

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Paul A. SAROUKHAN. SUN RISE CLEANER		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:	142		
4. Facility Location:	1425 W GRANADA BLV. & S		
Street Address:			
City:	Armond B.	County: Volusia	Zip Code: 32174
5. Facility Identification Number (DEP Use):	1270144		

Responsible Official

6. Name and Title of Responsible Official:	SAME. (Paul Saroukhan) OWNER		
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME AS ABOVE		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(904) 615 9111	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

RECEIVED

JAN 6 1998

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	DEC 95	12-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

2 gallons LAST OWNER. USE. 130 GALLONS

(b) If less than 12 months, how many? 2 months

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

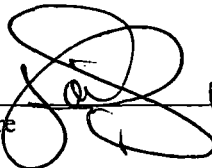
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

 Paul SAROUKJIAN

Date

12.16.97



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

April 20, 2001

Sunrise Cleaners #1270144
1425-5 West Granada Blvd.
Ormond Beach, FL., 32174

RE: Bad Check
REC: # 008810
REM: # 423567

To whom it may concern:

You are hereby notified that your check #1842 drawn on Nations Bank, issued by you on March 06, 2001 and made payable to Department of Environmental Protection has been returned to us and marked **"INSUFFICIENT FUNDS"**. Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to render payment in the full amount of \$50.00 plus a service fee of \$15.00 or 5%, (per check) whichever is greater. The amount due being \$65.00. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a **Cashier's Check or Money Order** payable to the **Department of Environmental Protection** in the amount of \$65.00 to the **Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315**. As soon as we receive your remittance, your dishonored check will be returned. If you have any questions please contact me at (850) 488-2400. Thank You.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/lh
cc: Reading File
Cashier
Patty Adams, MS #5505

RECEIVED
APR 25 2001
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

409428 JUL 2 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

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

Bureau of Air Monitoring
& Mobile Sources

JUL - 3 2001

RECEIVED

VOID AFTER 90 DAYS

30-1/1140

(NTX)

Date JUNE 29, 2001

Pay To The Order Of DOD (F. S. M. ...) \$

FIFTY FIVE DOLLARS AND NO CENTS

Dollars

Not Valid Over \$1000

09-14-3665B 10-1999

Bank of America is not liable for lost or stolen Money Orders. For your protection against loss or theft, sign and complete this Money Order as soon as possible.

Bank of America, N.A.
San Antonio, Texas

0109107 04002 0001054

Iran 00057 06/29/2001 09:55 NFL
R/TH-540590135 CC 0109107 11r 00003

Account 002500427079

Customer Copy

Document # 1701703

Non-Negotiable

001641002088

Money Order Sale **Retain For Your Records**

\$65.00

N WCL



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

May 25, 2001

Sunrise Cleaners
1425-5 West Granada Blvd
Ormond Beach, FL 32174

Returned Check- **SECOND NOTICE**
Rec. #008810
Rem. #423567

To Whom It May Concern:

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It is imperative that we hear from you immediately relative to your returned check. If we do not, your account will be turned over to the State Comptroller Collection agency and the credit bureau will be notified.

To avoid further action, please return this letter and a **Cashier's Check or Money Order** for **\$65.00** within the time specified above to the **Department of Environmental Protection, Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315**. As soon as we receive your remittance, your dishonored check will be returned. If you have any questions please contact me at (850) 488-2400.
Thank You.

Sincerely,

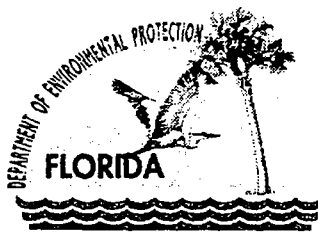
Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance & Accounting

AS/Ih

cc: Legal Counsel
Cashier
Reading file
Patty Adams MS# 5505

"More Protection, Less Process"

Printed on recycled paper.



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

May 25, 2001

RECEIVED
MAY 29 2001
BUREAU OF AIR REGULATION

Sunrise Cleaners
1425-5 West Granada Blvd
Ormond Beach, FL 32174

Returned Check- **SECOND NOTICE**
Rec. #008810
Rem. #423567

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Thank You.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance & Accounting

ARSIP
1270144

AS/lh

cc: Legal Counsel
Cashier
Reading file
Patty Adams MS# 5505

"More Protection. Less Process"

• Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

August 31, 2001

Sunrise Cleaners
1425-5 West Granada Blvd.
Ormond Beach, FL 32174

RE: Remittance Receipt
REC: #008810
REM: #423567

To whom it may concern:

This will acknowledge receipt of and thank you for your remittance covering your returned check #1842 issued on March 06, 2001 in the amount of \$50.00. Your check is enclosed for your records.

Thank you for your cooperation in this matter.

Please call (850) 488-2400 if you have any questions.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/lh

Cashier
Reading File
Patty Adams – MS 5505

Hampton, Elizabeth

From: Bowman, Sandy - *Patty Adams*
Sent: Thursday, August 23, 2001 1:54 PM
To: Hampton, Elizabeth
Cc: Adams, Patty; Davis, William
Subject: RE: Collections/Write-Offs

Our records show that Sunrise Cleaners paid by M/O on 02-Jul-01. (DDN#409428). Therefore, we can write-off their previous check.

Thank you.

Sandy

*Sandy Bowman
Environmental Consultant
DEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us*

*WRITE
THANK YOU
letter.*



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 3, 1998

Mr. Paul A. Saroukhan
Sun Rise Cleaner
1425 West Granada Boulevard
Armond Beach, Florida 32174

Re: Facility No.: 1270144

Dear Mr. Saroukhan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 6, 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.

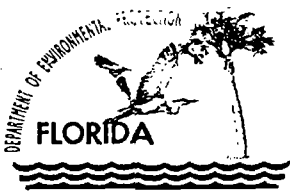
Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 16, 1998

Mr. Paul A. Saroukhan
Sunrise Cleaners
1425-5 West Granada Boulevard
Ormond Beach, Florida 32174

Dear Mr. Saroukhan:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1077) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

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

SUNRISE CLEANERS
1425-5 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174
PH. 904-262-0027

1077

63-497/631
20

3.12 19 98

PAY TO THE ORDER OF DEPARTMENT ENVIRONMENT PROTECTION

\$ 50.00

Rivety

50 DOLLARS

Barnett 013-020
1454 West Granada Blvd.
Ormond Beach, Florida 32174

FOR # 1270144



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 3, 1998

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Sun Rise Cleaner
1425 West Granada Boulevard
Armond Beach, Florida 32174

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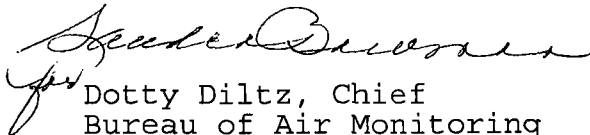
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Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

Bowman, Sandy

From: Rice, Rodell
Sent: Monday, October 27, 2003 8:55 AM
To: Bowman, Sandy
Cc: Mulligan, Tom
Subject: RE: RE: Expired Entitlements

Hello Sandy,

Sorry for the delay. Yes, all these facilities are in operation. Only 0970064 has changed their name and is under new management. I provided them with the permit application. Central District Air Compliance section will take care of all the other facilities on the list.

We are currently one person short. I'm no longer doing the dry cleaners. I was promoted to another job, same section. Please forward any other Dry Cleaner or Small Business Program correspondence to Tom Mulligan, my supervisor. He should be able to help you.

Thanks for everything.

-----Original Message-----

From: Bowman, Sandy
Sent: Wednesday, October 22, 2003 9:11 AM
To: Rice, Rodell
Subject: RE: Expired Entitlements

Hi Rodell,

In looking through the ARMS database, I noticed that entitlements for the following facilities have expired. The last we heard from each facility was payment of their annual emissions fee.

Are these facilities still in operation? If so, they will need to submit another notification form for entitlement to operate for the next 5 years. If not, please let me know so that I may inactivate them.

Thanks for looking into this for me. If you have any questions, please give me a call.

<u>AIRS ID</u> <u>DATE</u>	<u>EXPIRE DATE</u>	<u>FEE PAYMENT YEAR</u>	<u>FEE PAYMENT</u>
1270144	1/21/2003	2002	3/12/2003
0970064	1/29/2003	2002	2/20/2003
1170364	3/11/2003	2002	12/16/2002
1270147	4/1/2003	2002	2/6/2003
1170366	5/4/2003	2001	4/18/2002
0970066	7/28/2003	2002	2/13/2003
0090171	8/5/2003	2002	12/19/2002

10/27/2003


0090174	8/31/2003	2002	12/23/2002
1170369	8/31/2003	2002	2/3/2003

Thanks again,

Sandy Bowman

Sandy Bowman
Environmental Consultant
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

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



 m. ABUS 2/15/98
RECEIVED
 APR 7 1998
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1270144 DATE: 3/12/98 TIME IN: 11:30 TIME OUT: 12:00
 FACILITY NAME: Sunrise Cleaners
 FACILITY LOCATION: 1125 Granada Blvd. #5
Ormond Beach FL 32714
 RESPONSIBLE OFFICIAL: Paul Sarukhan PHONE: 615-9111
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- | | |
|--|--|
| <input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum | |
| A.
1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) |
| 3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
| 5. This is a correct facility classification <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine | |

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons. *(Only been here since Nov)*

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

SAADIA QURESHI
 Inspector's Name (Please Print)

3/10/98
 Date of Inspection

[Signature]
 Inspector's Signature

5/98
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerobic:

Strong perc smell

no Indary for perc (stored onsite)

no logs.

Strong smell of perc.

PERCHLOROETHYLENE DRY CLEANERS

1.A
SD

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

1270144

AIRS ID#: 1270127 DATE: 1/13/99 TIME IN: 2:00 TIME OUT: 2:50
FACILITY NAME: Sunrise Cleaners
FACILITY LOCATION: 1425 W. Granada Blvd
Ormond Beach 32174
RESPONSIBLE OFFICIAL: Paul Sarokhan PHONE: 904-615-9111
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

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

A.

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

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

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? *no problems* Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

 Saadia Qureshi
Inspector's Name (Please Print)

 1/13/99
Date of Inspection

 [Signature]
Inspector's Signature

 1/00
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerotec - 3 years old.
has pan? yes
epoxy? yes
has 2ndary unit for haz waste
MCF \Rightarrow haz waste

using own record system = OK
explained accumulation start date
[no smell perc] ^{strong of}

IN compliance

ANC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUN RISE - CLEANER DATE: 1-14-99
 FACILITY LOCATION: 1425 - WEST GRANADA BLVD
ORMOND FLA - 32174

Annual Reporting Period: 01-14 1998 TO 01-14 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Paul A. S. [Signature] 1-14-99
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:00 TIME OUT: 2:50 AIRS ID#: 1270127 127044
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: Sunrise Cleaners DATE: 1/13/99
 FACILITY LOCATION: 1425 W. Granada Blvd.
Ormond Beach Fl - 32174
 RESPONSIBLE OFFICIAL: Paul Surothan PHONE NUMBER: 904-615-9111

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

IN compliance, OK.

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

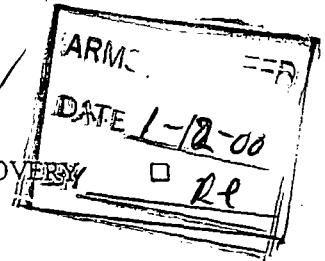
DATE OF NEXT INSPECTION: 1/00
(Approximate)

INSPECTION CONDUCTED BY: Shadia Dureshi
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-893-3333

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1270144 DATE: 1-12-00 TIME IN: 11:30 TIME OUT: 12:00
 FACILITY NAME: Sunrise Cleaners
 FACILITY LOCATION: 1425 W. Grandda Blvd.
Ormond Beach, FL 32174
 RESPONSIBLE OFFICIAL: Paul Saravithan PHONE: 904-615-9111
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION
 (check appropriate box)
 1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

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

A.

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

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

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

RECEIVED
 FEB 2 2000
 Bureau of Air Monitoring
 & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
 (check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; *NO leaks* Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Randall Cunningham
Inspector's Name (Please Print)

1-12-00

Date of Inspection

Randall Cunningham
Inspector's Signature

9-2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

1270127

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Acc

FACILITY NAME: Sunrise Cleaners DATE: 1-12-00

FACILITY LOCATION: 1425 W. Granada Blvd,
Ormond Beach, FL 32174

Annual Reporting Period: January 19 99 TO January ²⁰⁰⁰

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Paul. A. SARAKHAN [Signature] 01-12-2000

Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>11:30</u>	TIME OUT: <u>12:00</u>	AIRS ID#: <u>1270127</u>
TYPE OF FACILITY: <u>Dry Clean</u>		
FACILITY NAME: <u>Sunrise Cleaners</u>	DATE: <u>1-12-00</u>	
FACILITY LOCATION: <u>1425 W. Granada Blvd.</u> <u>Ormond Beach, FL 32174</u>		
RESPONSIBLE OFFICIAL: <u>Paul Sacow Khan</u>	PHONE NUMBER: <u>404-615-4111</u>	

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:
In Compliance

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

DATE OF NEXT INSPECTION: 1-2001
(Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-893-3333

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:15 TIME OUT: 2:45 AIRS ID#: ~~1270127~~ 1270144

TYPE OF FACILITY: Drycleaners

FACILITY NAME: Sunrise Drycleaners DATE: _____

FACILITY LOCATION: 1425 W. Granada Blvd.
Orlando Beach, FL 32174

RESPONSIBLE OFFICIAL: Paul Stroutan PHONE NUMBER: 904-615-9111

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Previous owner in compliance -
gave new owner calendar.

The Annual Compliance Certification form has been ^{New Owner} properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 12/98
(Approximate)

INSPECTION CONDUCTED BY: SADIA QURESHI
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 893-3333

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:30 TIME OUT: 12:00 AIRS ID#: 1270144
 TYPE OF FACILITY: Drycleaning
 FACILITY NAME: Sunrise Cleaners DATE: 3/12/98
 FACILITY LOCATION: 1425 Granada Blvd. #5
Ormond Beach, FL 32706
 RESPONSIBLE OFFICIAL: Paul Saursthan PHONE NUMBER: 615-9111

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO LOGS, PERC RECEIPTS KEPT	GAVE CALENDER

RECEIVED
 APR 7 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: has not received invoice from Tall. for new permit (since he's a new owner) - Old owner has deceased, cannot get any written paperwork for transfer of ownership from him (obviously)

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

DATE OF NEXT INSPECTION: 5/98
 (Approximate)

INSPECTION CONDUCTED BY: SAADIA QURESHI
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 893-3333

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391751 ✓

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 # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

Bureau of Air Monitoring
& Mobile Sources

FEB 4 2000

RECEIVED

RECEIVED
MAIL ROOM
FEB - 2 00

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

 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361958

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

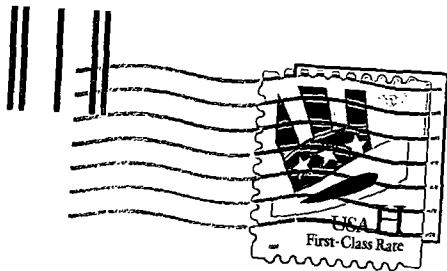
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1270144
SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

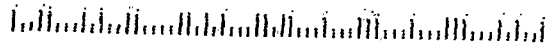
✓
RECEIVED
MAIL ROOM
FEB 25 99
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RALPH HADDAD, CPA, P.A.
4775 MARSH HAMMOCK DR. E.
JACKSONVILLE, FLORIDA 32224



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

32315+3070





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

407195 MAR16 2001

Do NOT Remove Label

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

Bureau of Air Monitoring
& Mobile Sources

MAR 20 2001

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

RECEIVED



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

3231573070





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413949 FEB11 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: \$50.00

Do **NOT** Remove Label

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL
32174

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL
32174

AIRS ID#1270144

FOR GOVERNMENT USE ONLY
Org.: 3755010100
Fund: 20-2-035001
Obj.: 002273

X
425629
MAR 17 2003

Mobile Sources
of Air Pollution

MAR 14 2003

RECEIVED

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. ~~474500 DE692000~~

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1270144
PAUL SAROVKHAN
SUNRISE CLEANERS
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

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

P 174 052 097

1999

US Postal Service

Receipt for Certified Mail

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

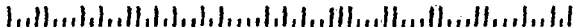
UNITED STATES POSTAL SERVICE



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

● Print your name, address, and ZIP Code in this box ●

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



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

4a. Article Number

P174 052 097

4b. Service Type

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

7. Date of Delivery

12/31

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

Thank you for using Return Receipt Service.

Fold at line over top of envelope to

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 2163



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

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL
32174

(by mailer)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL
32174

2. Article Number (Copy from service label)

7000 0520 0020 9373 2163

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2/9

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 1 1 2002

RECEIVED

2002年1月1日



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 8871



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Ⓢ

Postmark
Here

next 03

Recipient: 10 AIRS ID # 1270144001AG
Street: PAUL SAROVKHAN
City, State: SUNRISE CLEANERS
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 1270144001AG
 PAUL SAROVKHAN
 SUNRISE CLEANERS
 1425 W GRANADA BLVD S
 ORMOND BEACH FL 32174

2. Article Number (Copy from service label)

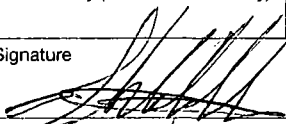
7000 0600 0026 4128 8871

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X


 Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes
 No

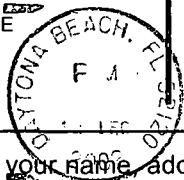
3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



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

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

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

32399+2400



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

58
Postmark Here

AIRS ID#1270144

Sen
Stre or P
City

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL
32174

PS

Instructions

7001 0320 0001 7975 5861
1995 5267 1000 0260 1007

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#1270144

SUNRISE CLEANERS
 PAUL SAROVKHAN
 1425 W GRANADA BLVD S
 ORMOND BEACH FL
 32174

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 5861

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Paul Sarovkhan 2/7

C. Signature

X

 Agent Addressee

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



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

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

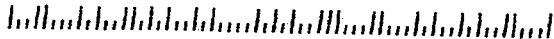
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED

32399-2400



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

*03
2nd
2nd*

Total

AIRS ID#1270144

Sent

SUNRISE CLEANERS

PAUL SAROVKHAN

Street
or PO

1425 W GRANADA BLVD S

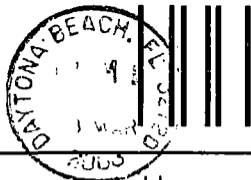
ORMOND BEACH FL

City

32174

7001 0320 0001 7976 6539

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

MAR 11 2003

RECEIVED

32399-2400



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#1270144

SUNRISE CLEANERS
 PAUL SAROVKHAN
 1425 W GRANADA BLVD S
 ORMOND BEACH FL
 32174

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 6539

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

 Agent Addressee

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

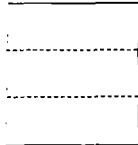
7000 0600 0026 7825 5730
7000 0600 0026 7825 5730
7000 0600 0026 7825 5730
7000 0600 0026 7825 5730



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

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174



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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 22 2001

RECEIVED

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 1270144

SUNRISE CLEANERS
 PAUL SAROVKHAN
 1425 W GRANADA BLVD S
 ORMOND BEACH FL 32174

2. Article Number (Copy from service label)

7000 0600 0026 7825 5730

COMPLETE THIS SECTION ON DELIVERY

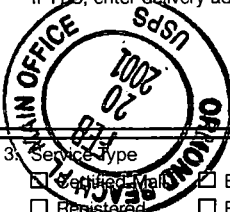
A. Received by (Please Print Clearly) B. Date of Delivery

PAUL SAROVKHAN 2/20/01

C. Signature

X

-
- Agent
-
-
- Addressee

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

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0000 0026 4225 8935

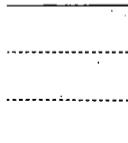


Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

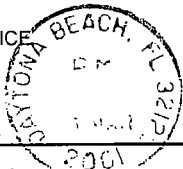
Postmark
Here

AIRS ID # 1270144

SUNRISE CLEANERS
 PAUL SAROVKHAN
 1425 W GRANADA BLVD S
 ORMOND BEACH FL 32174



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 •

**BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400**

32399+2400



PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

SENDER - COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

COMPLETE THIS SECTION ON DELIVERY

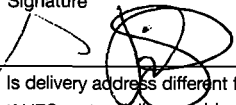
A. Received by (Please Print Clearly)

B. Date of Delivery

3/5

C. Signature

X



- Agent
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

7000 0600 0026 4125 8935

Z 333 613 447

U.S. Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail.

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

1999

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1270144

SUNRISE CLEANERS
PAUL SAROVKHAN
1425 W GRANADA BLVD S
ORMOND BEACH FL 32174

4a. Article Number

7333613447

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

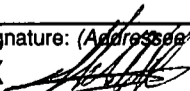
2-13-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X



Thank you for using Return Receipt Service

UNITED STATES POSTAL SERVICE



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

● Print your name, address, and ZIP Code in this box ●

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