

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,

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 (A)

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Wallethrough -3/8/2007

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Department of Environmental Protection

Jeb Bush Governor 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

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

10000

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

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,

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,

Thom Monn

Thomas J. Mouro

Best Available Copy, THIS PORTION MUST BE AT 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** Bursau of Florace and Accounting REVENUE Do NOT Remove Label AIRS ID # 0310441 FOR GOVERNMENT USE ONLY MOURO CLEANERS Org.: 37550101000 EO: A1 THOMAS MOURO Fund: 20-2-035001 5435 ORTEGA BLVD Obj.: 002273 JACKSONVILLE FL 32210 1-11-01 pd 03964 **ALL SUNSHINE CENTER** SOUTHTRUST BANK N.E. FLORIDA, N.A. MOURO CLEANERS 63-956-630 5435 ORTEGA BLVD. 1/8/2001 JACKSONVILLE, FL 32210 PAY TO THE Department of Enviremental Protection **50.00 ORDER OF Security features included. Fifty and 00/100*** **DOLLARS** Department of Environmental Protection 2600 Blair Stone Rd. MS 4525 Tallahassee, Fl. 32399-2405 â Thomasmomo Annual Fee for air MEMO

BEST AVAILABLE COPY

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

j.

Do NOT Remove Label

AIRS ID # 0310441

MOURO CLEANERS THOMAS MOURO 5435 ORTEGA BLVD JACKSONVILLE FL 32210 Buyeau of Finance and Accounting REVENUE

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

	03/044/
p13	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 M MAIN St.
	Street Address: City: Tow County: Dev D Zip Code:
,	City: Jay County: Der D Zip Code:
5.	
	03/044/
	Responsible Official
6.	Name and Title of Responsible Official:
	Thomas T Marion
7.	Responsible Official Mailing Address: Organization/Firm: 5435 Entega BLUD Street Address:
	Organization/Firm: 5435 ORTEGA BLUD
	City: DUAL Zip Code: 33310
8.	Responsible Official Telephone Number: Telephone: 904384 1888 Fax: () -
	Telephone: 4043841888 Fax: () -
<u>.</u>	
	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: () -
	RECEIVE
	" - C E I V E L

FEB 5 1998

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96

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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		1	1.		1	•			
(1) w/ ref. condenser		196.	196				[/ /	
(2) w/ carbon adsorber								,	
(3) w/ no controls									
Washer Unit			<u> </u>		<u> </u>		·	 	1
(4) w/ ref. condenser			· ·			-			
(5) w/ carbon adsorber			Ì						
(6) w/ no controls							-		
Dryer Unit		I	<u> </u>		d	·	_		
(7) w/ ref. condenser								l	
(8) w/ carbon adsorber					1				
(9) w/ no controls									
Reclaimer Unit		<u>'</u>	· · · · · · · · · · · · · · · · · · ·		·	·			·
(10) w/ ref. condenser							_		
(11) w/carbon adsorber									
(12) w/ no controls					ì				
(b) Control devices are (c) No control devices 2.(a) What was the total q (b) If less than 12 month Check why it is less	are re uanti gallo ns, ho	equired to be ty of perchlons ow many? [_	installed [perc)	_] purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are	Select	one classifi	cation only.)		nitions found	٧,٠	6) of 3	Part II?	
Existing large are	a sou	rce []	Ne	w lar	ge area sourc	:e]			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines put (Indicate with an "X".)	ersuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber F	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) has boiler HP or less), and (2) are fired exclusively by nature.	ve a total heat input of 10 million BTU/hr or less (298 ural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	Signal one percent sulfur is fired.
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in a	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	\swarrow
(d) Carbon adsorber exhaust perc concentration monito	
(e) Instrument calibration	ب ا
(f) Start-up shutdown malfunction plan	r×1

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e 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
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
l will pron	nptly notify the Department of any changes to the information contained in this notification.
Thornas Signature	2000000 1/27/98 Date

Effective: 6-25-96

Facility Sites	Responsible Official
Facil	Responsible Official
Site	ν
Size Size	
Site	
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Vis.	
	ip Code: 32>10
the state of the s	
Name and Title of Facility Contact (3 C	
A B 100 A	
0. Facility Contact Address:	
Street Address:	
City: County	y: Zip Code:
1. Facility Contact Telephone Number:	
Telephone: () -	Fax: () - RECFIV

FEB 5 1998 🐴

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):

T. Mouro
number): 4644 H. MAIN St Facility Location: County: Der D Zip Code: - 32206 City: 5. Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: Organization/Firm: 5435 ENTEGA BLU
Street Address: Zip Code: 323/0 City: Fax: (Facility Contact (If different from Responsible Official) 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: 95) 353 1176 Telephone: Fax: (

FEB 5 1998

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96

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.

		Date	Date		Date	Date		Date	Date
		Machine	Control	1	Machine	Control	[Machine	Control
]		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		1.	.1.						
(1) w/ ref. condenser		1196	1196		ļ <u> </u>				
(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/ cart on adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser				1					
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total quality (b) If less than 12 month Check why it is less	are re uanti gallo	equired to be ty of perchions ow many? [_	installed [_ roethylene (perc)					
 What is the facility's so. 	1500	laccification	hased on the	defi	nitions found	lin rection (3) of I	Part II?	
(Indicate with an "X". S	Select	one classific			maons Ioung	in section (3	,, 01 1	art II;	
Existing small are					all area sour	•			
Existing large are	a sou	rce []	Ne	w lar	ge area sourc	:e []		•	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II (Indicate with an "X".)	of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser []	ال
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facilia, which accreting non-exampte amissions units shall not be aligible to use the	
5. A facility which contains non-exempt emissions units shall not be eligible to use the to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site 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 mill boiler HP or less), and (2) are fired exclusively by natural gas except for periods of n 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 requireme	nts of this general permit:
(a) Purchase receipts and solvent purchases	٦
(b) Leak detection inspection and repair	, ,
(c) Refrigerated condenser temperature monitoring	٦
(d) Carbon adsorber exhaust perc concentration monitoring	ر
(e) Instrument calibration	ر
(f) Start-up, shutdown, malfunction plan	١

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e 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)						
K	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will proi	mptly notify the Department of any changes to the information contained in this notification.						
Signature	1/27/28 Date						
Tho.	ma marine 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 1 5 1997

Perchloroethylene Dry Cleaning Facility Notification

	Teremorethylene Dry Cleaning Facinty Notification
	Bureau of Air Monitoring
	Facility Name and Location & Mobile Sources
1.	Facility Owner/Company Name (Name of corporation, agency, or individual wher):
	The DILL When
2	Bile Name (For example plant name or number):
۷.	Bite Manye (For example plant name or number):
	TO THE WOOD WITH
3.	Hazardons Waste Generator Identification Number:
	a Clara Has
4.	Facility Location:
	Street Address (1)
	City: Zip Code:
	5/0
5.	Facility Identification Number (DEP Use):
M.	
Kares.	
	Demonstrate Official
	Responsible Official
6.	Name and Title of Responsible Official:
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address:
	City: Zip Code:
8.	Responsible Official Telephone Number:
٥.	Telephone: () - Fax: () -
	Telephone. ()
	Facility Contact (If different from Responsible Official)
	racinty Contact (11 different from Responsible Official)
0	Name and Title of Facility Contact (For assemble plant a-acar):
У.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
	•
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	and ()

DEP Form No. 62-213.900(2) Effective: 6-25-96 Jane,

These are the en
Clasieres for mouroltr, da

in draft, kee.

Thank youSarly

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 T. MOURO
2.	Thomas T. Mouro Site Name (For example, plant name or number):
	Mouro Cleaners
3.	Hazardous Waste Generator Identification Number:
	·
4.	Facility Location: Street Address:
	City: 4644 N. MAIN St. County: DWA Zip Code:
5.	Facility/Identification Number (DEP Use ONLY - do not full in):
	Responsible Official
6.	Name and Title of Responsible Official:
Nar	Thomas J. Mourd Title: Owner
7.	Responsible Official Mailing Address:
	Street Address: 5435 ORTEGA BLUG.
	Organization/Firm: Street Address: 5435 ORTEGA BLUG. City: TAX F. County: DUVAL Zip Code: 32260
8.	Responsible Official Telephone Number:
	Telephone: (90% 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: () -
1	

RECEIVED

DEC 1 1997

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Dry-to-dry Machine	s ONLY	•					
How many dry-to-dry machines do you have on-site?							
For each dry-to-dry mach	ine on-site, please	e 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	(Be/CA/None required	1996				
	Existing/New	RC/CA/None required					
	Existing/New	RC/CA/None required					
*KEY: RC = refrigerated	d condenser	CA = carbon adsorber					
1.(b) Transfer Machines (How many washers do yo How many dryers/reclaim	u have on-site?	on-site? []					
EXISTING unit. If the tra September 22, 1993, it is	ansfer machine w a NEW unit (no ı	a the manufacturer prior to or on Decase purchased from the manufacturer units purchased after September 22, fer machine on-site, please provide to	between December 9, 1991 and 1993 are allowed to operate				
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	d condenser	CA = carbon adsorber	· · · · · · · · · · · · · · · · · · ·				

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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 $(140 \le x < 2,100 \text{ gal/yr})$ Transfer only on-site $(200 \le x < 1,800 \text{ gal/yr})$ Both machine types on-site $(140 \le x < 1,800 \text{ gal/yr})$
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
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 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. Print name of responsible official 11/21/97



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):					
	Thomas T. Mouro Site Name (For example, plant name or number):					
2.	Site Name (For example, plant name or number):					
	Mouro Cleaners					
3.	Hazardous Waste Generator Identification Number:					
		·				
4.	Facility Location:					
	Street Address: City: 4649 N. MAIN 8 County: DWA Zi	p Code:				
5.						
-						
	Responsible Official					
	Responsible Official					
6.	Name and Title of Responsible Official:					
Nar	Responsible Official Mailing Address:	Wer				
7	Responsible Official Mailing Address:					
, ,	Organization/Firm:					
	Street Address: 5435 ORTEGA BLUK,					
	Organization/Firm: Street Address: 5435 ORtega BLUC. City: TAY T. County: OUVAL	Zip Code: 33210				
8.	Responsible Official Telephone Number:					
	Responsible Official Telephone Number: Telephone: 384/88 Fax: ()	•				
<u> </u>						
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:	······································				
j	Street Address:					
		ip Code:				
11.	. Facility Contact Telephone Number:	•				
	Telephone: () - Fax: ()					
L						

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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 mach	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	(RZ/CA/None required	1996			
,	Existing/New	RC/CA/None required				
	Existing/New	RC/CA/None required				
EXISTING unit. If the transport September 22, 1993, it is	ONLY ou have on-site? ners do you have as purchased from ansfer machine w a NEW unit (no	n the manufacturer prior to or on I	er between December 9, 1991 and 2, 1993 are allowed to operate			
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 = refrigerate	d 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:			
of the number(s)			
ndicated in			
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 T. Moureo Print name of responsible official Signature Date			

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed within the last 12 months? [784] 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
Transfer only on-site (x<140 gal/yr) Both machine types on-site (x<140 gal/yr) (x<200 gal/yr)
Large Area Source []
Dry-to-dry machines only on-site (140 \(\xexit{\xexit{x}\in 2,100 gal/yr}\) Transfer only on-site (200 \(\xexit{\xexit{x}\in 1,800 gal/yr}\) Both machine types on-site (140 \(\xexit{\xexit{x}\in 1,800 gal/yr}\)
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
Existing machines at large area source Carbon adsorber Refrigerated condenser 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 No such units on-site

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INSPE	CTION CHECKLIST		
TYPE OF INSPECTION:	ANNUAL	COMPLAINT	MISCOVER® タ ロマ・	
THE OF HIGH BOLLOW	RE-INSPECTION	7	Big Air 199	
	KE-INSPECTION		DISCOVERS OF A TO SE	
AIRS ID#: <u>03/044/</u> I	_	_ TIME IN:	тіме оит: <u>/036</u>	
FACILITY NAME:				
FACILITY LOCATION:	4644 N	. Main Stree	et	
	Jacksonl	rille, FL 3	32206	
RESPONSIBLE OFFICIAL:	Thomas J.	MOUTO PHONE: 90	4-384-1888	
CONTACT NAME:	edericta Mil	/er phone: <u>9</u> c	14-353-1176	
PART I: NOTIFICATION				
(check appropriate box)		,		
1. New facility notified DARM 3	30 days prior to startup		×	
2. Facility failed to notify DARM	A to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notification		☐ No notificati		
Facility indicated on notification (check appropriate box)			ion form out of business/petroleum	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source	on form that it is:	☐ Drop store/o		
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area sourc dry-to-dry only, x < 140 gal/yr	on form that it is:	☐ Drop store/o ew small area source o-dry only, x < 140 gal/yr	out of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	on form that it is: ce	Drop store/of the small area source podry only, x < 140 gal/yr fer only, x < 200 gal/yr	out of business/petroleum	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area sourc dry-to-dry only, x < 140 gal/yr	on form that it is: ce	☐ Drop store/of the small area source of the poly, x < 140 gal/yr fer only, x < 200 gal/yr types, x < 140 gal/yr	out of business/petroleum	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source 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)	on form that it is: 2. No dry-to transi both to	Drop store/of the small area source poly, x < 140 gal/yr fer only, x < 200 gal/yr types, x < 140 gal/yr tructed on or after 12/9/91)	out of business/petroleum	
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source	on form that it is: 2. No dry-to transi both i (cons	□ Drop store/of	out of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,14	on form that it is: 2. No dry-to transi both i (cons	Drop store/of the store of the	out of business/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,14 transfer only, 200 ≤ x ≤ 1,800	on form that it is: 2. No dry-to transi both i (cons 2. No dry-to transi both i (cons 2. No dry-to transi both i (cons	ew small area source p-dry only, $x < 140$ gal/yr fer only, $x < 200$ gal/yr types, $x < 140$ gal/yr tructed on or after $12/9/91$) ew large area source p-dry only, $140 \le x \le 2,100$ fer only, $200 \le x \le 1,800$ ga	out of business/petroleum gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,14	on form that it is: 2. No r dry-to transi both i (cons 2. No dry-to transi both i (cons 2. No dry-to transi both i (cons 2. No dry-to transi both i (cons	Drop store/of the store of the	out of business/petroleum gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga	on form that it is: 2. No dry-to transi both is (cons	ew small area source odry only, $x < 140$ gal/yr fer only, $x < 200$ gal/yr types, $x < 140$ gal/yr tructed on or after $12/9/91$) ew large area source odry only, $140 \le x \le 2,100$ fer only, $200 \le x \le 1,800$ galyyes, $140 \le x \le 1,800$ galyyes, $140 \le x \le 1,800$ gal/y	gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gar (constructed before 12/9/91)	on form that it is: 2. No dry-to transi both i (cons 2. No dry-to transi both i (cons 2. No transi both i (cons 3. No transi both i (cons	ew small area source o-dry only, $x < 140$ gal/yr fer only, $x < 200$ gal/yr types, $x < 140$ gal/yr tructed on or after $12/9/91$) ew large area source o-dry only, $140 \le x \le 2,100$ fer only, $200 \le x \le 1,800$ gal/y tructed on or after $12/9/91$)	gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the prop	on form that it is: 2. No r dry-to transi both i (cons 2. No dry-to transi both i (cons 4. No dogal/yr dry-to gal/yr transi al/yr both i (cons assification y qualified for a general po	ew small area source b-dry only, $x < 140$ gal/yr fer only, $x < 200$ gal/yr types, $x < 140$ gal/yr tructed on or after $12/9/91$) ew large area source b-dry only, $140 \le x \le 2,100$ fer only, $200 \le x \le 1,800$ gal/yr tructed on or after $12/9/91$) $\square N \square Can$ not determit as number	gal/yr rmine above	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the prop	on form that it is: 2. No r dry-to transi both i (cons 2. No dry-to transi both i (cons 4. No dogal/yr dry-to gal/yr transi al/yr both i (cons assification y qualified for a general po	ew small area source bedry only, $x < 140$ gal/yr fer only, $x < 200$ gal/yr types, $x < 140$ gal/yr tructed on or after $12/9/91$) ew large area source bedry only, $140 \le x \le 2,100$ fer only, $200 \le x \le 1,800$ gal/yr tructed on or after $12/9/91$) \square N \square Can not determine the property of the prope	gal/yr rmine above	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at Y ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? MAY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В	. 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?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□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?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□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?	ПY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days □Y □N □N/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XINA □Y □N **≸**N/A 5. Maintained exhaust duct monitoring data on perc concentrations? MAY DN 6. Maintained startup/shutdown/malfunction plan? DY DN MN/A 7. Maintained deviation reports? DY DN MN/A Problem corrected? DY DN TAN/A 8. Maintained compliance plan, if applicable?

PAR	T VI: LEAK DETECTION AND I	REPAIRS				
1. D	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
in	nspection?			XX ON		
2. H	as the facility maintained a leak log?			XX □N		
3. D	oes the responsible official check the	following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	SAY ON ON/A	Muck cookers	7 Y ON ON/A		
	Door gaskets and seating	Y ON ON/A	Stills	YAY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	Y ON ON/A		
	Pumps	TAY ON ON/A	Diverter valves	Y ON ON/A		
	Solvent tanks and containers	ANO NO YET	Cartridge filter housings	Y ON ON/A		
	Water separators	¶Y □N □N/A				
4. W	hich method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	olvent on exterior surfac	es)	A		
	Physical detection (airflow felt the	rough gaskets)		E		
	Odor (noticeable perc odor)			A		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				Ò		
Halogen leak detector						
	If using direct-reading instr	umentation, is the equi	pment:	M/A		
	a. Capable of detecting p	erc vapor concentration	as in a range of 0-500 ppm?	NO Y		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□Y □N		
	d. Kept in a clean and se	cure area when not in u	se?	□Y □N		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		
	Jeff Winter		6/30	198		
	Inspector's Name (Please Print) Date of Inspection					
	Jeffry Write		June	1999		
	Myspector's Signature		Approximate Date of I	Next Inspection		

	ADDITIONAL SITE INFORMATION		
			:
		·	
	•	•	
	•		
			,
li de la companya de			

Revised 10/10/96

Mig

AIRS ID#: 03/044/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MOUY	o Cleaners	DATE: <u>(</u>	0/30/98
FACILITY LOCATION: 469			i ,
FACILITY LOCATION:	· · · · · · · · · · · · · · · · · · ·		 .
Jacks	onville, FL 3220	<u>φ</u>	<u> </u>
<u> </u>			i
Annual Reporting Period: Ma	<u>rch 5</u> 19 <u>98</u> то	June 30,	19 <u>98</u>
Based on each term or condition of the Tit	le V general air permit, my facility has r	emained in compliance with DEP	Rule ·
62-213.300, Florida Administrative Code	(F.A.C.), during the period covered by the	uis statement. XYES	⊇ио
If NO, complete the following:			5
#1. Term or condition of the general perm	nit that has not been in continuous compl	iance during the reporting period	ated above:
Exact period of non-compliance: from		to to	2/2
Action(s) taken to achieve compliance:			Eg (
Method used to demonstrate compliance:		Valle Conje	
#2. Term or condition of the general per	nit that has not been in continuous compl	liance 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 certiful made in this notification are true, accura			
upon rolling averages of purchase receip			
year for transfer or combination facilities	_		(/
	mas J. Mourd a	hom from	ns 6/30/98
1	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

2
V

TYPE OF INSPECTION:	ANNUAL 💢	COMPL	AINT/DISCOVERY	RE-INSPECTIO	N [
TIME IN: /000	TIME OUT:	103	AIRS ID#	0310441	
TYPE OF FACILITY: \mathcal{L}	ry Cleaner			•	_
FACILITY NAME:	louro Cleans	er		DATE: 6/30/	198
FACILITY LOCATION:		lain 5	<u> </u>		
l	ack son ville,		32206		
RESPONSIBLE OFFICIAL:		Mour		BER: <u>904-384-</u> 18	38
Based on the results of the compliance with DEP Ru				the facility is found to be in	
Based on the results of the discrepancies were noted		nts evaluated	during this inspection,	the following compliance	
COMPLIANCE REQU	IREMENT/PROBI	LEM	FOLLOW-UP	ACTION REQUIRED	
:				· ·	
			•		
				Pr	
			Q _{Urea}	VIII 2 /V	
			Mobile	Prair Monitoring	
_		·		Ces Ting	
COMMENTS:					
				•	
The Annual Compliance Certifica	ation form has been prop	erly certified	and submitted to the ins	spector. YES N	ro
DATE OF NEXT INSPECTION	V:	June,	1999	·	
INSPECTION CONDUCTED I	1	AF Wil	ximate)		
INSPECTOR'S SIGNATURE:	Jeffry !	Junto 1	PHONE NUM	iber: <u>904-630-27</u>	800



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

T Remove Label

Total Amount Due: \$50.00

Do NOT Remove Label

MOURO CLEANERS THOMAS MOURO 5435 ORTEGA BLVD JACKSONVILLE FL 32210

AIRS ID # 031044

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMI EMICE IN	JI LUIIO.	7	,
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISCOVERS	<u>f</u> 0
	RE-INSPECTION		Jurei	
			7 2	<u> </u>
AIRS 1D#: <u>03/044/</u> D				: <u>1030</u>
FACILITY NAME:	Mouro CI	leaners	our di	
FACILITY LOCATION:	and the second s			
	Jackson	wille, F	-L 32206	
RESPONSIBLE OFFICIAL :	Thomas.	Mouro	_phone: <u>904-384</u>	
CONTACT NAME:	Fritzy 1	4:11er	PHONE: <u>804-353</u>	-1176
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startur	р		×
2. Facility failed to notify DARM	I to use general permi	it		٩
PART II. CLASSIFICATION				
PART II: CLASSIFICATION	C		Carlo mai Garagian Comp	
Facility indicated on notification	ı form that it is:		☐ No notification form ☐ Drop store/out of business.	/petroleum
*	ı form that it is:		☐ No notification form ☐ Drop store/out of business.	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	e 🗆 2.	. New small a	☐ Drop store/out of business. rea source	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗆 2.	ry-to-dry only,	☐ Drop store/out of business. rea source x < 140 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗆 2. dr	ry-to-dry only, ansfer only, x	☐ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 2. dr	ry-to-dry only, ansfer only, $x = 0$ oth types, $x < 1$	☐ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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. dr tra bo (co	ry-to-dry only, ansfer only, x oth types, $x < 1$ constructed on $x < 1$	□ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	/petrol eum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source	2. dr tra bo (co	ry-to-dry only, ansfer only, x oth types, $x \le 1$ constructed on $x \le 1$. New large at	□ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	dr dr bo (co	ry-to-dry only, x ansfer only, x oth types, $x < 1$ constructed on x . New large any-to-dry only,	□ Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	dr dr tra bo (co	ry-to-dry only, x ansfer only, $x < 0$ on types, $x < 1$ constructed on $x < 0$. New large any-to-dry only, ansfer only, 20	Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	/petrol eum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	2. dr tra bo (cc 2. 00 gal/yr dr gal/yr tra l/yr bo	ry-to-dry only, ansfer only, $x < 0$ on types, $x < 1$ constructed on $x < 0$. New large arry-to-dry only, ansfer only, 20 oth types, 140 < 0	□ Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	dr tra bo (co	ry-to-dry only, ansfer only, $x < 0$ on types, $x < 1$ constructed on $x < 0$. New large arry-to-dry only, ansfer only, 20 oth types, 140 < 0	Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class	dr tra bo (co	ry-to-dry only, ansfer only, $x < 0$ on types, $x < 1$ constructed on $x < 0$. New large any-to-dry only, ansfer only, 20 on types, $x < 0$ on types, $x < $	Drop store/out of business. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) or after $12/9/91$)	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class. If no, please check the ap	dr tra bo (cc 2. 4. 00 gal/yr dr gal/yr tra l/yr bo (cc stification	ry-to-dry only, ansfer only, $x < 0$ on types, $x < 1$ constructed on $x < 0$. New large arry-to-dry only, ansfer only, 20 on the types, $x < 0$ on the t	□ Drop store/out of business. rea source $x \le 140 \text{ gal/yr}$ $\le 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 300 \text{ gal/yr}$ $= 30$	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class. If no, please check the ap	dr tra bo (co	ry-to-dry only, ansfer only, $x < 0$ on types, $x < 1$ constructed on $x < 0$. New large and ry-to-dry only, ansfer only, 20 on the types, $x < 0$ on the	☐ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) ☐ Can not determine mber above	/petrol eum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the second of	dr tra bo (co	ry-to-dry only, ansfer only, x on the types, x < 1 constructed on a ry-to-dry only, ansfer only, 20 on the types, 140 on	□ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above ible for a general permit	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class. If no, please check the ap □ facility □ facility □ facility □ facility	dr tra bo (co	ry-to-dry only, ansfer only, x on the types, x < 1 constructed on a ry-to-dry only, ansfer only, 20 on the types, 140 on	□ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above ible for a general permit	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the second of	dr tra bo (co	ry-to-dry only, ansfer only, x on the types, x < 1 constructed on a ry-to-dry only, ansfer only, 20 on the types, 140 on	□ Drop store/out of business. rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above ible for a general permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN XVA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DAY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

				-
B.	Has the responsible official of an existing large or new large area source also:			
I.	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?	\Box Y	\square N	
1				
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	\Box Y	$\square N$	□N/A
	•			
	Is the temperature differential equal to or greater than 20° F?	\Box Y	\Box 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?	\Box Y	$\square N$	□N/A
	• ••			
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	\Box 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?	$\Box Y$	$\square N$	□N/A
	or expulsion, and domination in outer mat.			
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
J.				□N/A
	condenser coils?	u I		UN/A
_			~	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ЦY	ЦN	□N/A
				
T .	DT V. DECORDIZERDIC DECUMENTS			

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or: b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN XXN/A and parts installed w/in 5 days of receipt? DY DN XN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XNA 5. Maintained exhaust duct monitoring data on perc concentrations? XY □N 6. Maintained startup/shutdown/malfunction plan? □Y □N **X**N/A 7. Maintained deviation reports? DY DN XN/A Problem corrected? DY DN XXN/A 8. Maintained compliance plan, if applicable?

P.	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	ınd rep	air		
	inspection?			Y	□N		
2.	Has the facility maintained a leak log	?		XX	□N		
3.	Does the responsible official check the	following areas for leak	s?	•			
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	X	□N □N/A		
	Door gaskets and seating	YAY ON ON/A	Stills	XY	□N □N/A		
	Filter gaskets and seating	THY ON ON/A	Exhaust dampers	ПY	□n ¤ n/a		
	Pumps	MY ON ON/A	Diverter valves	ПY	□n X N/A		
	Solvent tanks and containers	YAY ON ON/A	Cartridge filter housings	XX	□N □N/A		
	Water separators	YAY ON ON/A					
4.	Which method of detection is used by	the responsible official?	•				
	Visual examination (condensed s	solvent on exterior surfac	es)	×			
	Physical detection (airflow felt th	rough gaskets)		A A			
	Odor (noticeable perc odor)			A	•		
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equi	pment:	MN/A	A		
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	̈Υ	□N		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	□Y	□N		
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	□Y	□N		
	d. Kept in a clean and s	ecure area when not in us	se?	□Y	□N		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	QY (□N		
_							

Inspector's Name (Please Print)

Inspector's Signature

May 18, 1999
Date of Inspection

May 2600
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	ATION:	
	•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLA	INT/DISC	OVERY	RE-INSPEC	TION
TIME IN: /000	TIME OUT:	10:	30	_AIRS ID#:	03/044/	
TYPE OF FACILITY:	erc. Dry Cl	eones				
FACILITY NAME:	Mouro Clear	uecs			date: 5//	18/99
FACILITY LOCATION:	4644 N.	Main.	54.			
	Jackson vill	k, FL	32	2/0		
RESPONSIBLE OFFICIAL:	Thomas M	Pouro	PI	HONE NUMBE	R: 904-388	-1888
	he compliance requireme ule 62-213.300, Florida A				facility is found to b	e in
Based on the results of t	he compliance requireme d:	ents evaluated d	luring this	inspection, the	following complianc	æ
COMPLIANCE REQU	IREMENT/PROBI	LEM	FOLL	OW-UP AC	TION REQUIRI	ED
						
					٠	
	-					
COMMENTS:						
				ı		
The Annual Compliance Certific	ation form has been prop	erly certified a	nd submitt	ted to the inspec	tor. YES	NO
DATE OF NEXT INSPECTIO	N:	May	,200	00	·	
	_	(Approxi	-			
INSPECTION CONDUCTED	BY:	eff Wir				
INSPECTOR'S SIGNATURE:	alline	(Please 1		IONE NUMBE	r: <i>904-630-</i>	3484
HIST DOTOR S SIGNATURE.		1 1	^ * **			2.01
		Page / of /				Revised 10/96

AIRS ID#: 03/044/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Mouro C	kaners		DATE:	5/18/99
		CL		
00000				
Moy	18, 19	98 to May	y 18)	19 <u>99</u>
•		-	<u>-</u>	Rule INO
g:				
general permit that ha	s not been in continu	ous compliance during the	e reporting period s	stated above:
nce: from		to		
mpliance:				
compliance:				
general permit that ha	s not been in continu	ous compliance during the	e reporting period s	stated above:
nce: from		to		
mpliance				
true, accurate and conchase receipts, does no ion facilities.	aplete. Further, my of exceed 2,100 gallo	annual consumption of per	chloroethylene sol	vent, based
	Jacksov Jacksov Moy ion of the Title V gene strative Code (F.A.C.), g: general permit that ha nce: from mpliance: compliance: mpliance: mpliance: compliance: compliance: mpliance: mpli	Jack Son ville, FC May 18, 199 ion of the Title V general air permit, my factorative Code (F.A.C.), during the period cong: general permit that has not been in continuous compliance: compliance: general permit that has not been in continuous compliance: make: from mpliance: compliance: complian	Jacksonville, FL 32210 May 18, 1998 to Main strains of the Title V general air permit, my facility has remained in comparative Code (F.A.C.), during the period covered by this statement. g: general permit that has not been in continuous compliance during the more: from	May 18, 1998 TO May 18, 1998 TO May 18 don of the Title V general air permit, my facility has remained in compliance with DEP strative Code (F.A.C.), during the period covered by this statement. YES general permit that has not been in continuous compliance during the reporting period strates from to mpliance: compliance: general permit that has not been in continuous compliance during the reporting period strates from to mpliance: compliance: complian

^{*}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.

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY (li,
RE-INSPECTION	ON D	
AIRS ID#: <u>03/044/</u> DATE: <u>3/27</u> FACILITY NAME: <u>Mouro</u>	<u> </u>	2
FACILITY LOCATION: 4644 N	! Main Street	
Jackso	Inville, FL 32206	_
	J. Mowo 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 sta	artup 💢	
2. Facility failed to notify DARM to use general pe	ermit	
D. D. H. GLASSIFICATION	<u> </u>	
PART II: CLASSIFICATION	·	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge	Drop store/out of business/petroleum 2. New small area source 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine)

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) THY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? MAY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	OY ON ON/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?	ATY ON				
2.	Maintained rolling monthly total of perc consumption?	Y DN				
3.	Maintained leak detection inspection and repair reports for the following:	'				
	a. documentation of leaks repaired w/in 24 hrs? or;	TAY ON ON/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?	OY ON TO (N/A				
4.	Maintained calibration data? (for applicable direct reading instruments)	DY DN MAN/A				
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN X N/A				
6.	Maintained startup/shutdown/malfunction plan?	AN ON				
7.	Maintained deviation reports?	DY ON MIN/A				
	Problem corrected?	OY ON STN/A				
8.	Maintained compliance plan, if applicable?	DY DN MAN/A				

<u></u>						
<u> </u>	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				AT DN	
2.	Has the facility maintained a leak lo	g?		,	AY DN	
3.	Does the responsible official check	the following a	reas for lea	ks?	,	
	Hose connections, fittings, couplings, and valves	YY ON	I □N/A	Muck cookers	Y UN UN/A	
	Door gaskets and seating	AY ON	I □N/A	Stills	Y ON ON/A	
	Filter gaskets and seating	AY ON	I □N/A	Exhaust dampers	OY ON MN/A	
	Pumps	XY ON	I □N/A	Diverter valves	□Y □N X N/A	
	Solvent tanks and containers	Y DN	I □N/A	Cartridge filter housings	□Y □N XN/A	
	Water separators	TEY ON	I □N/A			
4.	Which method of detection is used b	y the responsi	ble official	?		
Visual examination (condensed solvent on exterior surfaces)				X		
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:					
	a. Capable of detection	ng perc vapor o	concentratio	ons in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a standard gas prior to and after each use					
	(PID/FID only)?				□Y □N	
	c. Inspected for leaks	and obvious s	signs of wea	ar on a weekly basis?	□Y □N	
	d. Kept in a clean and	d secure area w	when not in	use?	□Y □N	
	e. Verified for accura	cy by use of d	luplicate sar	nples (calorimetric only)?	□Y □N	

Jeff Winter Inspector's Name (Please Print)	Date of Inspection
Jeffing Disto	March, 200/ Approximate Date of Next Inspection
Inflector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	TION:			
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,				
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	•		·	

AIRS ID#: 03/044/

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Mouro	Chaners		DATE: <u></u>	3/27/2000
FACILITY LOCATION: _	4644	N. Main St	-		
		onville, FL			
Annual Reporting Period:	May	18 / 19 /	99 to M	larch 27	, * 200
Based on each term or condit	ion of the Title V	general air permit, my fac	ility has remained in cor	npliance with DEP F	Rule
62-213.300, Florida Adminis	trative Code (F.A.	C.), during the period cover	ered by this statement.	YES \Box	JNO
If NO, complete the following	g:			1	·
#1. Term or condition of the	general permit tha	at has not been in continuo	ous compliance during th	ne reporting period st	tated above:
Exact period of non-complian	nce: from		to		
Action(s) taken to achieve con	mpliance:				
Method used to demonstrate of	compliance:				
#2. Term or condition of the	general permit tha	at has not been in continuo	ous compliance during th	ne reporting period st	tated above:
Exact period of non-complian	nce: from		to		
Action(s) taken to achieve cor	mpliance:				
Method used to demonstrate of	compliance:	,		· .	
As the responsible official, I h made in this notification are t upon rolling averages of purc year for transfer or combinati	true, accurate and chase receipts, doe ion facilities.	complete. Further, my ares not exceed 2,100 gallon.	nnual consumption of pe s per year for dry-to dry	rchloroethylene solv facilities or 1,800 g	ent, based
RESPONSIBLE OFFICIAL	: Thomas Name ((Please Print)	Signature	mom)	3/27/00 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 💢	COMPLAIN	T/DISCOVERY	RE-INSPECTION	
TIME IN: 100 7	TIME OUT:	104	AIRS ID#:_	03/0441	
TYPE OF FACILITY:	erc. Dry Clei	anel	-		
FACILITY NAME:	Youro Clea	iners		DATE: 3/27/20	200
FACILITY LOCATION:	4644 N. M	ain St.	400		
	Jackson VI	IK, FC	92200		
RESPONSIBLE OFFICIAL:	Thomas J.	Mouro	PHONE NUMB	er: <u>904-384-</u> /8	88
Based on the results of the compliance with DEP Ru				e facility is found to be in	
Based on the results of the discrepancies were noted		its evaluated dur	ing this inspection, th	e following compliance	
COMPLIANCE REQU		EM :	FOLLOW-UP A	CTION REQUIRED	
					
				•	
			.		
				=	
				•	
COMMENTS:					
m A 1 Counting Continue		where a suite and a suit			
The Annual Compliance Certifica		Mace)	2001	ector. YES NO	
DATE OF NEXT INSPECTION	N:	(Approximation)	ate)		
INSPECTION CONDUCTED E	BY: 7	eff Wi	inter		
	A.M.	(Please Pri	•	- 9n(1 12n-70	 [90]
INSPECTOR'S SIGNATURE:	Jefffing The second	1 1	PHONE NUMB	ER: <u>/UY-670-37</u>	07
	P	ageof		Revised	10/96

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 C-9 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Fund: 20-2-035001 Obj.: 002273

51.80	(Domestic Mail O	D MAIL TO REC Only; No Insurance C ation visit our website	coverage Provided)	
986	OFF	ICIAL	USE	
-	Postage	\$		
4000	Certified Fee			
	Return Receipt Fee (Endorsement Required)		Postmark Here	
570	Restricted Delivery Fee (Endorsement Required)			
ū	iotai i ostago c	RS ID# 310441 1st OURO CLEANERS		
7004	Sent To 4644 N Main Street			
12	Street, Apt. No.; JA(or PO Box No. City, State, ZIP+4	CKSONVILLE, FL	32206	
	PS Form 3800; June 200)2	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature Agent Addressee B. Regeliyed by (Printed Name) C. Togte of Delivery					
Attach this card to the back of the mailpiece. or an the front if appear pormits.	T Mours 017/0					
or on the front if space permits.	D. Is delivery address different from item 1? Yes					
Article Addressed to:	If YES, enter delivery address below:					
AIRS ID# 310441 1stC						
MOURO CLEANERS	·					
4644 N Main Street	the state of the s					
JACKSONVILLE, FL 32206	3. Service Type					
	Certified Mail					
	Registered Return Receipt for Merchandise					
	☐ Insured Mail ☐ C.O.D.					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number 7004	2510 0004 6986 5180					
(Transfer from service label)						
PS Form 3811 August 2001 Domestic Return Receipt 102595-02-M-1540						

United States Postal Service Figure 1

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 PROCREM
DEPT. OF ENVIRONMENTAL PROTECTION 9
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412189 DEC242891

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

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Fund: 20-2-035001 Obj.: 002273





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

3231543070 99

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THIS PORTION MUST BE ATTACHL.

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TOTAL AMOUNT DUE: \$50.00

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