



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. Edwin Candelaria
Monarch Dry Cleaners
1382 Howland Boulevard
Deltona, Florida 32738

Re: Facility No.: 1270145

Dear Mr. Candelaria:

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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Monarch Dry Cleaners</i>
2. Site Name (For example, plant name or number): <i>Same</i>
3. Hazardous Waste Generator Identification Number: <i>167 984908202</i>
4. Facility Location: Street Address: <i>1382 Howland Blvd</i> City: <i>Yellona</i> County: <i>Vol.</i> Zip Code: <i>32738</i>
5. Facility Identification Number (DEP Use): <i>1270145</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Edwin Candalaria owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>Same</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 574-65530</i> Fax: () -

Facility Contact (If different from Responsible Official)

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

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Bureau of Air Monitoring

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>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>1</i>	<i>Dec 1993</i>	<i>Dec 93</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

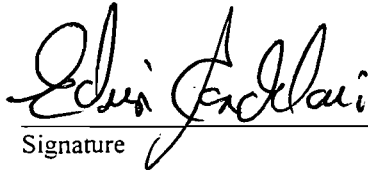
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

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

12-24-97
Date

AIRES ID	OWNER	FIRST NAME	LAST NAME	ADDRESS	CITY	ZIP4	Comment
0970062	0970062 FORMOSA GARDEN CLEANER	PAU	PHU	7887 SAINT GILES PLACE	ORLANDO	32835	Does not exist
1170073	RED BUG CLEANERS	JOONG	KIM	5275 RED BUG LAKE ROAD #101	WINTER SPRINGS	32708	Spoke to owner - same RO
1170359	CARRIAGE CLEANERS	PATRICK	SEBASTIAN	967 W HWY 434	LONGWOOD	32750	Facility was sold
1170361	PROFESSIONAL DRY CLEANING	DAVID	CHAN	700 W SR 434	LONGWOOD	32750	Drop store
1170391	FIFTH AVENUE CLEANERS	SEAN	NICHOLS	801 W STATE ROAD 436 STE 1001	ALTAMONTE SPRINGS	32714	Facility was sold
1270111	TOMOKA PLAZA COIN-O-MATIC	NICHOLAS	BISSELL	715 S NOVA ROAD	ORMOND BEACH	32174	Facility was sold
1270145	MONARCH DRY CLEANERS	EDWIN	CANDELARIA	1382 HOWLAND BLVD	DELTONA	32738	Facility was sold

NEW OWNER

all

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

FORMERLY: 1270132 "Executive Cleaners"

AIRS ID#: 1270145 DATE: 12/24/97 TIME IN: 10:00 TIME OUT: 10:45

FACILITY NAME: Monarch Dry cleaners

FACILITY LOCATION: 1382 Howard Blvd.
Deltona, FL 32738

RESPONSIBLE OFFICIAL: Edwin Candelaria PHONE: 407-574-5530

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)
 - 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, $140 \leq x \leq 2,100$ 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
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 50 gallons. (new owner / 6 months)

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input 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 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

SAADA QURESHI
Inspector's Name (Please Print)

12/24/97
Date of Inspection

[Signature]
Inspector's Signature

12/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Spenser
15 lb

Safety clear

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

NEW OWNER *all*

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:00 TIME OUT: 10:45 AIRS ID#: 1270145
 TYPE OF FACILITY: Monarch Drycleaners Drycleaning
 FACILITY NAME: 1382 Howland Blvd. DATE: 12/24/97
 FACILITY LOCATION: Deltona FL 32730
 RESPONSIBLE OFFICIAL: Edwin Candelaria PHONE NUMBER: 407-574-5530

- 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:
 New owner, previous owner explained guidelines - in compliance

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

DATE OF NEXT INSPECTION: 12/98 (Approximate)

INSPECTION CONDUCTED BY: SAADIA GURESHI (Please Print)

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

du ✓

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

FACILITY NAME: Monarch Dry Cleaners DATE: 12-24-97
 FACILITY LOCATION: 1382 Hobland Blvd Yeltona Fl. 32738

Annual Reporting Period: 3 MAR 2 1997 TO Dec 1997

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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**Bureau of Air Monitoring
& Mobile Sources**

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: Edwin Candelaria *[Signature]* 12-24-97
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:30 TIME OUT: 3:15 AIRS ID#: 1270145
 TYPE OF FACILITY: Drycleaners
 FACILITY NAME: Monarch Cleaners DATE: _____
 FACILITY LOCATION: 1382 Howland Blvd.
Deltona FL 32738
 RESPONSIBLE OFFICIAL: Edwin Cardebrina PHONE NUMBER: 407-574-5530

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

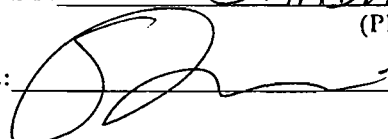
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 & Mobile Sources

COMMENTS:
Spenser, dry to dry (15 lbs) ,
Safety clean. 75 gal/or of perc.

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

DATE OF NEXT INSPECTION: 7/99
(Approximate)

INSPECTION CONDUCTED BY: SAADIA DURESH
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 893-3333

✓

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PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1270145 DATE: 7/28/98 TIME IN: 2:30 TIME OUT: 3:15

FACILITY NAME: Monarch Cleaners

FACILITY LOCATION: 1382 Howland Blvd.
Deltona FL 32738

RESPONSIBLE OFFICIAL: Edwin Candelera PHONE: 407-574-5570

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

NOT STORED
PUMPED

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

*Didn't
ck
part 3
right side of
questions
Y/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 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input 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

SAADIA QURESHI
Inspector's Name (Please Print)

7/22/98
Date of Inspection

[Signature]
Inspector's Signature

7/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Spencer Dry-to-dry machine
small \Rightarrow 15lbs

Safetyclean picks up hazardous waste

uses approx. 75 gal/yr of perc.

did not have condensate water collector
covered, explained.

has pan for machine - shared w/
hazardous waste pan.

obtained copy of records.
IN COMPLIANCE

CONDENSER TEMP LOG

FUEL PURCHASES
BEST AVAILABLE COPY

DATE	TEMP	Is temp less than or equal to 45 F (7.2° C)?
1-2-98	35 F	(Y) N
1-9-98	39 F	(Y) N
1-16	40 F	(Y) N
1-23	30 F	(Y) N
1-29	42 F	(Y) N

TOTAL FROM LAST MONTH		0
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

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INSPECTIONS

Bureau of Air Monitoring
& Mobile Sources
MONARCH CLEANERS
1382 HOWLAND BLVD #122
DELTONA, FL 32738

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	1-9	1-9	1-16	1-23	1-29			
HOSES	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
DOOR	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
PUMP	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
SOLVENT TANK	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
WATER SEPARATOR	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
MUCK COOKER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
STILL	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
EXHAUST DAMPER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
DIVER TFR VALVE	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
FILTER GASKET	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			
CARTRIDGE FILTER	(N) Y	(N) Y	(N) Y	(N) Y	(N) Y			

TEMP LOG

PERC PURCHASES

TEMP	Is temp less than or equal to 45° F (7.2° C)?
DF	(Y) N
F	(Y) N
IF	(Y) N
F	(Y) N
	(P) RECEIVED

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 Bureau of Air Monitoring
 & Mobile Sources

TOTAL FROM LAST MONTH		0
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL
3-16-98	1956	1950

NOTES

MONARCH CLEANERS
 1382 HOWLAND BLVD #122
 DELTONA, FL 32738

D	LEAKING?				DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	3-6	3-13	3-20	3-27			
	(N) Y	(N) Y	(N) Y	(N) Y			
	(N) Y	(N) Y	(N) Y	(N) Y			
	(N) Y	(N) Y	(N) Y	(N) Y			
K	(N) Y	(N) Y	(N) Y	(N) Y			
ATOR	(N) Y	(N) Y	(N) Y	(N) Y			
	(N) Y	(N) Y	(N) Y	(N) Y			
	(N) Y	(N) Y	(N) Y	(N) Y			
PER	(N) Y	(N) Y	(N) Y	(N) Y			
VE	(N) Y	(N) Y	(N) Y	(N) Y			
F	(N) Y	(N) Y	(N) Y	(N) Y			
LTER	(N) Y	(N) Y	(N) Y	(N) Y			

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
4-3-78	41 F	(Y) N
4-10-78	32 F	(Y) N
4-17-78	40 F	(Y) N
4-21-78	30 F	(Y) N
		(Y) N

PERC PURCHASES

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL

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Bureau of Air Monitoring & Mobile Sources

MONARCH CLEANERS
1332 HOWLAND BLVD #122
DELTONA, FL 32738

INSPECTIONS

INSPECTED	LEAKING?						DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	N	Y	N	Y	N	Y			
HOSES	N	Y	N	Y	N	Y			
DOOR	N	Y	N	Y	N	Y			
PUMP	N	Y	N	Y	N	Y			
SOLVENT TANK	N	Y	N	Y	N	Y			
WATER SEPARATOR	N	Y	N	Y	N	Y			
MUCK COOKER	N	Y	N	Y	N	Y			
STILL	N	Y	N	Y	N	Y			
EXHAUST DAMPER	N	Y	N	Y	N	Y			
DIVERter VALVE	N	Y	N	Y	N	Y			
FILTER GASKET	N	Y	N	Y	N	Y			
CARTRIDGE FILTER	N	Y	N	Y	N	Y			

TEMP LOG

PERC PURCHASES

TEMP	Is temp less than or equal to 45° F (7.2° C)?	
38F	<input checked="" type="radio"/> Y	<input type="radio"/> N
35F	<input checked="" type="radio"/> Y	<input type="radio"/> N
42F	<input checked="" type="radio"/> Y	<input type="radio"/> N
40F	<input checked="" type="radio"/> Y	<input type="radio"/> N
41F	<input checked="" type="radio"/> Y	<input type="radio"/> N

TOTAL FROM LAST MONTH		
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		
DATE	AMOUNT	12 MONTH RUNNING TOTAL

NOTES

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MONARCH CLEANERS
1382 HOWLAND BLVD #122
DELTONA, FL 32738

Bureau of Air Monitoring
& Mobile Sources

ONS

ELECTED	LEAKING?						DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	5-1	5-8	5-15	5-22	5-29				
	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
TANK	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
SEPARATOR	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
COOLER	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
DAMPER	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
CONTROL VALVE	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
WASH BASKET	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				
COIL FILTER	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y				

BEST AVAILABLE COPY
CONDENSER TEMP LOG

PERC PURCHASES

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
6-5-98	43F	(Y) N
6-12-98	40F	(Y) N
6-14-98	38F	(Y) N
6-26	40F	(Y) N
		(Y) N

TOTAL FROM LAST MONTH		1950 GAL
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	12 MONTH RUNNING TOTAL
6-4-98	1950 GAL	39 GAL

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Bureau of Air Monitoring
& Mobile Sources

MONARCH CLEANERS
1382 HOWLAND BLVD #122
DELTONA, FL 32738

INSPECTIONS

INSPECTED	LEAKING?				DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	6-5	6-12	6-19	6-26			
HOSES	(N) Y	(N) Y	(N) Y	(N) Y			
DOOR	(N) Y	(N) Y	(N) Y	(N) Y			
PUMP	(N) Y	(N) Y	(N) Y	(N) Y			
SOLVENT TANK	(N) Y	(N) Y	(N) Y	(N) Y			
WATER SEPARATOR	(N) Y	(N) Y	(N) Y	(N) Y			
MUCK COOKER	(N) Y	(N) Y	(N) Y	(N) Y			
STILL	(N) Y	(N) Y	(N) Y	(N) Y			
EXHAUST DAMPER	(N) Y	(N) Y	(N) Y	(N) Y			
DIVERTER VALVE	(N) Y	(N) Y	(N) Y	(N) Y			
FILTER GASKET	(N) Y	(N) Y	(N) Y	(N) Y			
CARTRIDGE FILTER	(N) Y	(N) Y	(N) Y	(N) Y			

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
7-3-98	41 F	Y N
7-10-98	35 F	Y N
7-17-98	42 F	Y N
7-23-98	32 F	Y N
		Y N

TOTAL FROM LAST MONTH		12 MONTH RUNNING TOTAL
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		-
DATE	AMOUNT	
		39 Gp

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MONARCH CLEANERS
1382 HOWLAND BLVD #122
DELTONA, FL 32738

INSPECTIONS

INSPECTED	LEAKING?				DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	7-3	7-10	7-17	7-24			
HOSES	(N) Y	(N) Y	(N) Y	(N) Y			
DOOR	(N) Y	(N) Y	(N) Y	(N) Y			
PUMP	(N) Y	(N) Y	(N) Y	(N) Y			
SOLVENT TANK	(N) Y	(N) Y	(N) Y	(N) Y			
WATER SEPARATOR	(N) Y	(N) Y	(N) Y	(N) Y			
MUCK COOKER	(N) Y	(N) Y	(N) Y	(N) Y			
STILL	(N) Y	(N) Y	(N) Y	(N) Y			
EXHAUST DAMPER	(N) Y	(N) Y	(N) Y	(N) Y			
DIVERTER VALVE	(N) Y	(N) Y	(N) Y	(N) Y			
FILTER GASKET	(N) Y	(N) Y	(N) Y	(N) Y			
CARTRIDGE FILTER	(N) Y	(N) Y	(N) Y	(N) Y			

02/21/1997 02:35

4072490197

MONARCH PAINTING

PAGE 02

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Bureau of Air Monitoring & Mobile Sources

DRY CLEANERS & LAUNDRY SUPPLY
2421 SILVER METEOR DRIVE
ORLANDO, FL 32804
407-299-9453

ORDER NUMBER: 071142

ORDER DATE: 06/04/98

SOLD TO: MONARCH DRY CLEANERS
1382 HOWLAND BLVD.
SUITE 122
DELTONA FL 32738

SHIP TO: MONARCH DRY CLEANERS
1382 HOWLAND BLVD.
SUITE 122
DELTONA FL 32738

SHIP VIA
OUR TRUCK

FOB

P.O. #

TERMS
Net 30 days

SN
08

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON
TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

#	ORDERED	SHIPPED	BACKORD	H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT	PRC	EXTENSIO
1)	19.50	19.50	0.00	**	Gal	PERK	Perchloroethylene/1 CAREFILL Tetrachlorethylene, OSM-A, UN1897 Emergency Phone # 316-524-5751	7.50		146.2

*****WE NOW ACCEPT*****
AMERICAN EXPRESS, MASTER CARD AND VISA

Mariel Rodriguez
Signature Date:

TOTAL	1	1	DISCOUNT	FREIGHT	SALES TAX	FED TAX	ENVIR TAX	ADF TAX	TOTAL
46.25	0	0	0.00	0.00	8.78	15	97.50	0.00	253.68

24 HOUR EMERGENCY NUMBER

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UNIT PRODUCT DESCRIPTION

UNIT PRC EXTENSIC

1)	19.50	19.50	0.00	** Gal PERK	Perchloroethylene, 1 CAREFILL	7.50	146.2
					Tetrachlorethylene, ORM-A, UN1897		
					Emergency Phone # 316-524-5751		

RECEIVED

AUG - 6 1998

Bureau of Air Monitoring & Mobile Sources

PAID

4-30-98

*****WE NOW ACCEPT*****
AMERICAN EXPRESS, MASTERCARD AND VISA

Signature

Date:

BTOTAL	146.25	DISCOUNT	0.00	FREIGHT	0.00	SALES TAX	8.78	PERC TAX	1.15	ENVRN TAX	97.50	ADJ TAX	0.00	TOTAL	253.68
--------	--------	----------	------	---------	------	-----------	------	----------	------	-----------	-------	---------	------	-------	--------

24 HOUR EMERGENCY NUMBER

STOCK # 98138 2661/13/98

PHONE 316

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 2-2-00
BY RE

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

Mail Calendar

AIRS ID#: 1270145 DATE: 2-1-00 TIME IN: 10:00 TIME OUT: 10:30
 FACILITY NAME: Monarch Cleaners
 FACILITY LOCATION: 1382 Howland Blvd.
Deltona, FL 32738
 RESPONSIBLE OFFICIAL: Edwin Candeleria PHONE: 407-574-5580
 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

<p>A.</p> <p>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)</p> <p>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)</p> <p>5. This is a correct facility classification <input checked="" type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> Can not determine</p>	<p>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)</p> <p>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)</p>
--	---

Bureau of Air Monitoring
& Mobile Sources

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MAR - 2 2000

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 43 gallons.

Jan = 14.5
 Apr = 19.5
 June = 14.6
 Aug = 19.5
 Nov = 5
 Dec = 5
 Jan. 2000

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; 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)

2-2-200
Date of Inspection

Rdall C
Inspector's Signature

2-2001
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional site information.

1270145

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: Manarch Cleaners DATE: 2-2-00
 FACILITY LOCATION: 1382 Howland Blvd,
Deltona, FL 32738

Annual Reporting Period: February 1999 TO February 1900

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: Edwin Canchero Edwin Canchero 2-2-2000
 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>10:00</u>	TIME OUT: <u>10:30</u>	AIRS ID#: <u>1270145</u>
TYPE OF FACILITY: <u>Dry Cleaning</u>		
FACILITY NAME: <u>Monarch Cleaners</u>		DATE: <u>2-2-2000</u>
FACILITY LOCATION: <u>1382 Howland Blvd.</u> <u>Deltona, FL 32738</u>		
RESPONSIBLE OFFICIAL: <u>Edwin Landeleira</u>		PHONE NUMBER: <u>407-574-5580</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: 2-2000 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-843-3333

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE: 8-23-99
BY: RC

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>1270145</u>	DATE:	<u>8/24/99</u>	TIME IN:	<u>9:30am</u>	TIME OUT:	<u>10:00am</u>	
FACILITY NAME:	<u>Monarch Cleaners</u>							
FACILITY LOCATION:	<u>1382 Howland Blvd. Deltona, FL 32738</u>							
RESPONSIBLE OFFICIAL:	<u>Edwin Candeleria</u>	PHONE:	<u>407-574-5580</u>					
CONTACT NAME:	_____						PHONE:	_____

PART I: NOTIFICATION

- (check appropriate box)
- | | |
|---|--------------------------|
| 1. New facility notified DARM 30 days prior to startup | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

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SEP - 1 1999
Bureau of Air Monitoring
& Mobile Sources

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 N Can not determine

If no, please check the appropriate classification:

<input type="checkbox"/>	facility qualified for a general permit as number _____ above
<input type="checkbox"/>	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 100 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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; 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:
- 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)

8-23-99
 Date of Inspection

[Handwritten Signature]
 Inspector's Signature

8-2000
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Monarch Cleaners DATE: 8-23-99
 FACILITY LOCATION: 1382 Howland Blvd.
Deltona, FL 32738

Annual Reporting Period: August 1998 TO August 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: Edwin Candelaria [Signature] 8-23-99
 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: <u>9:30am</u>	TIME OUT: <u>10:00am</u>	AIRS ID#: <u>1270145</u>
TYPE OF FACILITY: <u>Dry Clean</u>		
FACILITY NAME: <u>Monarch Cleaners</u>		DATE: <u>8-23-99</u>
FACILITY LOCATION: <u>1382 Howland Blvd. Peltona, FL 32738</u>		
RESPONSIBLE OFFICIAL: <u>Edwin Candalaria</u>		PHONE NUMBER: <u>407-574-5530</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: 8-2000 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (407) 893-333

Y2K Questions for Inspectors

Inspectors, during normal visits/inspections of regulated facilities, need to verify that the facility is Y2K ready vis a vis environmental concerns. The following questions should be asked:

1. Are you aware of any potential Y2K problems? *NO*
2. What have you done to prepare for Y2K? *N/A*
3. Are your computer systems and equipment with embedded chips Y2K compliant? *N/A*
4. If not, what are you plans to correct Y2K problems? *N/A*

We need to track those facilities that will not be Y2K ready and whose lack of readiness will impact the environment. While the number of such facility is anticipated to be minimal, the name of the facility, a brief description of the potential Y2K problem and the planned corrective action is needed. Each Program should establish a "data base" for this information.

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

7000 0600 0026 4128 8864

Postage	\$	Postmark Here <i>new 03</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Recip: 10 AIRS ID # 1270145001AG Street: EDWIN CANDELARIA MONARCH DRY CLEANERS City: 1382 HOWLAND BLVD DELTONA FL 32738		

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 # 1270145001AG
 EDWIN CANDELARIA
 MONARCH DRY CLEANERS
 1382 HOWLAND BLVD
 DELTONA FL 32738

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature 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

2. Article Number *(Copy from service label)*

7000 0600 0026 4128 8864

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

5510

5521



Rt. #
Carr. Init
Date 7-0-00 0600 0026 4128 8864

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed-No Order
- Returned For Better Address
- Postage Due _____



RECEIVED
JAN 02 2002
Bureau of Air Monitoring
& Mobile Sources

12-18
FIRST NOTICE
12-21
SECOND NOTICE

10 AIRS ID # 1270145001AG
EDWIN CANDELARIA
MONARCH DRY CLEANERS
1382 HOWLAND BLVD
DELTONA FL 32738

Z 333 613 455 1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 1270145

MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

PS Form 3800, April 1995

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	

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 # 1270145

MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

4a. Article Number
7333613455

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2-13-99

5. Received By: (Print Name)
Arelis Rodriguez

6. Signature: (Addressee or Agent)
(X) Arelis Rodriguez

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

Thank you for using Return Receipt Service.

Z 333 667 264

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (*See reverse*)
AIRS ID # 1270145

MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

PS Form 3800, April 1995

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	

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 # 1270145
MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

COMPLETE THIS SECTION ON DELIVERY

A. Received by (*Please Print Clearly*) B. Date of Delivery
maribel Rodriguez 2-12-0

C. Signature
x Maribel Rodriguez 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

2. Article Number (*Copy from service label*)

Z333 667 264

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

7000 0520 0020 9373 2224

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

^ AIRS ID # 1270145

R MONARCH DRY CLEANERS
EDWIN CANDELARIA
St 1382 HOWLAND BLVD
DELTONA FL
Fl 32738

PS Form 3800, February 2000 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <i>GEORGE RODRIGUEZ</i>	B. Date of Delivery <i>2-9-02</i>
1. Article Addressed to:		C. Signature <i>G. Rodriguez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<p style="text-align: center;">AIRS ID # 1270145 MONARCH DRY CLEANERS EDWIN CANDELARIA 1382 HOWLAND BLVD DELTONA FL 32738</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number, (Copy from service label) <i>7000 0520 0020 9373 2224</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, July 1999		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-00-M-0952	

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

7000 0600 0026 4125 8904

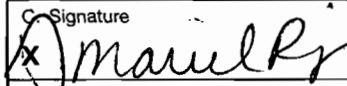
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 1270145

MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA FL 32738

Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 3-5-01
	C. Signature 	
1. Article Addressed to: <p style="text-align: right;">AIRS ID # 1270145</p> MONARCH DRY CLEANERS EDWIN CANDELARIA 1382 HOWLAND BLVD DELTONA FL 32738	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) 7000 0600 0026 4125 8904		

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

7000 0600 0026 7825 5655

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

Postmark
Here

MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA FL 32738

AIRS ID # 1270145

Use for Instructions.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1270145
 MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA FL 32738

COMPLETE THIS SECTION ON DELIVERY

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

GEORGE RODRIGUEZ 2-9-01

C. Signature

X *M. A. Rodriguez*

- 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

2. Article Number (Copy from service label)

7000 0600 0026 7825 5655

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
(Here)

AIRS ID # 1270145

Sent To
 MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA, FL 32738

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

#1270145

PS Form 3800, June 2002

6984 4410 4000 0050 8002

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:

MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA, FL 32738

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent
 Addressee

B. Received by (*Printed Name*)
 GEORGE RODRIGUEZ

C. Date of Delivery
 4-5-09

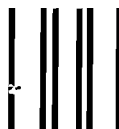
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (*Extra Fee*) Yes

7003 0500 0004 0144 4893

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

APR 7 2004

RECEIVED



7003 0500 0004 0144 4473

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

[Handwritten Signature]
Postmark Here

Total Po ID# 1270145
 EDWIN CANDELARIA
 Sent To MONARCH DRY CLEANERS
 Street, Ap. 1382 HOWLAND BLVD
 or PO Box DELTONA, FL 32738
 City, State

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

ID# 1270145
 EDWIN CANDELARIA
 MONARCH DRY CLEANERS
 1382 HOWLAND BLVD
 DELTONA, FL 32738

2. Article Number (Transfer)

7003 0500 0004 0144 4473

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *George P. ...* C. Date of Delivery *2-6-04*

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 Motion
& Mobile Sources

FEB 9 2004

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

6888 80TE E100 029T 0002

OFFICIAL USE

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

02nd
 3rd
 [Signature]
 Postmark Here

Total Post: AIRS ID#1270145

Sent To **MONARCH DRY CLEANERS**
EDWIN CANDELARIA
 Street, Apt. / **1382 HOWLAND BLVD**
DELTONA FL
 City, State, Z **32738**

PS Form 3800, May 2000

See Reverse for Instructions

SENDER:

- 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#1270145
MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL
32738

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

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

ACTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

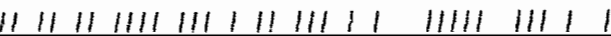
B. Received by (Printed Name) **GEORGE RODRIGUEZ** C. Date of Delivery **5/10/03**

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

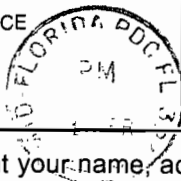
70001331038889



Domestic Return 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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 10810
2600 CLEAR WATERS ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 15 2003

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark Here

AIRS ID # 1270145

EDWIN CANDELARIA
 MONARCH DRY CLEANERS
 1382 HOWLAND BLVD
 DELTONA, FL 32738

PS Form 3811, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9690

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 # 1270145

EDWIN CANDELARIA
 MONARCH DRY CLEANERS
 1382 HOWLAND BLVD
 DELTONA, FL 32738

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Manuel Rodriguez* Agent Addressee

B. Received by (*Printed Name*) C. Date of Delivery
Manuel Rodriguez 5/6/01

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

7003 0500 0004 0144 9690

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
& Media Sources

MAR 8 2004

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01



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

OFFICIAL USE

7001 0320 0001 7975 9982

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

Postmark
Here

AIRS ID # 1270145

MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA FL
 32738

PS Form 3800, January 2001

See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1270145
 MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA FL
 32738

COMPLETE THIS SECTION ON DELIVERY

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

Robin Schuyler *4-8-02*

C. Signature

x Robin Schuyler 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

7001 0320 0001 7975 9982

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

OFFICIAL USE

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

AIRS ID#1270145

Total Postage **MONARCH DRY CLEANERS**

Sent To **EDWIN CANDELARIA**
1382 HOWLAND BLVD
 Street, Apt. No.,
 or PO Box No. **DELTONA FL**
32738
 City, State, ZIP+

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0001 7976 6492

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#1270145

MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL
32738

2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 6492

COMPLETE THIS SECTION ON DELIVERY

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

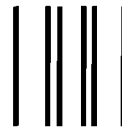
C. Signature Agent
 Addressee

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

MAR 12 2003

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392272

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 # 1270145
MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

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

RECEIVED
MAIL ROOM
FEB 19 00



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.

416812 MAY21 2002

TOTAL AMOUNT DUE: \$75.00



Bureau of Air Monitoring
& Mobile Sources

MAY 23 2002

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Do NOT Remove Label

AIRS ID # 1270145
MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

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

Printed on recycled paper.

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

OFFICIAL USE

7001 0320 0001 7975 9418

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

Postmark
Here

Tr AIRS ID # 1270145
 Se. MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 St. 1382 HOWLAND BLVD
 or DELTONA FL
 Ci. 32738

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 # 1270145
 MONARCH DRY CLEANERS
 EDWIN CANDELARIA
 1382 HOWLAND BLVD
 DELTONA FL 32738

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 4-4-02
C. Signature X <i>J. P. [Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from Item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 0320 0001 7975 9418



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406821 MAR 5 2001 *ps*

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

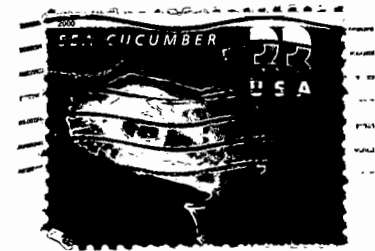
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1270145
MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

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

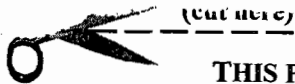
MONARCH CLEANERS
1382 HOWLAND BLVD #122
DELTONA, FL 32738



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

3231543070





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360913

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

RECEIVED
MAIL ROOM

FEB 18 99

Do **NOT** Remove Label

AIRS ID # 1270145

MONARCH DRY CLEANERS
EDWIN CANDELARIA
1382 HOWLAND BLVD
DELTONA FL 32738

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