

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 14, 2001

Mr. Arnaldo Reyes
Rainbow Cleaners
14152 Bossy Creek Road
Orlando, Florida 32824

Re: Facility No.: 0950363-002

Dear Mr. Reyes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 5, 2001.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

Butler, Rick

From: Parker, John [John.Parker@ocfl.net]
Sent: Monday, July 08, 2002 2:45 PM
To: Bowman, Sandy
Cc: Butler, Rick
Subject: Palm Beach Cleaners / Rainbow cleaners

Hi Sandy:

** file*

FYI: Palm Beach Cleaners, airs #: 0951159 located at 7305 W. Colonial Drive, Orlando, FL is currently out of business. In a separate matter, I spoke with Arnaldo Reyes from Rainbow Cleaners, airs # 0950363, He was away on business for a few weeks and claims he never got any letters to maintain his Title V GP. He said "send me another letter and I'll pay the fee".

Let me know if I can be of further assistance.

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

*sent late invoice to facility address
7/8/2002.*

ASCP

ARMS 3-28-01

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 24 2001

AIRS ID#: 0950363 DATE: 3-28-01 TIME IN: 10:33 TIME OUT: 11:08

FACILITY NAME: Rainbow Cleaners

FACILITY LOCATION: 672 S. Goldenrod Rd.
Orlando, FL 32822

RESPONSIBLE OFFICIAL: Arnaldo Reyes PHONE: 407-282-5597

CONTACT NAME: Arnaldo Reyes Jr. PHONE: 407-282-5597

PART I: NOTIFICATION

(check appropriate box)

	Facility Compliance Status:	IN	<input checked="" type="checkbox"/>
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>	(ARMS Data)	MNC <input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>		SNC <input type="checkbox"/>

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

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

If no, please check the appropriate classification:

<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 117 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input 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 type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input 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 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 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 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 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

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

Ilka Bundy
Inspector's Name (Please Print)

3-28-01
Date of Inspection

Ilka Bundy
Inspector's Signature

3-28-02
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

11-7-00	² 19.5
<hr/>	
1-2-01	19.5
2-20-01	19.5
<hr/>	
	58.5

7-25-00	39.0
5-5-00	19.5
5-1-00	19.5

¹ 97.5
19.5
<hr/>
116.0

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>1033</u>	TIME OUT: <u>1100</u>	AIRS ID#: <u>0950363-002</u>
TYPE OF FACILITY: <u>Dry Cleaner</u>		
FACILITY NAME: <u>Rainbow Cleaners</u>		DATE: <u>3-28-01</u>
FACILITY LOCATION: <u>672 S. Goldenrod Rd.</u> <u>Orlando, FL 32822</u>		
RESPONSIBLE OFFICIAL: <u>Arnaldo Reyes</u>		PHONE NUMBER: <u>407-282-5597</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:
Facility in compliance,

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

DATE OF NEXT INSPECTION: 3-28-02
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please print)

INSPECTOR'S SIGNATURE: Ilka Bundy **PHONE NUMBER:** 407-836-1400

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB - 5 2001
Bureau of Air Monitoring
& Mobile Sources
Actually received
2001
Jb

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Rainbow Cleaners "L.L.C."		
2. Site Name (For example, plant name or number):	Rainbow Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 981 027 998		
4. Facility Location: Rainbow Cleaners Street Address: 6725. Goldenrod Rd. City: Orlando County: Orange Zip Code: 32822			
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950363-002		

Responsible Official

6. Name and Title of Responsible Official: Name: Arnaldo Reyes Title: Owner			
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 14152 Bossy Creek Rd. City: Orlando County: Orange Zip Code: 32824			
8. Responsible Official Telephone Number: Telephone: (407) 888-2294 Fax: (407) 251-9319			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Arnaldo Reyes Jr. plant manager			
10. Facility Contact Address: Street Address: 14152 B Bossy Creek Rd. City: Orlando County: Orange Zip Code: 32824			
11. Facility Contact Telephone Number: Telephone: (407) 816-9519 Fax: (N/A)			

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1984</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>Same</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

- > Small Area Source
 Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 Transfer only on-site (used less than 200 gallons of perc per year)
 Both machine types on-site (used less than 140 gallons of perc per year)

- Large Area Source
 Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

- | | |
|---|---|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| > (NONE REQUIRED) <input checked="" type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input type="checkbox"/> | |

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 (see attached memo for the criteria).

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

- How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP 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.

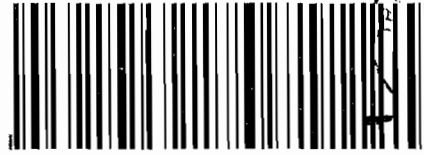
ARNALDO BEYES
Print name of responsible official


Signature

1/25/01
Date

RAINBOW CLEANERS, "I.L.C."
672 GOLDENRUND ROAD
ORLANDO FL 32824

CERTIFIED MAIL

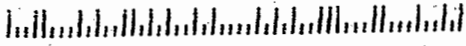


7000 1670 0010 8539 2201

A. Lab

RETURN RECEIPT
REQUESTED

GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND
MOBILE SOURCES, M-5-5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE
TALLAHASSEE, FL 32399-2400

32399/2400 



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02

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#0950363
RAINBOW CLEANERS
ARNALDO REYES
14152 BOGGY CREEK ROAD
ORLANDO FL
32824

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

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)		

Postmark
Here

Total Postage ID# 950363

Sent To **ARNALDO REYES**

RAINBOW CLEANERS

Street, Apt. 1 or PO Box N **672 GOLDENROD ROAD**

City, State, Z **ORLANDO, FL 32807**

PS Form 3800

7003 2260 0003 5650 8762

Lillian Reyes

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# 950363

ARNALDO REYES

RAINBOW CLEANERS

672 GOLDENROD ROAD

ORLANDO, FL 32807

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Lillian Reyes Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Lillian Reyes *2/9/14*

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

S
x 22

2. Article Number (Transfer from service label) 7003 2260 0003 5650 8762

PS Form 3811 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

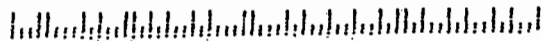
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air
& Mobile Sources

FEB 12 2010

RECEIVED



5510

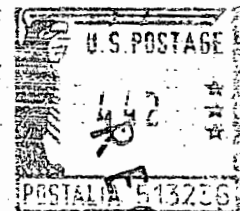
5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7001 0320 0001 7976 5563



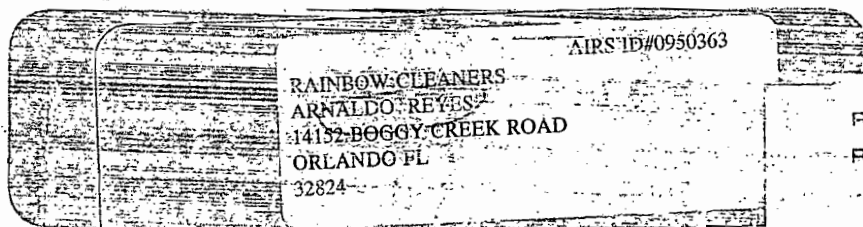
AC5521

BANMS/BCD
JOEY ROBERTS
5510

REYE 152

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 15 2003



REYE152 X328242094 1A01 15 04/12/03
RETURN TO SENDER
REYES
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
RETURN TO SENDER

32824+8995 14

32824+8995 14

PLACE STICKER ABOVE ENVELOPE OR THE FRONT OF THE RETURN ADDRESS LABEL

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#0950363

RAINBOW CLEANERS
ARNALDO REYES
14152 BOGGY CREEK ROAD
ORLANDO FL
32824

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

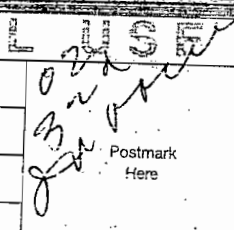
2. Article Number **7001 0320 0001 7976 5563**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7001 0320 0001 7976 5563

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		

AIRS ID#0950363

To
 RAINBOW CLEANERS
 or ARNALDO REYES
 14152 BOGGY CREEK ROAD
 ORLANDO FL
 32824

5510

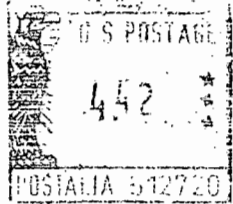
5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7001 0320 0001 7976 3613



FWD

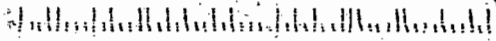
REYES 152
*No longer
the
forward*

RAINFLOW CLEANERS
ARNALDO REYES
14152 BOGGY CREEK ROAD
ORLANDO FL
32824
AIRS ID#0950363

Bureau of Air Monitoring
& Mobile Source Control

RECEIVED
MAR 20 2005

REYES 152 330242025 1A00
REYES
RETURN TO SENDER
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER



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#0950363

RAINBOW CLEANERS
 ARNALDO REYES
 14152 BOGGY CREEK ROAD
 ORLANDO FL
 32824

2. Article No.

7001 0320 0001 7976 3613

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Po

AIRS ID#0950363

Sent To RAINBOW CLEANERS
 ARNALDO REYES
 Street, Apt 14152 BOGGY CREEK ROAD
 or PO Box ORLANDO FL
 City, State 32824

Official Use
M. J. ...
 Postmark Here

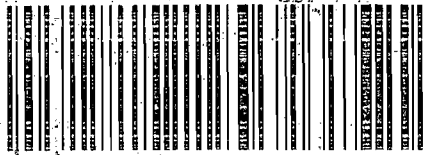
7001 0320 0001 7976 3613

PS Form 3811, July 1999 See Reverse for Instructions

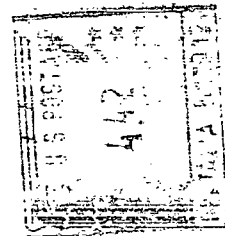
MS# 6310 MC Acct # 5724

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL

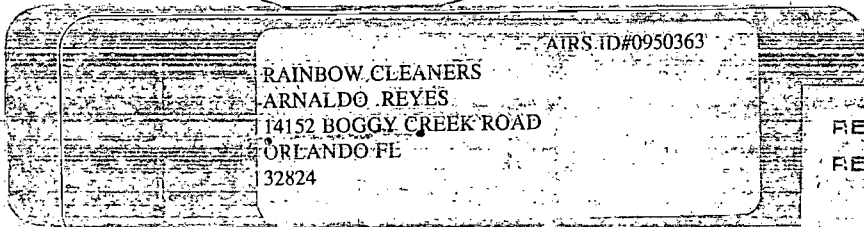


7001 0320 0001 7975 7636



REYES

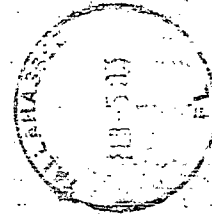
FC



Bureau of Air Mail
& Mobile Sources

FEB 11 2003

RECEIVED



REYES152 20030211 1430 1A01 31 02/08/03
REYES
MOVED LEFT NO ADDRESS
USABLE TO FORWARD
RETURN TO SENDER

2222418985 14

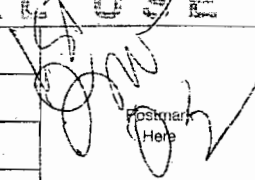
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0950363</p> <p>RAINBOW CLEANERS ARNALDO REYES 14152 BOGGY CREEK ROAD ORLANDO FL 32824</p>	<p>B. Received by (<i>Printed Name</i>)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><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.</p>	
	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>7001 0320 0001 7975 7636</p>		

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

7001 0320 0001 7975 7636

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID#0950363
<p>Sent To RAINBOW CLEANERS ARNALDO REYES Street, Apt. No. 14152 BOGGY CREEK ROAD of PO Box No. ORLANDO FL City, State, ZIP 32824</p>	
<p>PS Form 3811, January 2001</p>	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

0950363

MR Arnaldo Reyes
672 Goldenrod Rd
Orlando FL 32807

DDN
431266
992266

431266 JUL 21 2003

Bureau of Air Mo. & Mobile Sources
JUL 24 2003
RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 21
Fund: 20-2-035001
Obj.: 002273

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
7000 0600 0026 4128 9106	
Postage \$	Postmark Here <i>2001 2002 JAN 20</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Recipient's Name (Please Print Clearly) (to be completed by mailer) <i>Arnaldo Reyes</i>	
Street, Apt. No., or PO Box No. <i>672 Goldenrod Rd</i>	
City, State, ZIP+4 <i>Orlando FL 32807</i>	
PS Form 3800, February 2000 See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	
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. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Mr Arnaldo Reyes 672 Goldenrod Rd Orlando FL 32807</i>	B. Received by (Printed Name) <i>Arnaldo Reyes</i>
	C. Date of Delivery <i>7-14-3</i>
2. Article Number (Transfer from service label)	<input checked="" type="checkbox"/> 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.
7000 0600 0026 4128 9106	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

UNITED STATES POSTAL SERVICE

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

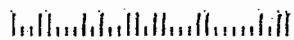
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUL 25 2003

RECEIVED



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

OFFICIAL USE

7001 0320 0001 7976 2654

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Airs ID# 0950363-002		
Sent To	Rainbow Cleaners	
Street, or PO B	Mr. Arnaldo Reyes	
City, St	672 South Goldenrod Road	
	Orlando, Florida 32807	
PS Form		Instructions

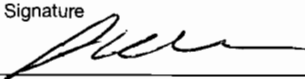
SENDER: COMPLETE THIS SECTION

- 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# 0950363-002
 Rainbow Cleaners
 Mr. Arnaldo Reyes
 672 South Goldenrod Road
 Orlando, Florida 32807

COMPLETE THIS SECTION ON DELIVERY

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
C. Signature	
X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	

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

7001 0320 0001 7976 2654

UNITED STATES POSTAL SERVICE



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

RECEIVED
JUL 15 2002
Bureau of Air Monitoring
Mobile Sources
Sender: Please print your name, address, and ZIP+4 in this box •

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





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: \$75.00

Do **NOT** Remove Label

Airs ID# 0950363-002
Rainbow Cleaners
Mr. Arnaldo Reyes
672 South Goldenrod Road
Orlando, Florida 32807

418010 JUL 26 2002
Bureau of Air Monitoring
& Mobile Sources
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 1
Fund: 20-2035001
Obj.: 002273

RECEIVED
JUL 26 2002

Printed on recycled paper.

BEST AVAILABLE COPY

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.

436166 FEB 9 2004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

950363

ARNALDO REYES,
RAINBOW CLEANERS
672 GOLDENROD ROAD
ORLANDO FL 32807

RECEIVED
FEB 13 2004
Bureau of Air Monitoring
& Mobile Sources

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

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

7001 0320 0001 7976 1947

OFFICIAL USE

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

AIRS ID # 0950363

Total Postage: RAINBOW CLEANERS

Sent To: ARNALDO REYES
14152 BOGGY CREEK ROAD
Street, Apt. N or PO Box No: ORLANDO FL
City, State, Zip: 32824

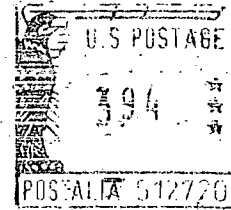
MS# 5516 MC Acct # 5521

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7975 8305

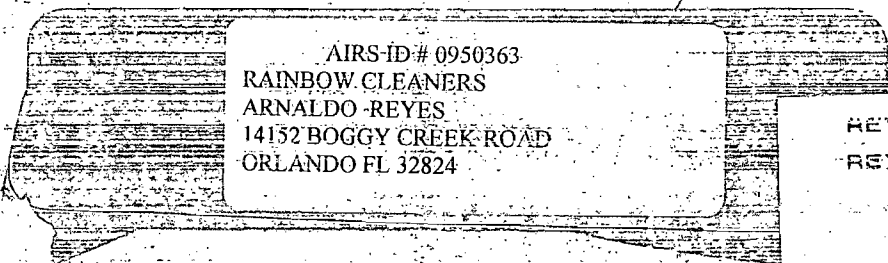


REYES

Bureau of Air Monitoring
& Mobile Sources

APR 9 2002

DELIVER



AIRS ID # 0950363
RAINBOW CLEANERS
ARNALDO REYES
14152 BOGGY CREEK ROAD
ORLANDO FL 32824

REYES
REYES
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

32824-8993 1A

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 # 0950363
 RAINBOW CLEANERS
 ARNALDO REYES
 14152 BOGGY CREEK ROAD
 ORLANDO FL 32824

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
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) Yes

7001 0320 0001 7975 8305

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7001 0320 0001 7975 8305

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	AIRS ID # 0950363
Sent To	RAINBOW CLEANERS
Street or PO	ARNALDO REYES
City, S	14152 BOGGY CREEK ROAD
	ORLANDO FL
	32824
PS Form 3800, January 2001. See Reverse for Instructions.	

MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399

RECEIVED
FEB 19 2002
Bureau of Air Management
12 Michelle Scales

RECEIVED
FEB 19 2002
DIVISION OF AIR
RESOURCES MANAGEMENT

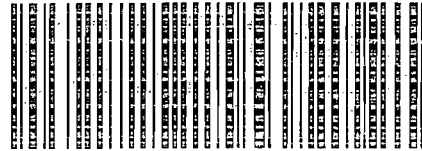
AIRS ID# 0950363

RAINBOW CLEANERS
ARNALDO REYES
14152 BOGGY CREEK ROAD
ORLANDO FL
32824

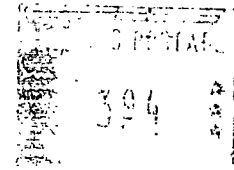
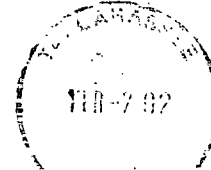
32824+8385 14

POSTAGE WILL BE PAID BY ADDRESSEE

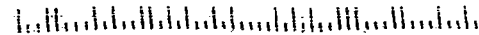
CERTIFIED MAIL



7000 0520 0020 9373 1326



REYES 328242028 1A01 32 02/15/02
RETURN TO SENDER
REYES MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER



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 # 0950363
 RAINBOW CLEANERS
 ARNALDO REYES
 14152 BOGGY CREEK ROAD
 ORLANDO FL
 32824

2. Article Number (Copy from service label)

7000 0520 0020 9373 1326

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

<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

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

AIRS ID # 0950363

RAINBOW CLEANERS
 ARNALDO REYES
 14152 BOGGY CREEK ROAD
 ORLANDO FL
 32824

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

Postmark Here

by mailer)

7000 0520 0020 9373 1326

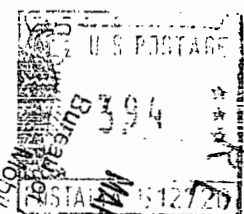
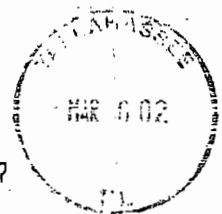
HERNIMEDIAVAL

MS# 310 MC Acct # 8721

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7976 1947



Bureau of Air Monitoring
Mobile Sources

MAR 21 2002

RECEIVED

REYE



AIRS ID # 0950363
RAINBOW CLEANERS
ARNALDO REYES
14152 BOGGY CREEK ROAD
ORLANDO FL
32824

REYE152 328242028 1A01 29 03/19/02
RETURN TO SENDER
REYES
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

32824+8993 14

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 # 0950363
 RAINBOW CLEANERS
 ARNALDO REYES
 14152 BOGGY CREEK ROAD
 ORLANDO FL
 32824

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

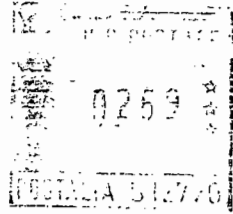
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from sender label)
 7001 0320 0001 7976 1947

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



RETURN SERVICE REQUESTED

AIRS ID # 0950363
RAINBOW CLEANERS
ARNALDO REYES
14152 BOGGY CREEK ROAD
ORLANDO, FL
32824

REYES 328242010 1A01 06 12/17/01
RETURN TO SENDER

REYES MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

