS ID#: 0310441 **DATE:** 5/18/99 **TIME IN:** 1000 **TIME OUT:** 1030

FACILITY NAME: Mouro Cleaners

FACILITY LOCATION: 4644 N. Main St.
Jacksonville, FL 32206

RESPONSIBLE OFFICIAL: Thomas Mouro **PHONE:** 904-384-1888

CONTACT NAME: Fritz Miller **PHONE:** 904-353-1176

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) Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> 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. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ 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 76.8 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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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 N/A
- 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/bi-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 N/A
- 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, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or: Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- 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

Jeff Winter
Inspector's Name (Please Print)

May 18, 1999
Date of Inspection

Jeffery Winter
Inspector's Signature

May, 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1000 TIME OUT: 1030 AIRS ID#: 0310441
 TYPE OF FACILITY: Perc. Dry Cleaner
 FACILITY NAME: Mouro Cleaners DATE: 5/18/99
 FACILITY LOCATION: 4644 N. Main St.
Jacksonville, FL 32210
 RESPONSIBLE OFFICIAL: Thomas Mouro PHONE NUMBER: 904-388-1888

- 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: May, 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffery Winter PHONE NUMBER: 904-630-3484

AIRS ID#: 0310441

ALL

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mouro Cleaners DATE: 5/18/99
 FACILITY LOCATION: 4644 N. Main St.
Jacksonville, FL 32210

Annual Reporting Period: May 18, 1998 TO May 18, 1999

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: _____

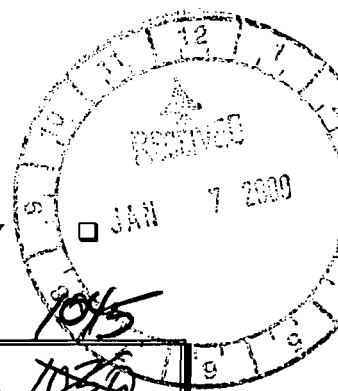
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, 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: Thomas J. Mouro Thomas J. Mouro 5/18/99
 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [] RE-INSPECTION []

AIRS ID#: 031044 DATE: 3/27/2000 TIME IN: 1007 TIME OUT: 1050 FACILITY NAME: Mouro Cleaners FACILITY LOCATION: 4644 N. Main Street Jacksonville, FL 32206 RESPONSIBLE OFFICIAL: Thomas J. Mouro PHONE: 904-384-1888 CONTACT NAME: Thomas Mouro PHONE: Same

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup [X] 2. Facility failed to notify DARM to use general permit []

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box) [] No notification form [] Drop store/out of business/petroleum

- A. 1. Existing small area source [] 2. New small area source [X] 3. Existing large area source [] 4. New large area source [] 5. This is a correct facility classification [X] Y [] N [] Can not determine

If no, please check the appropriate classification: [] facility qualified for a general permit as number _____ 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 153.6 gallons.

RECEIVED APR - 5 2000 Bureau of Air Monitoring Mobile Sources

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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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 N/A
- 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/bi-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 N/A
- 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, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- 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

Jeff Winter

Inspector's Name (Please Print)

March 27, 2000

Date of Inspection

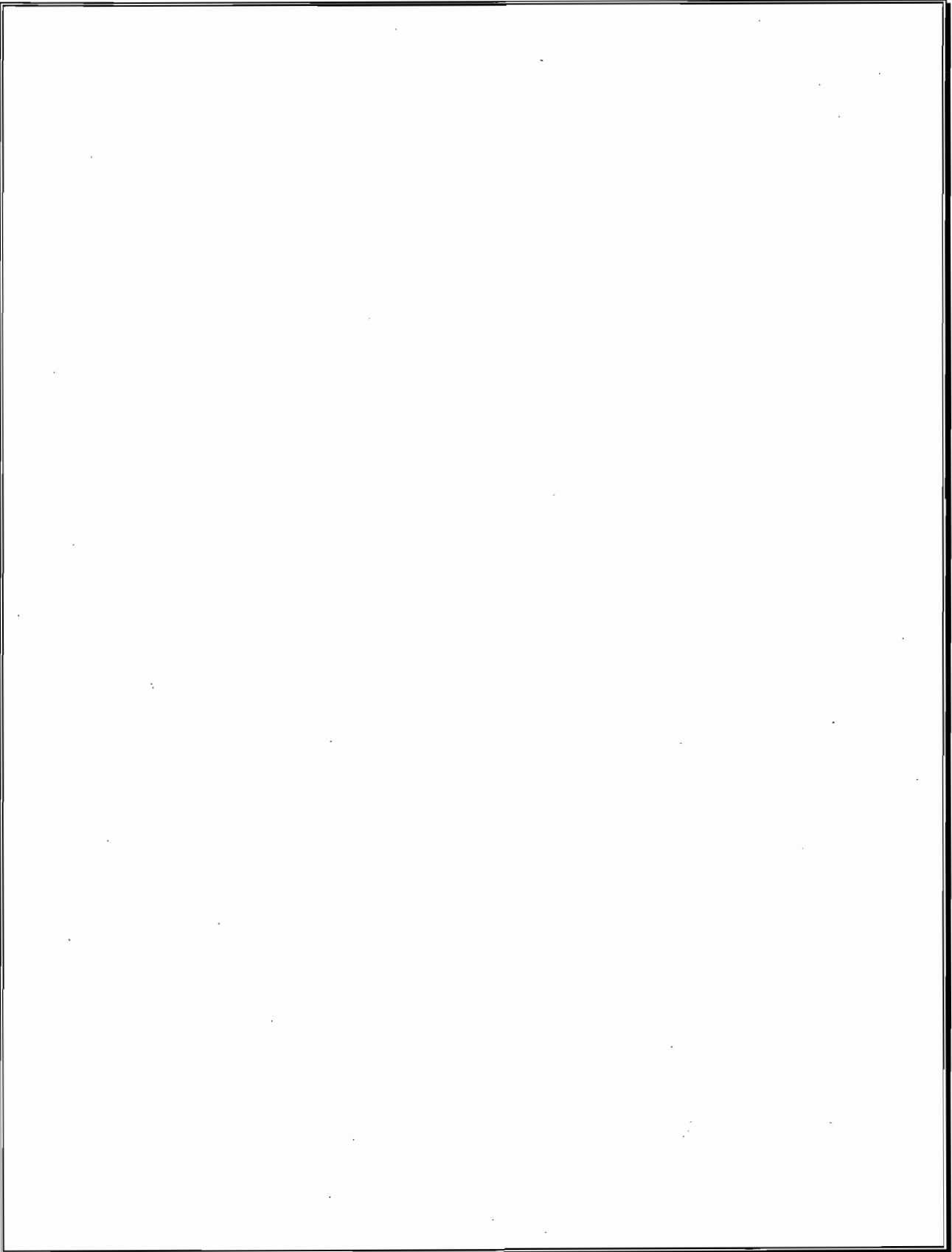
Jeffery Winter

Inspector's Signature

March, 2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



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

FACILITY NAME:

Mouro Cleaners

DATE:

3/27/2000

FACILITY LOCATION:

4644 N. Main St.Jacksonville, FL 32206

Annual Reporting Period:

May 18,1999 TOMarch 27,2000

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:

Thomas J. Mouro

Name (Please Print)

Signature

Date

3/27/00

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1007 TIME OUT: 1045 AIRS ID#: 0310441
 TYPE OF FACILITY: Perc. Dry Cleaner
 FACILITY NAME: Mouro Cleaners DATE: 3/27/2000
 FACILITY LOCATION: 4644 N. Main St.
Jacksonville, FL 32206
 RESPONSIBLE OFFICIAL: Thomas J. Mouro PHONE NUMBER: 904-384-1888

- 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: March, 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffery White* PHONE NUMBER: 904-630-3484

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389242

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

MOURO CLEANERS
THOMAS MOURO
5435 ORTEGA BLVD
JACKSONVILLE FL 32210

AIRS ID # 0310441

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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MAIL ROOM
DEC-9 99

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7004 2510 0004 6986 5180

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

Postmark
Here

Total Postage & AIRS ID# 310441 1stC
 Sent To MOURO CLEANERS
 4644 N Main Street
 JACKSONVILLE, FL 32206
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

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# 310441 1stC
 MOURO CLEANERS
 4644 N Main Street
 JACKSONVILLE, FL 32206

2. Article Number

(Transfer from service label)

7004 2510 0004 6986 5180

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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

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 SOURCE

FEB 16 2005

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412189 DEC24 2001

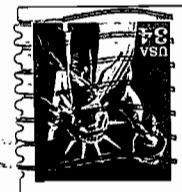
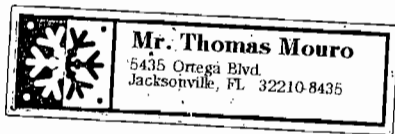
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

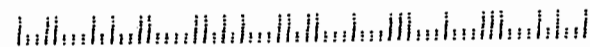
AIRS ID # 0310441
MOURO CLEANERS
THOMAS MOURO
5435 ORTEGA BLVD
JACKSONVILLE FL
32210

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



**TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

32315+3070 99





THIS PORTION MUST BE ATTACHED TO CHECK FOR PROPER HANDLING

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#0310441

MOURO CLEANERS
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5435 ORTEGA BLVD
JACKSONVILLE FL
32210

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Bureau of Air Monitoring
& Mobile Sources

JAN 21 2003

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