

Jeb Bush

Governor

Department of 2213 0364540 **Environmental Protection**

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

David B. Struhs Secretary

February 18, 1999

Mr. Rooselbert Pineda Marbella One Hour Cleaners 3094 Curry Ford Road Orlando, Florida 32806

Re: Facility No.: 0951208

Dear Mr. Pineda:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 3, 1999.

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 equip of 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. Marie Driscoll, Orange County

g. Mobile Sources Bureau of Air Monitoring

PRU & S AAM

BECEINED

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



Department of Environmental Protection

Jeb Bush Governor

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Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

Bowman, Sandy

From:

Ilka.Bundy@ocfl.net

Sent: Friday, March 12, 2004 4:57 PM To: Bowman, Sandy; Butler, Rick

Cc: Marie.Driscoll@ocfl.net; John.Parker@ocfl.net

Subject: Capri Cleaners

Sandy and Rick:

Please note that the facility Marbella One Hour Cleaners, AIRS ID# 0951208, changed their business name (in 2000) to Capri Cleaners. Can you please update ARMS to reflect the name change? Thanks!

Ilka Bundy <mailto:Ilka.Bundy@ocfl.net>
Environmental Specialist
800 Mercy Drive
Suite 4
Orlando, FL 32808
Phone 407-836-1476
Fax 407-836-1498

Butler, Rick

From:

John.Parker@ocfl.net

Sent:

Friday, March 08, 2002 3:45 PM

To:

Butler, Rick

Cc: Subject: Bowman, Sandy; Marie.Driscoll@ocfl.net

Name change for airs# 0951208

Hi Rick:

During an annual inspection of Marbella One Hour Cleaners: airs# $\boxed{0.951208,}$ I discovered they had changed their company name to Capri Cleaners effective October 29, 2001. They will be contacting you soon to update their permit information. If you have any questions, you can contact me at the phone number below, or respond to this email.

Sincerely,

John X Parker

Environmental Specialist Phone: 407-836-1445 Fax: 407-836-1498

Bowman, Sandy

From:

John.Parker@ocfl.net

Sent:

Friday, March 08, 2002 3:45 PM Butler, Rick

To:

Cc:

Bowman, Sandy; Marie.Driscoll@ocfl.net

Subject:

Name change for airs# 0951208

Hi Rick:

During an annual inspection of Marbella One Hour Cleaners: airs# 0951208, I discovered they had changed their company name to Capri Cleaners effective October 29, 2001. They will be contacting you soon to update their permit information. If you have any questions, you can contact me at the phone number below, or respond to this email.

Sincerely,

John X Parker **Environmental Specialist** Phone: 407-836-1445 Fax: 407-836-1498

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTIO	П ИС
AIRS 10#: 0951208 DATE: 2-11-	00 time in: 0830 time que 6900
FACILITY NAME: Marbella One	Hour Cleaners & CE and
FACILITY LOCATION: 3094 Curr	
	220 C (Air Montes
Orlando, F	L 32806 Rules Mosile 500
RESPONSIBLE OFFICIAL: ROOSelbert	Pineda PHONE: 407-898-0394
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, $x < 140 \text{ gal/yr}$	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source □	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □N M Can not determine
If no, please check the appropriate classific	ation:
facility qualified for a gen	
facility exceeds above lin	nits and is not eligible for a general permit
facility was a gallons	archased within the preceding 12 months by this dry cleaning
Missing perc receipts /c	rannot fell
Missing perc receipts / (65.07)	1 of 5 Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (clieck appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/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? ØY □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DINA 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) I. 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 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 DY DN DYNA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΩY	□N ·
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	□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?	QΥ	□n □n/a
	Is the perc concentration equal to or less than 100 ppin?	ПY	ON ON/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?	QY	□N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ūΥ	ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY WN 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN BN/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 WW/A and parts installed w/in 5 days of receipt? DY DN WY/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? OY UN 6. Maintained startup/shutdown/malfunction plan? DY DN EMIA 7. Maintained deviation reports? DY DN EMYA Problem corrected? DY DN CON/A 8. Maintained compliance plan, if applicable?

only has some

								
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DY ON				
2.	Has the facility maintained a leak log?			OY WIN				
3.	Does the responsible official check the	following areas for leaks	?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A				
	Door gaskets and seating	EPY ON ON/A	Stills	ON ON/A				
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ON ON/A				
	Pumps	MY ON ON/A	Diverter valves	ON ON/A				
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A				
	Water separators	CHY ON ON/A	•					
4.	Which method of detection is used by the	he responsible official?						
	Visual examination (condensed so	olvent on exterior surface	s)					
	Physical detection (airflow felt the	rough gaskets)						
	Odor (noticeable perc odor)							
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)	<u> </u>				
	Halogen leak detector							
	If using direct-reading instru	nmentation, is the equip	ment:	EN/A				
	a. Capable of detecting p	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and a	ifter each use	OY ON				
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY · ON				
	d. Kept in a clean and se	ecure area when not in us	c?	OY ON				
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON				
	Ilka Bundy		Feb. 11,2	000				
	Inspector's Name (Please Prin	nt)	Date of Inspection					
	Julia Burroug Inspector's Signature		March 11					
	Inspector's Signature		Approximate Date of	Next Inspection				

PART VI: LEAK DETECTION AND REPAIRS

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [V] COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0830 TIME OUT: 090	00 AIRS 1D#: 095 1208
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Marbella One Hour Cle	DATE: 2-11-00
FACILITY LOCATION: 3094 Curry Ford R	d
Orlando, FL 32806	
RESPONSIBLE OFFICIAL: Ronselbert Pineda	PHONE NUMBER: 407-898-0394
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrated Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not all perc receipts on site	Re-inspection in one month
No leak defection log	
No temperature condenser log	. 11
No perc consumption log	11
	- t- tb
COMMENTS: Has 5 receipts for perc (OCT	T-Der 1999).
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NOV
DATE OF NEAT INSI ECTION.	pproximate)
INSPECTION CONDUCTED BY: I KG	Bundy.
	PHONE NUMBER: 836-1400
Page_	1_of Revised 10/96

0951208

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	TON O1/07/00
FACILITY NAME: DATE: 2/2 FACILITY NAME: Marabella FACILITY LOCATION: 3094 Cur Orlando.	199 TIME IN: 1100 TIME OUT: 1130 Dry Cleaners
RESPONSIBLE OFFICIAL: Rooselber	t Pineda phone: 407-898-0394 phone:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to st 2. Facility failed to notify DARM to use general p	-
PART II: CLASSIFICATION Facility indicated on notification form that it is (check appropriate box)	: □ No notification form □ Drop store/out of business/petroleum
facility exceeds above li	eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/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 scaled containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EN/A 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? MY DN DN/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 DN DN/A 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 MA DN 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?	CIY	ŮŅ.	** **:
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/Λ
	Is the temperature differential equal to or greater than 20° F?	ΠY	Ωи	□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? Is the perc concentration equal to or less than 100 ppm?			; . : : : : : : : : : : : : : : : : : : :
	is the perc concentration equal to or less than 100 ppin?	ш		Ш 1У/Х
4.	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?	ΟY	ĎИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	_ CIY	, DN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY CIN
2. Maintained rolling monthly total of perc consumption?	CPY CON
3. Maintained leak detection inspection and repair reports for the following:	1.83
a. documentation of leaks repaired w/in 24 hrs? or;	ÓY □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? 	בא טא טאיס איש
4. Maintained calibration data? (for applicable direct reading instruments)	מואם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ØN/A
Problem corrected?	חא שו אם איי
8. Maintained compliance plan, if applicable?	DY DN EM/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?	r on				
2. Has the facility maintained a leak log?	ØY ON				
3. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves $\square Y \square N \square N/A$ Muck cookers	MY ON ON/A				
Door gaskets and scating DY DN/A Stills	DY ON ON/A				
Filter gaskets and seating Y ON ON/A Exhaust dampers	MY ON ON/A				
Pumps	MY ON ON/A				
Solvent tanks and containers \Box Y \Box N \Box N/A Cartridge filter housing	s MY ON ON/A				
Water separators					
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)	C				
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	a				
Halogen leak detector	o /				
If using direct-reading instrumentation, is the equipment:	BNIA				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON				
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	OY ON				
c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN				
d. Kept in a clean and secure area when not in use?	OY ON				
c. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DN				
	·				
Ilka Bundy 2/2/99	·				
Inspector's Name (Please Print) Date of In	spection				
Ilka Bundy 2/2/20)W				
Inspector's Signature Approximate Date	of Next Inspection				

ADDITIONAL SITE INFO	RMATION:		· 		
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				A. Carrier	
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BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	INT/DISCOVERY	RE-INSPE	ECTION []
TIME IN: 1100	TIME OUT:	1130	AIRS ID#:		· · · · · · · · · · · · · · · · · · ·
TYPE OF FACILITY:	Colliers				
FACILITY NAME:	Their Dry Ch	(- (C)		DATE: 2/	1119
FACILITY LOCATION:	The Larry For	7 5 7		 	
- ACIDIT FEOCRITION.	The Jan Ell				
RESPONSIBLE OFFICIAL:	Rosselbert K	oede	PHONE NUMB	er: <u>4077 15</u>	,-0344
	f the compliance requireme Rule 62-213.300, Florida A		- ·	facility is found to	be in
•	f the compliance requireme		•	following complian	ice
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLLOW-UP AC	CTION REQUI	RED
					
					•
					•
COMMENTS:					
e e e e e e e e e e e e e e e e e e e	ş ·				•
The State of the	1 malitance		•		
	·				
The Annual Compliance Certif	ication form has been prop	erly certified ar	nd submitted to the inspec	ctor. YES	NO
		JB 7	/2/2000		
DATE OF NEXT INSPECTION	UN: 4 / ((Approx			
AICDECTION COMBITOTE	DBY:		• •		
NSPECTION CONDUCTED	, All 2 (N)	(Please			
NSPECTOR'S SIGNATURE		Bunch		er: 836:	152Y
	La Company (1997) An	2 50 M /M 3	I HONE NOMB	DIV	!
	·	Page of_	1.		Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	VERTI OF LOS OF
AIRS ID#: 095/208 FACILITY NAME:	rabella Dr. 3094 Curry Orlando, F	y Clea Ford L 328 Pineda	06 PHONE: 407-8	Se Strike
PART I: NOTIFICATION				
(check appropriate box)		,		
1. New facility notified DARM	30 days prior to startup)		_
2. Facility failed to notify DAR	M to use general permi	t		
PART II: CLASSIFICATION	т			· ·
Facility indicated on notificati		•	☐ No notification for	
(check appropriate box)	ON IOI III CHAC IC 15.		☐ Drop store/out of b	
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr di tr bo	New small arry-to-dry only, x ansfer only, x < to the types, x < 1 constructed on constructed on constructed on the types.	x < 140 gal/yr < 200 gal/yr	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yr di 10 gal/yr tr gal/yr bo	ansfer only, 200 oth types, 140 \(\)	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
5. This is a correct facility cl	assification	N DN	□Can not determine	7. ·
☐ facili	appropriate classification ty qualified for a generaty exceeds above limits	al permit as nur and is not eligi	ible for a general permi	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? CIN CIN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY CIN ON/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? MY 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 ON ON/A 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 DN DN/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? OY ON

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?	ĽΙΥ	, אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	ŪN [']	□N/X
	Is the temperature differential equal to or greater than 20° 17?	ÜΥ	ÜN	□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? Is the perc concentration equal to or less than 100 ppm?	ĽΊΥ		·. □N/A □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?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□n/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	<u>.</u>
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	TENY LIN
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	עא מא מאיע
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאס אס אס
4. Maintained calibration data? (for applicable direct reading instruments)	מואם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON BYNA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DN ØN/A
Problem corrected?	ON ON GUNV
8. Maintained compliance plan, if applicable?	אוא שום אם

PA	ART VI: LEAK DETECTION AND R	EPAIRS		
1.	Does the responsible official conduct a v	veckly (for small sources	s, bi-weckly) leak detection an	d repair
	inspection?			MY CIN
2.	Has the facility maintained a leak log?			MC VE
3.	Does the responsible official check the f	ollowing areas for leaks	?	. 1
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MA ON ON'Y
	Door gaskets and scating	MY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	MA ON ON'Y
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	MY ON ON/A
	Water separators	DY ON ONA		
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed so	olvent on exterior surface	es)	T
	Physical detection (airflow felt the	rough gaskets)		
ľ	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			å /
	If using direct-reading instr	unicutation, is the equi	pment:	ON/A
	a. Capable of detecting	pere vapor concentration	s in a range of 0-500 ppm?	DY UN
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks as	id obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and s	secure area when not in t	ısc'?	DY DN
ľ	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON
		·		
_				
		,		
	Ilka Bundy Inspector's Name (Please Pr		2/2/99 Date of Insp	
_	Inspector's Name (Please Pr	int)	Date of Insp	ection
	Mea Bundy		2/2/200	OO OO
	Inspector's Signature		Approximate Date o	Next Inspection

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	•
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	:
•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

8

TYPE OF INSPECTION:	ANNUAL [COMPLA	INT/DISCOVERY	RE-INSPECTION 🗾
TIME IN: 100 TYPE OF FACILITY: Dry	TIME OUT:	1130	AIRS ID#:	
FACILITY NAME: Mara		caneis		DATE: 2/2/99
FACILITY LOCATION: 30	94 Curry For lando, FL	<u>d Rd.</u> 32806		-/ /
RESPONSIBLE OFFICIAL: F		neda	PHONE NUMBER	407-898-0394
	the compliance requiremental tule 62-213.300, Florida		uring this inspection, the factories (F.A.C.).	ility is found to be in
Based on the results of discrepancies were note	·	ents evaluated d	uring this inspection, the fol	lowing compliance
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-UP ACT	ION REQUIRED
				·
				•
·				
•			• •	
				·
COMMENTS:		· · · · · · · · · · · · · · · · · · ·		
Facility in	compliance			
The Annual Compliance Certific	2 / -	perly certified an		YES NO
DATE OF NEXT INSPECTIO	ON:	(Approx	/2/2000 imate)	
INSPECTION CONDUCTED	BY: Ika	Bund		
INSPECTOR'S SIGNATURE	: Alka	Bunch		: 836-9524
		$\frac{1}{\text{Page}} \int_{-\infty}^{\infty} \text{of}_{\underline{z}}$	1.	Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	B
MARKELLA ONE HOUR CLEANERS Inc. 13	CE OF THE SOURCE
2. Site Name (For example, plant name or number):	6 Tr. 1950
	Contonia
MANDE I A ONE HOOR Clenners 3. Hazardous Waste Generator Identification Number:	Ch ON
	.502
4. Facility Location: Street Address: 3094 Corry Ford Rd.	
City: ORIANDO COUNTY: ORANGE Zip Code: 32806	'
OR MINIO	
5. Facility Identification Number (DEP Use):	
095/20	8
The second control of the control of	
Responsible Official	
6. Name and Title of Responsible Official:	
KOOSE/BERT KINEDA MANAGER.	
7. Responsible Official Mailing Address: Organization/Firm:	
Street Address:	
City: ORIANDO, County: ORANGE Zip Code:	
9 Pagnangible Official Telephone Number	· ·
8. Responsible Official Telephone Number: Telephone: (A07) 898 - 0394 Fax: ()	
Facility Control (15 1155 and 5 and Parametric Official)	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
David - Para	
Rooselbert PinenA 10. Facility Contact Address:	
10. Tuesting Contact Address.	
Street Address: 3094 CURRY FORD ROAD	
City: ORIANDO County: ORANGE Zip Code: 32806	5
11. Facility Contact Telephone Number:	
Telephone: $(407)898-0394$ Fax: ()	

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Page 13 of 16

Spoke to, Rooselbert Pineds and he stated that he and his son own the business and he is the vice president in the corporation. We also stated that the machine has a control device and it is a ref. condenser

6. Cross out manager and add vice president.

addate controlderice installed. I some as pendrose date, add some date

Morbout date and initial.

Existing small areasource should not be marked. Markout initial. New small ared source should be marked.

Responsible official signored date for Monges-

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	T	Date	Date		Date	Date
	ł	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		lnitially	Device
Type of Machine	ID	Purchased	Installed	lD	Purchased	Installed	ID	Purchased	Installed
Example	# /	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-11.4R-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		1 NOV 98		l					_
(2) w/ carbon adsorber		1	_						
(3) w/ no controls		1-100098							
Washer Unit		1,,			-			•	
(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? [
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi			nitions foun	d in section (2	3) of	Part II?	
Existing small a			Ne	ew sn	nall area sou	rce []		
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce []		

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(Indicate with an "X".)	red on machines	pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	X		
New large area source Refrigerated condenser	·.	•	
		÷.	
			ŕ
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such un	that all steam and	l hot water generating units	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil col	exclusively by no	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating to No such units on-site	units exempt		
Equipme	nt Monitoring a	nd Recordkeeping Inforn	nation
Check all logs which are required to	be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	rchases		_ x _]
(b) Leak detection inspection and re	pair		
(c) Refrigerated condenser temperat	ure monitoring		LXL.
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	<u> ۱۹</u>
(e) Instrument calibration			LXL.
(f) Start-up, shutdown, malfunction	plan		

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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)					
	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statement maintain	dersigned, 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 prod	mptly notify the Department of any changes to the information contained in this notification. $1-22-9$					
Signanare	Date					

DRY	CLEANER AIR C	LABLE COPY QUALITY GENERAL NCE CERTIFICATION I	PERMIT S	riscd 10/10/90 ARI
FACILITY NAME:	irbella One Ho	our Cleaners	CODATE:	1/19/49
Annual Reporting Period:			2/2	19 99
Based on each term or condition 2-213.300, Florida Administrati				ule NO
f NO, complete the following:				
1. Term or condition of the gen	neral permit that has not been	n in continuous compliance duri	ng the reporting period sta	nted above:
xact period of non-compliance:	from	to		
-		to		
exact period of non-compliance: action(s) taken to achieve completed used to demonstrate completed to the complete the com	iance:	to		
Action(s) taken to achieve completed	iance:			
ction(s) taken to achieve completed of the demonstrate completed. 2. Term or condition of the gen	iance: pliance: eral permit that has not been			
Action(s) taken to achieve completed to demonstrate completed. 2. Term or condition of the genuine completed to the genu	iance: pliance: eral permit that has not been from	n in continuous compliance duri		
action(s) taken to achieve compl	iance: pliance: peral permit that has not been from iance:	n in continuous compliance duri		

*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.

	2 la land		
	2/8/99		^
	ng ng hing signatura ng	Spoke to Rooselfest Pineds and	7
		he stated that he and his son	, C
1.	Facility Owr	own the business and he is the	8
	MAR b Site Name (F	vice president in the corporation.	J. 1
2.		He also stated that the machine has fe	30 39
3	Hazardous W		A STORY
٦.	Itazardous W	a control device and it is a ref. conderser	C. 80
4.	Facility Loca \$13	Survey of an and a survey of an analysis of analysis of an analysis of an analysis of an analysis of an analysi	
	Street Addre:	Crossout manager and add vies ?	
		President.	3g ()
	Facility Identi		
	1636)	addate controlderice installed V some	
	1.a(1)	advance considered installed of some	
6.	Name and Titl	as fundrase date, add some date	
	ROOSE/bex 1(a)	Morbout date and initial.	
7.	Responsible C Organization/I	Existing small areasource should withe	
	Street Address	marked. Markout initial. New small	
	City: ORIAr	ared source should be marked.	
8.	Responsible O Telephone: //	the test proper soult to the test of the t	
	ρ/6	Responsible official signand date for	
	est of the state o	Months-	
9.	Name and Title or racinty Cor	entact (For example, plant manager):	·
) INEDA	
10.	Facility Contact Address:	· 1 (Sec. 1 st)	
	Street Address: 3094 Co	County: ORANGE Zip Code: 32806	
	City: ORIANDO	County: ORANGE Zip Code: 32806	
11.	Facility Contact Telephone Nu Telephone: (407) 888	_ 4	
	Telephone: (407) 898	-0394 Fax: () -	

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

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

m.r. 1.

Facility Name and Location

ī.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): MAR bella One Hour Chenners Inc Site Name (For example, plant name or number): Man bella One Hour Clenners Hazardous Waste Generator Identification Number:
	MARBELLA ONE HOUR CLEANERS The The Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Manhella One Hook Clenners Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
•	
4.	Facility Location:
	Street Address: 3094 CORRY FORD Rd. City: ORIANDO County: ORANDE Zip Code: 32806
: T	
,) 	Facility Identification Number (DEP Use):
	0951208
	Responsible Official
6.	Name and Title of Responsible Official:
1	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: ORIANDO, County: ORANGE Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (407) 898 - 0394 Fax: ()
	<u> </u>
	Facility Contact (If different from Responsible Official)
9.	Non-sead Title - STills - Co (T
	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
10.	ROOSE/BERT PINEID F Facility Contact Address:
10.	ROOSE/BERT PINEDA
	Facility Contact Address: Street Address: 3094 CORRY FORD ROAD City: ORIANDO COUNTY: ORANGE Zip Code: 32806
	Facility Contact Address: Street Address: 3094 CURRY FORD ROAD

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	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	l ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#/		12-NO1'-93	#12	08-DEC-91	11110,51100		02-\1.4R-92	
Dry-to-Dry Unit	·							<u></u>	
(1) w/ ref. condenser		1 NOV 98	1 NOV 98	7	Ī	I	Γ -	1	
(2) w/ carbon adsorber		1007	17.00 75						
(3) w/ no controls		LINES							
Washer Unit									
(4) w/ rcf. condenser									
(5) w/ carbon adsorber					-				
(6) w/ no controls									
Dryer Unit					•				
(7) w/ ref. condenser					,				
(8) w/ carbon adsorber					-	. N			
(9) w/ no controls		<u> </u>			· · · · ·				
Reclaimer Unit	_								
(10) w/ ref. condenser					Ι			1	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total q	are re	equired to be	installed [,	١	n the latest 17	mor	nths?	
[30]	gallo	ns For In	TINE FUR	ciso	ממלית שינם נת	the latest 12	. moi	iuis:	
(b) If less than 12 month Check why it is less					New store	: [] Did	noı k	cep records:	
3. What is the facility's son (Indicate with an "X".	urce o Seiec	classification t one classifi	based on the cation only.)	defi	nitions found	i in section (3	3) of	Part II?	
Existing small are	28 501		(F) . Ne	w sm	iall area sour	ce X	1		
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []	}		

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	control technology is recicate with an "X".)	quired on machines	s pursuant to section (5) of I	Part II of this notification form?
	Existing large area sour Carbon adsorber	<u>ce</u> []	Refrigerated condenser	
	New small area source Refrigerated condenser		ia .	
 	New large area source Refrigerated condenser		. A	
: .				;
to Rule		fy that all steam ar	nd hot water generating unit	o use the general permit pursuant is on-site meet the following
boiler h	IP or less), and (2) are fir	red exclusively by i		0 million BTU/hr or less (298 ds of natural gas curtailment fired.
	m and hot water generation units on-site	ng units exempt		
 		•		
	Equip	ment Monitoring	and Recordkeeping Infor	mation
Check a	all logs which are required	d to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purc	hase receipts and solvent	purchases	•	. 🔀].
(b) Leai	c detection inspection and	i repair		
(c):Refr	igerated condenser::tempe	erature monitoring		(<u>x</u>)
(d) Cart	oon:adsorber exhaust perd	concentration mo	nitoring	[14 م
(e) Instr	ument calibration			S P
(f)Star	t-up, shutdown, malfunct	ion plan		

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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)
ij.	
	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 eation. 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 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.
I will pron	apply notify the Department of any changes to the information contained in this notification. $\frac{1-22-99}{\text{Date}}$

MARBELLA
PROFESSIONAL DRY CLEANERS
3094 Curry Ford Road
Orlando, Florida 32806
Tel. 407-898-0394







TO STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL. PROTECTION

TWIN TOWERS OFFICE BULDING

2600 BLAIR STONE ROAD.

TAHAHASSEE FLA, 32399-2400

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Adhirladhdadaalladhadhalladhadhadh

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

0951208 RE-INSPECTION	COMPLAINT/DISCOVERY ON CI				
AIRS ID#: 17/	99 TIME IN: 1025 TIME OUT: 1100 Dry Cleaners				
FACILITY LOCATION: 3094 Curry Orlando, F	Ford Rd. FL 32806				
CONTACT NAME:	Pineda PHONE: 407-897-8171 898-0394 PHONE:				
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30 days prior to state	artup				
2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION					
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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification of the property of the propert	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				

Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? CIN CIN/A ΠN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DY UN UN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY CIN CHINA 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 confrols? DY 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY 129N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY 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?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/∧
	Is the temperature differential equal to or greater than 20° F?	ΟY	ШN	□N/A
3.	Measured and recorded the pere 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?			
	Is the perc concentration equal to or less than 400 ppm?	ΠY	ИU	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Y	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	מאל באו				
2. Maintained rolling monthly total of perc consumption?	DY DAY				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	ם א נוא נסאי/ע				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צם				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OHY/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DX/A				
6. Maintained startup/shutdown/malfunction plan?	OY ON				
7. Maintained deviation reports?	DY ON ON/A				
Problem corrected?	OY ON DAYA				
8. Maintained compliance plan, if applicable?	אואים אם צם				

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?			DY ON				
2. Has the facility maintained a leak log?			DY ON				
3. Does the responsible official check the	following areas for leaks	s?	ľ				
Hose connections, fittings, couplings, and valves	מאם אם עם	Muck cookers	MY ON ON/A				
Door gaskets and scating	DY ON ON/A	Stills	OPY ON ON/A				
Filter gaskets and seating	DY ON ON/A	Exhaust dainpers	MY ON ON/A				
Pumps	CETY ON ON/A	Diverter valves	□YY □N □N/A				
Solvent tanks and containers	CTY ON ON/A	Cartridge filter housings	DY ON ON/A				
Water separators	DY ON ON/A						
4. Which method of detection is used by	the responsible official?						
Visual examination (condensed s	solvent on exterior surfac	ces)	C2				
Physical detection (airflow felt the	rough gaskets)						
Odor (noticeable perc odor)							
Use of direct-reading instrument							
Halogen leak detector							
If using direct-reading inst	DAY/A						
a. Capable of detecting	pere vapor concentratio	ns in a range of 0-500 ppm?	OY ON				
b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	OY ON				
c. Inspected for leaks a	nd obvious signs of wea	r on a weekly basis?	OY ON				
d. Kept in a clean and	secure area when not in	usc?	OY ON				
e. Verified for accurac	y by use of duplicate san	iples (calorimetric only)?	OY ON				
	·	<u> </u>					
TII. D. I	1	117 160)				
Inspector's Name (Please Print) 1/7/99 Date of Inspection							
Inspector's Name (Please P	imo	Date of map					
Ilha Bundy		3/7/90	<u> </u>				
Inspector's Signature 🖯		Approximate Date of	Next Inspection				

Left 1999 Dry Cleaner Compliance Calendar and Perchloroethylene Dry Cleaner Air General Permit Notification Form.

New owner: Rooselbert Pineda PH. # 407-898-0394

previously: One Hour Cleaners AIRS ID # 0951175 Leon Howell

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY V RE-INSPECTION
TIME IN: 1025 TIME OUT:	1100AIRS ID#:
TYPE OF FACILITY: Dry Cleaner	
	leaners DATE: 1/7/99
FACILITY LOCATION: 3094 (Urry For	
3.1011.0	32806
RESPONSIBLE OFFICIAL: ROUSelbert Pine	edaPHONE NUMBER: 407-898-0394
compliance with DEP Rule 62-213.300, Florida Ac	outs evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.). In this evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
No AIRS permit	Re-inspection in 3 month.
No leak detection log	
No temperature log	. 11
No perc rolling log	11
Left 1999 Dry Cleaner (application form.	Calendar & Perc. Title V
The Annual Compliance Certification form has been proper	erly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/7/	(Approximate)
T11.	
INSPECTION CONDUCTED BY:	a Bundy (Please Print)
INSPECTORS SIGNATURE.	La Bundy PHONE NUMBER: 836-9524
INSPECTOR'S SIGNATURE:	rholie number:
	Page of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	\Box \Box \Box	OMPLAINT/DISCOVERY	
RE-INSPE	TION t		
			T)
AIRS ID#: 0951208 DATE: 3-0			09356
FACILITY NAME: Marbella C		2,	POR CO
FACILITY LOCATION: 3094 C	rry Ford Ro	d. %	THE STATE OF THE S
	o, FL 32806		OII.
responsible official: Roose be	t Pineda Pr	HONE: 407-898-0	3943
CONTACT NAME:	·PI	HONE:	
PART 1: NOTIFICATION			
(check appropriate box)			
1. Néw facility notified DARM 30 days prior	startup		
2. Facility failed to notify DARM to use gener	I permit		a
PART II: CLASSIFICATION			
Facility indicated on notification form that i	is:	No notification form	
(check appropriate box)		Drop store/out of business/po	etroleum
A. I. Existing small area source	2. New small area		į
I. Existing small area source dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x <		
transfer only, x < 200 gal/yr	transfer only, $x < 2$		
both types, x < 140 gal/yr	both types, $x < 140$	gal/yr .	Į,
(constructed before 12/9/91)	(constructed on or a	after 12/9/91)	
3. Existing large area source	4. New large area	source \Box	
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, 14		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, 200 \(\left\)		
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x$	·	
(constructed before 12/9/91)	(constructed on or a	after 12/9/91)	
5. This is a correct facility classification	DY DW C	Can not determine	
If no, please check the appropriate cla		i i	·
	a general permit as numb		H
☐ facility exceeds abo	e limits and is not eligible	e for a general permit	•
B. The total quantity of perchloroethylene (pe facility was \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e) purchased within the pr	receding 12 months by this dry	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WYN/A 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? DY 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 ey on on/a 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 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?

	ed and recorded the exhaust temperature on the outlet side of the condenser located to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
	ed and recorded the washer exhaust temperature at the condenser d outlet weekly?	OY ON WIN/A
I:	the temperature differential equal to or greater than 20° F?	DY DN MN/A
at the e	ed and recorded the perc concentration in the exhaust stream weekly nd of the final drying cycle while the machine is venting to the adsorber, ines are equipped with a carbon adsorber?	OY ON DIN/A
I:	the perc concentration equal to or less than 100 ppm?	OY ON DAN/A
perc co or expa	I that the sampling port on the carbon adsorber exhaust for measuring neentrations is at least 8 duct diameters downstream of any bend, contraction, usion; is at least 2 duct diameters upstream from any bend, contraction, usion; and downstream from no other inlet?	OY ON ON/A
	ed transfer machines (dryers, reclaimers, and washers) with individual ser coils?	OY ON ON/A
6. Routed	airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	□ N ·
3. Maintained leak detection inspection and repair reports for the following:	. ,
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON UNIVA
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 1911/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	OY ON MYA
Problem corrected?	OY ON MON/A
8. Maintained compliance plan, if applicable?	DY ON DAN/A

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection an	d repair
inspection?			ØY □N
2. Has the facility maintained a leak log?			ØY □N
3. Does the responsible official check the	following areas for leaks:	?	
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
Filter gaskets and scating	MY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A
Water separators	MY ON ON/A		
4. Which method of detection is used by t	he responsible official?	•	
Visual examination (condensed s	olvent on exterior surface	s)	
Physical detection (airflow felt the	rough gaskets)		
Odor (noticeable perc odor)			a .
Use of direct-reading instrumenta	ntion (FID/PID/calorimetr	ric tubes)	
Halogen leak detector			u
If using direct-reading instr	umentation, is the equip	oment:	ON/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	QY QN
d. Kept in a clean and s	ecure area when not in us	e?	□Y □N
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
	-		· · · · · · · · · · · · · · · · · · ·
			•

Ilka Bundy	3-6-2000
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	3-(0-200) Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Found records - from office.

$$9-10-99$$
 70.0
 $10-15-99$ 10.0
 $11-4-99$ 15.0
 $11-5-99$ 10.0
 $12-10-99$ 10.0
 $12-22-99$ 20.0
 200.0

•	0951208	
IRS ID#:	0.131700)

ACE

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					<u>_</u>
FACILITY NAME: Marbella	Dry Clean	ers		DATE:	16/00
FACILITY LOCATION: 3094 C	urry Ford	Rd.			
Orlando	, FL 3280	6			
					. 1
Annual Reporting Period: Feb. 2	1999	2 0TO	Marc	ch 6	20 00
Based on each term or condition of the Title V62-213.300, Florida Administrative Code (F.A.)	_		·	_	ilc NO
If NO, complete the following:				. •	
#1. Term or condition of the general permit t	hat has not been in co	ntinuous compl	iance during the re	porting period sta	ted above:
	·····		<u> </u>		<u> </u>
Exact period of non-compliance: from			to	· .	·
Action(s) taken to achieve compliance:	· <u> </u>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:					
#2. Term or condition of the general permit t	hat has not been in co	ntinuous compl	iance during the re	porting period sta	ted above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·				· ·
Method used to demonstrate compliance:			·	<u> </u>	
As the responsible official, I hereby certify, be in this notification are true, accurate and compurchase receipts, does not exceed 2,100 gall combination facilities. RESPONSIBLE OFFICIAL:	iplete. Further, my ai	nual consumpi	ion of perchloroeth	hylene solvent, bas	sed upon

^{*}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-INSPE	CTION [
TIME IN: 0900	TIME OUT:	0935	AIRS ID#:	0951208	
TYPE OF FACILITY: Dry	Cleaner				
FACILITY NAME: Marb	ella One Hour	Cleaners		DATE: <u>3</u>	-6-2000
FACILITY LOCATION: 30					
0		2806			
RESPONSIBLE OFFICIAL:	Rooselbert Pin	neda	PHONE NUMBE	er: <u>407-898</u>	-0394
lander of the second	the compliance requirementule 62-213.300, Florida A	_	•	facility is found to b	oe in
Based on the results of t discrepancies were note	the compliance requiremend:	nts evaluated during	this inspection, the	following complian	ce
COMPLIANCE REQU	JIREMENT/PROBL	EM FO	DLLOW-UP AC	TION REQUIR	RED
			·	,	
. •					
1	· · ·				
				•	
COMMENTS:					
Facili	ty in com	pliance	•		
The Annual Compliance Certific	cation form has been prope	rly certified and su	bmitted to the inspec	tor, YES	NO
DATE OF NEXT INSPECTIO	N:	3-6-2001	-)		
INSPECTION CONDUCTED	BY:	(Approximat Ika Bunc	· ·		
		(Please Print		SD 83/2-1	400
INSPECTOR'S SIGNATURE		()	THONE MOMBI	EK: 070 /	
		Page of	•		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

PEG P

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS 3-19-0

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI) 🚨	P
AIRS ID#: 095/208 DATE: 3-19-01 TIME IN: 0830 TIMEDUT:	2901
FACILITY NAME: Marbella One Hour Cleaners 25 3	, ,
FACILITY LOCATION: 3094 Curry Ford Rd.	5 4
Orlando, FL 32806	10
RESPONSIBLE OFFICIAL: Rooselbert Pineda PHONE: 407-898-039	¥
CONTACT NAME: Jose Kamus PHONE:	
$f_{fi} \sim 9.00$ PART I: NOTIFICATION	
(check appropriate box) Facility Compliance Status: IN APMS Date (APMS Date)	S)
1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC	
2. Facility failed to notify DARM to use general permit SNC	<u> </u>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box)	oleum
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 both types, x < 140 gal/yr (constructed before 12/9/91) 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)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	
5. This is a correct facility classification QY 🗹 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 of facility was 120 gallons.	leaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON EM/A 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) DY ON 1. Equipped all machines with the appropriate vent controls? DY 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 ON ON/A 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?	ŢΩŸ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	П И	□N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	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?	ПΥ	ΠN	□n/a
	Is the perc concentration equal to or less than 100 ppm?			□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?	QΥ	ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	DИ	□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: DY 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY ON OMA DY ON DATA 5. Maintained exhaust duct monitoring data on perc concentrations? אם עש 6. Maintained startup/shutdown/malfunction plan? DY ON PN/A 7. Maintained deviation reports? DY ON PN/A Problem corrected? □Y □N @N/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection ar	nd repair
inspection?		•	ODÝ ON.
2. Has the facility maintained a leak log?			DY ON
3. Does the responsible official check the f	following areas for leaks?		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	CY ON ONA	Exhaust dampers	MY ON ON/A
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by th	e responsible official?		
Visual examination (condensed so	lvent on exterior surfaces	3)	Ø.
Physical detection (airflow felt thr	ough gaskets)		. 🖬
Odor (noticeable perc odor)			2 ′
Use of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)	
Halogen leak detector			0
If using direct-reading instru	mentation, is the equip	ment:	₽ N/A
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	DY DN
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	חס אם
c. Inspected for leaks and	l obvious signs of wear o	n a weekly basis?	OY ON
d. Kept in a clean and se	cure area when not in use	2?	מם עם
e. Verified for accuracy l	by use of duplicate sampl	les (calorimetric only)?	OY ON
			· · · · · · · · · · · · · · · · · · ·
Ilka Bundy		3-19-01	
Inspector's Name (Please Print	(1)	Date of Inspection	

Revised 07/28/00

3-19-02 Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:

2000 Receipts

$$1-12-00$$
 10.0
 $2-2-00$ 20.0
 $3-1-00$ 20.0
 $5-18-00$ 10.0
 $6-6-00$ 10.0
 $7-28-00$ 10.0
 $8-11-00$ 10.0
 $9-11-00$ 20.0
 $10-5-00$ 10.0
 $11-17-00$ 10.0
 $12-1-00$ 10.0

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹 🕠	COMPLAINT/DISCOVERY 🗇	RE-INSPECTION 🗇
TIME IN: 0830	TIME OUT:	0900 AIRS ID#:	0951208
TYPE OF FACILITY: Dry	Cleaner		
FACILITYNAME: Marb	ella One Hou	ic Cleaners	DATE: <u>3-19-01</u>
FACILITY LOCATION: 30°	94 Curry Ford	d Rd.	
· · · · · · · · · · · · · · · · · · ·	lando FL	32806	
RESPONSIBLE OFFICIAL: _		<u>reda</u> PHONE NUMB	er: <u>407-898-0394</u>
Based on the results of the cocompliance with DEP Rule 6	-	aluated during this inspection, the faci	lity is found to be in
	ompliance requirements ev	aluated during this inspection, the follow	owing compliance
discrepancies were noted: COMPLIANCE REQUIR	EMENT/DDADI E	M FOLLOW TIPACT	TON DECLUDED
COMIT LIANCE REQUIR	EMEN1/FROBLE	M FOLLOW-UPACT	ION REQUIRED
-			
1-12 . 112		1-12-31 10.00	
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	· ·		
	1		
COMMENTE	<u> </u>		
COMMENTS:	, and		
Facility.	in complia	nce	
, ,	•		A.
			1170 5 110 5 4
The Annual Compliance Certification	form has been properly ce	-	YES D NO D
DATE OF NEXT INSPECTION:		proximate)	
INSPECTION CONDUCTED BY:	Ilka	Bundy	
INSPECTOR'S SIGNATURE:	Sha Burn	7	107-836-1400
45-19 (6/00)	Page _	\mathcal{U} of $\underline{\hspace{1cm}}$.	S

BEST AVAILABLE COPY

ARMS 3-28-01 HP

Revised 01/18/00

Map

IRS ID#: __0951208

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: Marbella C	ne Hour Cleaners	DATE: 3/21/001
ACILITY LOCATION: 3094 C		. ,
Orlando	, FL 32806	
unual Reporting Period: March	20 OO TO	March & Cool
ased on each term or condition of the Title 2-213.300, Florida Administrative Code (F., f NO, complete the following:	V general air permit, my facility has remai	ined in compliance will DEP Rule
1. Term or condition of the general permit t	hat has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	
22. Term or condition of the general permit t	hat has not been in continuous complianc	e during the reporting period stated above:
Exact period of non-compliance: from	to	0
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, be in this notification are true, accurate and con nurchase receipts, does not exceed 2,100 gala combination facilities.	uplete. Further, my annual consumption of	-
RESPONSIBLE OFFICIAL: £005 6	12 -10	5/H - 2/21/1001

Page of ____.

^{*}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.



REGULATION, ANY CHANGE IN LOCATION OR OWNERSHIP MUST BE ED BY THE CITY PERMITTING STAFF SUBJECT

DATE

OWNER' - BUSINESS LOCATION - TYPE

CAPRI ONE HOUR DRYCLEANER IN
ROOSELBERT PINEDA
3094 CURRY FORD RD
LAUNDRY/DRY CLEANER

02/2006813

10/29/01

136.57

CITY CERSORIANDO EXPIRATION DATE SEPT. 30, 2002

> LICENSE CODE **BUSINESS NUMBER** LAUNDR 7211 0000142-003 FEE REG. \$ PENALTY 103.75 103.75 32.82 TRANSFER PAID

NAME AND MAILING ADDRESS

CAPRI ONE HOUR DRYCLEANER INC

3094 CURRY FORD RD

ORLANDO FL

2001 DURLICATE

EXPIRES 09/30/2002

ORANGE COUNTY OCCUPATIONAL LICENSE Earl K. Wood, TAX COLLECTOR

3116-522591

ORANGE COUNTY, FLORIDA

3116 DRY CLEANERS

30.00

2 WORKERS

TOTAL TAX 30.00 ADDTL FEES 31.00 TOTAL PAID TOTAL DUE 61.00-.00

CAPRIONS HOUR DRYCLEANER INC.

3094 CURRYFORD RD A - ORLANDO



Capri One Hour Cleaning, Inc.

1 Hr. Service Alterations & Custom Made Dresses

3094 Curry Ford Rd. Orlando, FL 32806 Tel. 407-898-0394



R. Pineda, Pres.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415732 APR 8 2002

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0951208 MARBELLA ONE HOUR CLEANERS ROOSELBERT PINEDA 3094 CURRY FORD ORLANDO FL 32806

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389841

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 # 0951208

MARBELLA ONE HOUR CLEANERS ROOSELBERT PINEDA 3094 CURRY FORD ORLANDO FL 32806 MAIL RO

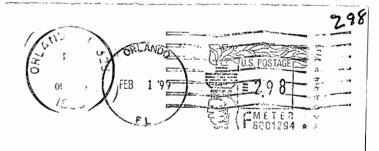
FOR GOVERNMENT USE ONE

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

Obj.: 002273

MARbella One Houre
3094 CURRY FORD ROAD
ORIANDO, FL. 32806
RETURN RECEIPT
REQUESTED







Z 429 295 375

GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING AND MOBILE

DEPT OF ENURONMENTAL PROTECTION

2600 Blair STONE ROAD

TATIAHASSEE, FL. 32399-2400

MAIL

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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 Bureau of Air Monitoring & Mobile Sources Do NOT Remove Label AIRS ID # 0951208 MARBELLA ONE HOUR CLEANERS FOR GOVERNMENT USE ONLY ROOSELBERT PINEDA Org. 37550101000 EO: 4A Fund: 20-2-035001 3094 CURRY FORD

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDI

Please include your AIRS ID# on your check or money order. This number is located on the mailing label

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

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MARBELLA ONE HOUR CLEANERS

ROOSELBERT PINEDA

3094 CURRY FORD

ORLANDO FL 32806

ORLANDO, FL 32806

ATDC ID 4 OCIOSE

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: BI

FUND: 20-2-035001

OBJECT: 002273

Obj.: 002273

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E 0	Sent To ROOSELBI	ERT PINEDA	
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700	or PO1 ORLANDO	7 7 5	
<u></u>	PS form 3300, January 2	1001	See Reverse for Instructions

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery 3 B O O C. Signature Addressed D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
. AIRS ID # 0951208	
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•	4. Restricted Delivery? (Extra Fee) ☐ Yes
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믬	3094 Curry Ford Rd	
□ ~	Siree ORLANDO, FL 32806	
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	PS Form 3800, June 2002	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature A Signature A Agent Addressee B. Received by (Printed Name) C. Date of Delivery AMO 3/4/05
1. Article Addressed to: AIRS ID#09512082 nd Cert 05 CAPRI CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3094 Curry Ford Rd ORLANDO, FL 32806	3. Septice Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
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2. Article Number 7004 25 (Transfer from service label)	10 0004 6986 5784
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

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



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2. Article Number 7003 0500	0004 0144 6705
PS Form 3811, February 2004 Domestic Retu	urn Receipt - 102595-02-M-1540

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• Sender: Please print your name, address, and ZIP+4 in this box • DARMINOBILE SOURCE CONTROL PROGRAM
DEPT ENVIRONMENTAL PROTECTION
MAIL STATION 1310
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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UNITED STATES POSTAL SERVIĆE



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

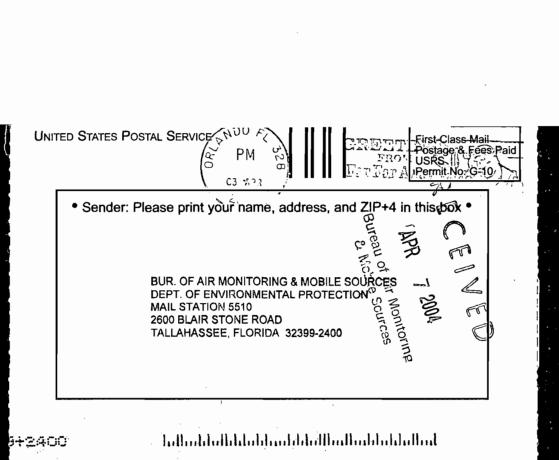
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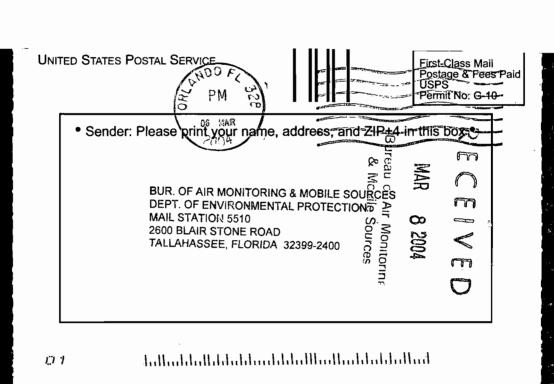
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**************************************	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7001 1140 0001 7556 4279		
PS Form 3811, August 2001		

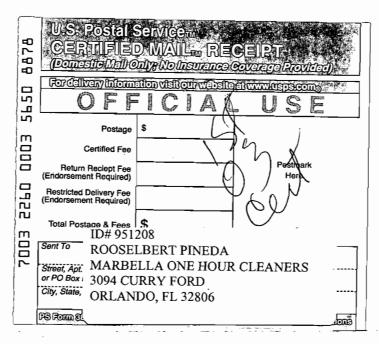


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ORLANDO, FL 32806	3. Service Type Certified Mall
 	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-02-M-1540

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 •

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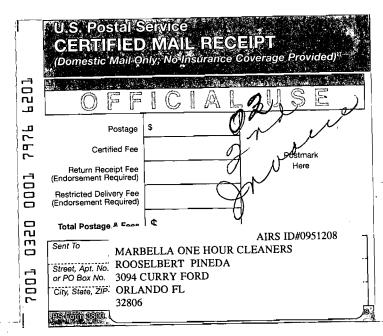
UNITED STATES POSTAL SERVICE

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

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

DARMMOBILE SOURCE CONTROL PROSEAN
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BILAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

TALLAHASSEE, FLORIDA 32399-2400

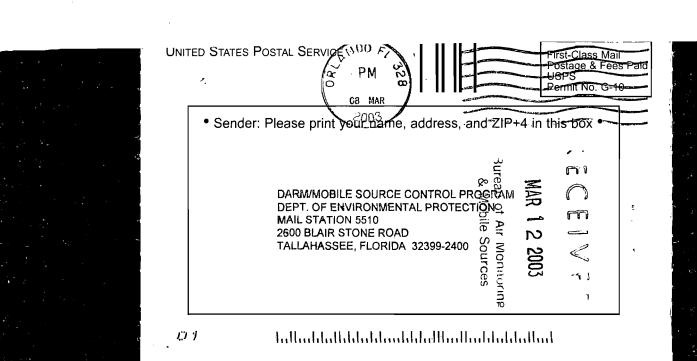


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	4. Restricted Delivery? (Extra Fee) ☐ Yes				
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Domestic Return Receipt

102595-01-M-1424

PS Form 3811, March 2001



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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Gignature X		
1. Article Addressed to: AIRS ID#0951208 MARBELLA ONE HOUR CLEANERS ROOSELBERT PINEDA	If YES, enter delivery address below:		
3094 CURRY FORD ORLANDO FL	Service Type Certified Mail		
32806	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
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PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1035		

UNITED STATES POSTAL SERVICE



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

BUR. OF A'P MONITORING & MODILE SCURCES
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MAIL STATION 5810
2900 BLAIR EYONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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United States Postal Service



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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION OF AIR STONE ROAD

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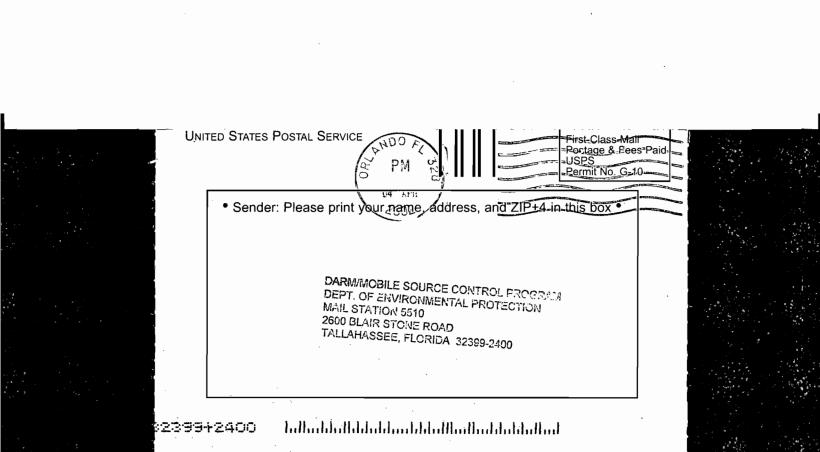


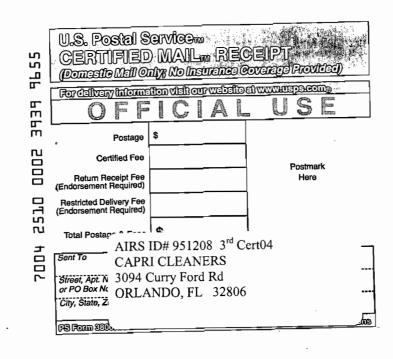
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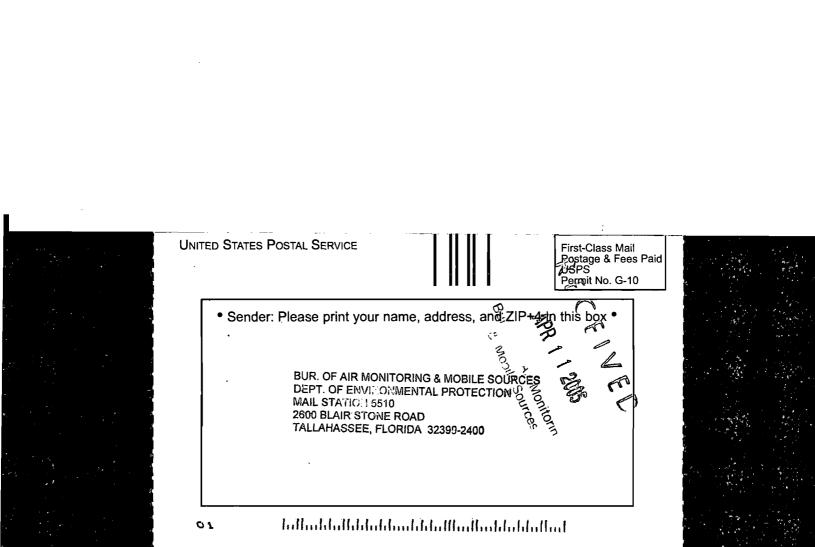
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AIRS ID # 0951208 MARBELLA ONE HOUR CLEANERS	If YES, enter delivery address below: LJ No				
ROOSELBERT PINEDA 3094 CURRY FORD	3. Service Type ■ Certified Mail □ Express Mail				
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				





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PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540



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