

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):				
	Morarch Vry Cleaners Site Name (For example, plant name or number):				
2.	Site Name (For example, plant name or number):				
	SAMP				
3.	Hazardous Waste Generator Identification Number:				
	127 984908202				
4.	Facility Location:				
	Facility Location: Street Address: 1382 Howland Blud City: Velfown County: Vol. Zip Code: 32738				
	City: Veltona County: Vol. Zip Code: 32738				
5	Facility Identification Number (DEP Use):				
	270/45				
	・ ・				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	Edwin Cantelania owens				
7	Responsible Official Mailing Address:				
7.	Organization/Firms				
	Street Address: SAME				
	City: Zip Code:				
_	· · · · · · · · · · · · · · · · · · ·				
8.	Responsible Official Telephone Number: Telephone: (49) 574-65530 Fax: ()				
	Telephone: (49) 574-6530 Fax: ()				
	Facility Contact (If different from Downwill Coffee)				
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):				
	Spale				
10.	Facility Contact Address:				
	Street Address: SAME				
	City: Zip Code:				
11.	Facility Contact Telephone Number:				
	Telephone: () -SAME Fax: () -				
	·				

RECEIVED

JAN 6 1998

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Rureau of Nir Manitorina

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(I) w/ ref. condenser	1	Tec 1983	Tec 93						
(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		1							
(8) w/ carbon adsorber								T	_
(9) w/ no controls				-				 	_
Reclaimer Unit			<u> </u>						
(10) w/ ref. condenser							l		
(11) w/carbon adsorber				_					
(12) w/ no controls				-				+	-
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ct one classifi	cation only.))	initions foun		3) of	Part II?	
_					· · · 		_		
Existing large ar	ea so	urce []	Ne	ew la	rge area soui	rce []		

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4. What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	Part II of this notification form?		
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 1 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment		
All steam and hot water generating units exempt No such units on-site			
Equipment Monitoring and Recordkeeping Inform	mation		
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:		
(a) Purchase receipts and solvent purchases	$oldsymbol{\omega}$		
(b) Leak detection inspection and repair	<u></u>		
(c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration monitoring			
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction plan	~		
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DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	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					
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
	4 (Excelled) 12-24-97					
Signature	Date					

AIRS_ID	OWNER	FIRST NAME	LAST NAME	ADDRESS	CITY	ZIP4	Comment
	0910062						
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		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
1170301	FIFTH AVENUE CLEANERS	SEAN	NICHOLS	801 W STATE ROAD 436 STE 1001	ALTAMONTE SPRINGS	32714	Facility was sold
1170391	THE THE AVENUE CLEANERS	JEAN	NOTIOLS	I STATE ROAD 430 STE 1001	ALTAMONTE SETTINGS	327 14	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
							I acility was sold

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION TO TO 12 2	*Executive Cleaners"
TOTORIERES FIOISZ	THE EXECUTIVE CITATIONS
AIRS ID#: 1270145 DATE: 1212	4/97 time in: 10:00 time out: 10:45
FACILITY NAME: Monarch D	ny cleaners
FACILITY LOCATION: 1382 +	toniand Blvd.
Delfon	
RESPONSIBLE OFFICIAL: Zawin C	andelaria PHONE: 407-574-553
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup 🖸
2. Facility failed to notify DARM to use general pe	ermit
<u></u>	
	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classifi facility qualified for a general facility exceeds above line B. The total quantity of perchloroethylene (perc) proposition of the perchloroe	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine cation: eneral permit as number above

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

A/ME NO YC

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?	De la companya de la	□N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	X 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?	X	□N □N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	X Y	ПN
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΠY	ON XV/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΟY.	⊠ N

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ЦY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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, sontraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair
	inspection?		,	NO YO
2.	Has the facility maintained a leak log?	,		SA DN
3.	Does the responsible official check the	following areas for leaks?	,	
	Hose connections, fittings,	-		
	couplings, and valves	$A'N \square N \square A'A$	Muck cookers	DY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	אומם מם אוא	Cartridge filter housings	DY ON ON/A
	Water separators	OY ON ON/A		·
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	s)	
	Physical detection (airflow felt th	hrough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ic tubes)	۵
	Halogen leak detector		•	
	If using direct-reading inst	rumentation, is the equip	ment:	□N/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear o	on a weekly basis?	ΩY ΩN
	d. Kept in a clean and	secure area when not in us	ee?	□Y □N
	e. Verified for accurac	y by use of duplicate sampl	les (calorimetric only)?	OY ON
		•		

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Spenser 15 16 Sufety clear
Sakety clear

TITLE V AIR QUALITY GENERAL PERMIT NEW OWNER acc INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10'00 TIME OUT: 10'45	AIRS ID#: 1270145
TYPE OF FACILITY: MONarch Dry Cleane	R Drycteaning
FACILITY NAME: 1382 Howland Blvd.	DATE: 12/24/97
FACILITY LOCATION: Deltona FL. 327:	30
	100 000
RESPONSIBLE OFFICIAL: Lawr Candela	Ma PHONE NUMBER: 407-574-353
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	ated during this inspection, the facility is found to be in ative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
COMMENTS: PEW DWNEY, prenior owner guidlines -	er explained
guallines -	- in anythera
The Annual Compliance Certification form has been properly certing.	97
INSPECTION CONDUCTED BY: AADIA	Sprdximate) SuktStt lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407 -843-333

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

dec	
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FACILITY NAME: MONorch Try FACILITY LOCATION: 1382 Houland	Cleavers	DA	TE: 12-24-97
FACILITY LOCATION: 1382 Houland	Blud Vel	town F/ 32	23 ₈
Annual Reporting Period: 3 HANZ	19 97 TO	Pec	19.97
Based on each term or condition of the Title V general a 52-213.300, Florida Administrative Code (F.A.C.), duri	•	÷	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has no	t been in continuous compliar	ce during the reporting p	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 no	ot been in continuous complian	nce during the reporting p	period stated above:
Exact period of non-compliance: from		RECE	IVED
Action(s) taken to achieve compliance:		JAN	6 1998
Method used to demonstrate compliance:		Bureau of	Air Monitoring le Sources
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and comple upon purchase receipts, does not exceed 2,100 gallons combination facilities. RESPONSIBLE OFFICIAL:	ete. Further, my annual consu	mption of perchtoroethyl	ene solvent, based

^{*}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

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V	/
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Revised 10/96

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 12:30 TIME OUT: 3:15	AIRS ID#: 1270145
TYPE OF FACILITY: Dryllenes	
FACILITY NAME: MONarch Geaner	DATE:
FACILITY LOCATION: 1382 HOW land Bl	272R
RESPONSIBLE OFFICIAL: Edwin Cardebr	ia PHONE NUMBER: 407-574-5530
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	Sur AUG CF 1 CF
	*Mosile So Moni.
	Tcg oring
	·
Spenser, dry todry (1516s), Safety Clean. 75gal/gr	
Safety Clean. 75gal/gr	offerc.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7/	99
INSPECTION CONDUCTED BY: (Ap) (P)	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 893-333-3

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTIO	COMPLAINT/DISCOVERY	
RE-INGLETIO	- P	- .
AIRS ID#: 1270145 DATE: 412899 FACILITY NAME: Movarch Clean	TIME IN: 2:30 TIME OUT: 3:15	
FACILITY LOCATION: 1382 How	land Blod. \$ 12 or 5	
Altma P	2. 30 130 Sun 130	
RESPONSIBLE OFFICIAL: 2 dwn C	andelera PHONE: 407-574 55708 1/15	
CONTACT NAME:	PHONE:	
		<u>-</u> 1
PART I: NOTIFICATION		
(check appropriate box)	urrup	
New facility notified DARM 30 days prior to sta Facility failed to notify DARM to use general personal		
2. Pacifity failed to flothly Drawn to the grant of		_!
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	No notification form Drop store/out of business/petroleum	
Facility indicated on notification form that it is:	O No notification form O Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,300 gal/yr both types, 140 \le x \le 1,300 gal/yr both types, 140 \le x \le 1,300 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,300 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \(\leq x \leq 2,100\) 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)	

PART III: GENERAL CONTROL REQUIREMENTS

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

I. Storing perchloroethylene in tightly sealed and impervious containers?

DY DN DENIA

CY CH ENA

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

ON ONA

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN XVIA

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?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

Y ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/oi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

□N □N/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

_					
Ī	3.	Has the responsible official of an existing large or new large area source also:		1	
]	l.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ďχ	
1	2.	Measured and recorded the washer exhaust temperature at the concenser inlet and outlet weekly?	ΩŸ	ПΝ	□N/A
		Is the temperature differential equal to or greater than 20° 7?	ΩY	ПИ	□N/¥
	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?	ΩY	ПN	□N/A
		Is the perc concentration equal to or less than 100 ppm?	ΩY	ZИ	□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?	['] QY		□N/A
	5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY	□N	□N/Ÿ
	6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) OX ON ONA 5. Maintained exhaust duct monitoring data on perc concentrations arphi6. Maintained startup/shutdown/maifunction plan? OF ON ONA 7. Maintained deviation reports? DY DN DNA Problem corrected? GY EN ONIA 8. Maintained compliance plan, if applicable?

part 3 side of Riggress VIII

PART VI: LEAK DETECTION AND REPAIRS

. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and regain					
inspection?		•	MD YD		
2. Has the facility maintained a leak log?		•	AGA GM		
3. Does the responsible official check the	following areas for leaks?	•			
Hose connections, fittings, couplings, and valves	אואם אם ציף	Muck cookers	QY QN QN/A		
Door gaskets and seating	אואם אם צף	Suils	OY ON ON/A		
Filter gaskets and seating	AND ND YA	Exhaust dampers	OY ON ONA		
Pumps	אואם אם אים	Diverter valves	OY ON ON/A		
Solvent tanks and containers	DA ON ONY	Cartridge filter housings	OY ON ON/A		
Water separators	AMD ND YD				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	solvent on exterior surface	ప)	9		
Physical detection (airflow felt through gaskets)					
Odor (nouceable perc odor)	Odor (noticeable perc odor)				
Use of direct-reading instrument	ation (FiD/PID/calorime:	ric tubes)	_a		
Halogen leak detector			<u>a</u>		
If using direct-reading inst	rumentation, is the equi	pment:	□N/A		
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN		
b. Calibrated against a (PD/FiD only)?	standard gas prior to and	after each use	OY ON		
c. Inspected for leaks a	ınd obvious signs of wear	on a weekly basis?	QY QN		
d. Kept in a clean and	secure area when not in t	ıse?	QY QN		
e. Verified for accurac	y by use of duplicate sam	pies (calorimetric only)?	OY ON		

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Spensor Dry-to-dry machine small = 15165

Sufetyclean picks uphazardus Waste Uses approx. Vogalfyr of perc.

did vot have condensates water collector covered, expained.

her pan for machine- Shared W/ lazarower waste pen. Obtainer Copy of records. IN COMPLIANCE BEST AVAILABLE COPY

DATE	VEMP	is temp less than or equal to 45 \(\text{7.2} \)?	
1-2-98	35 F	(Y) N	
1-9-8	39F	Ø N	
1-12	40F	(Y) N	
1-23	30F	(A) N	
1-29	42F	PEC	EIVED

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	DATE	AMOUNT	12 MONTH RUNNING TOTAL
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INSPECTIONS

Bureau of Air Monitoring MONARCH CLRANERS

Bureau of Air Monitoring MONARCH CLRANERS

DELTONA, FL 32738

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INSPECTED	Ĺ	DATE				DATE PARTS	DATE PARTS	DATE	
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WATER SEPARATOR	(N) Y	NY	C. Y	AY	(SO Y				
MUCK COOKER	OV	Y	(4)	(4) Y	NY				
STILL.	(K Y	NY	Ny	ATY	NY				
EXHAUST DAMPER	NY	62 V	N	NY	NY				
DIVERTER VALVE	N Y	N Y	RY	(N) Y	NY	ap en entre de debuty e de par Major e page e y a estado de la paparación de paga y a escar e pagay e			
FILTER GASKET	OY	W.		Ø V	NY	a non-magnification definition of all them to the second of the second o	***************************************		
CARTRIDGE FILTER	OY	16	WY	(N) Y	MY	eranna i valetja (), setta sepra di settativo a pettopo si tra pet un un seprandi peraperanti seprandi setta s	The series of the space of sample of same and the commitment was seen to as		

CONDENSER TEMP LOG

PERC PURCHASES

DATE	TEMP	Is temp less than or equal to 45° F_(7.2° C)?
26-98	40 F	(Y) N
2-13-98	41 F	Ƴ N
2-20-98	32F	N
2-27-98	30F	(Y) N
-		(I) EXC

TOTAL FR MO	0	
SUBTRACT PURCHAS MONTH L	-	
DATE	12 MONTH RUNNING TOTAL	
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INSPECTIONS

AUG Monitonian Monitonian Monitonian Monitonian Monitonian Monitonian Monitonian 1382 HOWLAND BLVD #122 DELTONA FL 32738

INSPECTED	NSPECTED DATE DATE PARTS 2-6 2-13 2-20 2-27 ORDERED				DATE PARTS	DATE PARTS	DATE		
			ORDERED	RECEIVED	REPAIRED				
HOSES	N Y	(X Y	T(N)	Y	YY	NY			
DOOR	W Y	QV Y	N	Y	Y Y	NY			
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SOLVENT TANK	O Y	(N Y	M	Y	NY	NY	and the second of the control of the		
WATER SEPARATOR	NY	N Y	M	Y	() Y	NY			
MUCK COOKER	NY	(N Y	N	Y	NY	NY			
STILL	(P) Y	(N Y	N	Ÿ	Y	NY			
EXHAUST DAMPER	(3) Y	W Y	TO	Y	YY	NY			
DIVERTER VALVE	NY	N Y	A	Y	Y	NY	an van terra vango yayang den av arang sa an arang and a sa an arang and a sa an arang arang and a sa an arang	Andrew Control of the	
FILTER GASKET	(Y	O Y	1	Y	N Y	NY			
CARTRIDGE FILTER	N Y	V Y	TO	Y	(Y	NY	1.00		

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MP le temp less than or equal to 45° F (7.2° C)? N

	TOTAL FROM LAST MONTH											
SUBTRACT PURCHAS MONTH L												
DATE												
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_	O Y	(N) Y	N Y	N Y	NY		<u> </u>	
	(3) Y	(N) Y	NY	NY	NY			
_	NY	(N) Y	(N) Y	N Y	NY			<u> </u>
	(N) Y	MY	N Y	(N) Y	NY	······································		
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CONDENSER TEMP LOG

DATE	ТЕМР	is temp less than or equal to 45° F (7.2° C)?
4-3-98	41F	(Y) N
4-1098	32 F	N (V)
4-1759	40F	N N
4-2499	30F	Ŷ N
		(Y) N

PERC PURCHASES

	ROM LAST			NOTES
PURCHA	T AMOUNT SED SAME LAST YEAR	-		
DATE	AMOUNT	12 MONTH RUNNING TOTAL		
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MONARCH 1382 HOWLA	CLEANERS ND SLVD \$122 FL 32738	Rurea Burea	Mobile Sou	orine

INSPECTIONS

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INSPECTED	-		;		D.	ATE	_		<u> </u>		DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
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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	and the second s	1	
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	M	Y	N	Y	N	Y			
DIVERTER 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	Ŷ	N	Y			

R TEMP LOG	PERC PURCHASES

 TEMP	is temp less than or equal to 45° E (7.2° C)?
38F	(V) N
 35F	Ø N
42F	Y N
408	(Ŷ N
418	N N

12 MONTH RUNNING TOTAL		NOTES
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RUNNING		

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MOMARCH CLEANERS 1382 HOWLAND BLVD #11 DELTONA, FL 32738 ONS

ECTED	LE	LEAKING? DATE											DATE PARTS	DATE PARTS	DATE
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	Q	Y	(Y	C	,	Y	B	Y	17	I	Υ			
	Q	Y	N	Y	T	,	Y	N	Y	17	V	Y	<u> </u>		
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	V	Y	N	Υ	T	Γ,	Ÿ	N	Y	17	N)	Y			
DAMPER	N	Y	N	Y	T(N	 	Y	N	Y	17	N	Y			
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ASKET	O	Y	0	Y	17		v 1	Ø	Y	17	Ŋ	Y			
JE FILTER	(N)	Y	0	Y	1		Y	N	Ÿ	1	n	Y			

BEST AVAILABLE COPY **SECONDENSER TEMP LOG**

PERC PURCHASES

DATE	TEMP	la temp less than ar equal to 45° F (7.2° C)?
6591	43F	W N
6-12-91	40F	$\bigcirc N$
61498	38F	W N
6-26	YUF	(V) N
		(Y) N

	ROM LAST	1950		NOTES
PURCHA	T AMOUNT SED SAME AST YEAR	-		
DATE	AMOUNT	12 MONTH RUNNING TOTAL		
6-4-98	1958	39GA1		NAMES OF THE PARTY
	The second secon	RECE!	VED	
		RECE,	6 1440	
PNARCH CLEA HOWLAND BLV ELTONA FL	NERS	Britesh W	6 13 Monito	5

INSPECTIONS

MONARCH CLEANERS 1382 HOWLAND BLVD #122

	LEAK	ING!			TONA FL			DATE
INSPECTED			DATE	<u> </u>		DATE PARTS	DATE FARTS	
	65	File	649	1626		ORDERED	RECEIVED	REPAIRED
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WATER SEPARATOR	XY	Y XA	NY	N Y	NY	hadi da man-manak-adapada maga angana nggamabilan ayang sa pang ki ang ili an ili an an man manada	of indicate the subtribulgation and unique random agramments to decrease. If all tages subtiges to these big.	
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EXHAUST DAMPER	N Y	NY	NY	NY	NY			
DIVERTER VALVE	X Y	NY	NY	(N) Y	NY		The state of the s	
FILTER GASKET		NY	NY	(N) Y	NY			
CARTRIDGE FILTER	B Y	(N) Y	NY	(N) Y	NY	Militarian - Aginalis de est desimble (1985), spilipe quality (n. 19 maner 1995), dependence de la messa (and the state of t	

DATE	TEMP	Is temp or eq 45° F (7	wil to
73-98	41F	Y	N
7-10-98	35F	Y	N
7-17-91	42.F	Y	N
7-2349	32F	Y	N
•		Y	N

	ROM LAST ONTH	1950		NOTES
PURCHA	T AMOUNT SED SAME LAST YEAR		-	
DATE	AMOUNT	12 MONTH RUNNING TOTAL		
	•	39Gp		
		-	17ED	<u> </u>
		RECY	61440	
MARCH CLEA HOWLAND BL ELTONA, FL 3	NERS VD #122	A	6 6 MAN	uces

INSPECTIONS

	LEAKING?													
INSPECTED	DATE											DATE PARTS	DATE PARTS	DATE
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DOOR	(N) Y		Œ	Y	A	Y	TC	K	Y	N	Y			
PUMP	N Y	7	N	Y	N	Y	TO	Ų,	7	N	Y			
SOLVENT TANK	(N) Y	1	W	Y	A	Y	TA	V	Y	N	Y			
WATER SEPARATOR	(N) Y		(X)	Y	D	Y	TO	7	Y	N	Y			
MUCK COOKER	(1) Y	7	N	Y	M	, Y	10	Y	7	N	Y			
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EXHAUST DAMPER	(B) Y	T	N	Y	N	Y	14	V	Y	N	Y			
DIVERTER VALVE	N Y	1	Ø	Y	1	Y	10	人	7	N	Y			
FILTER GASKET	(B) Y	7	19	Y	N	Y	Te	7	Y	N	Y			
CARTRIDGE FILTER	NY	7	N	Y	M	Y	1/1	3	Y	N	Y			

02/21/1997 02:35

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MORGIPAINTING

DRY CLEANERS & LAUNDRY SUPPLY 2421 SILVER MEYEOR DRIVE ORLANDO, TL 32804 407-299-9453

Bureau of Air Monitoring & Mobile Sources

CONDER NUMBER: 071142

CHORR DATE: 06/04/98

MONARCH DRY CLEANERS SOLD TO:

1382 HOWLAND BLVD.

SUITE 122

DELTONA

FL 32738

SHIF TO: NOMARCH DRY CLEANERS

1382 HOMLAND BLVD.

SUITE 122

DELTYNA

PL 32738

SHIP VIA

FOB

P.O. .

Not 30 days

OUR TRUCK

TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON

CRDERED SHIPPED BACKORD H/H UNIT PRODUCT # DESCRIPTION

UNIT PRC

EXTENSIO

19.50 0.00 ** Gal PERK Perchiorethyene/l CAREFILL

7.50

Tetrachlorethylene, CRM-A, UN1897 Emergency Phone # 316-524-5751

PRESENTANTAL NON ACCEPTANTALE PROPERTY MERICAN EXPRESS, MASTER CARD AND VISA

DISCOUNT 0.00

SALES TAX FREIGHT

ADF TAX 0.00

TOTAL 253.68

AVAILABLE COPY WHEN THE THE THOOUT UNIT PRC EXTENSIO Tetrachlorethylene, ORM-A, UN1897 19.50 0.00 ** Gal PERK 7.50 146.2 Emergency Phone # 316-524-5751 RECEIVED BUG - 6 JUAN Bureau of Air Monitoring & Mobile Sources **WE NOW MCCEPT*** MERICAN EXPRESS, SINSTER CARD AND VISA Signature-Date: . FREIGHT SALES TAY PERC TAX TOTAL BTOTAL DISCOUNT AUF TAX 0.00 0.00 0.00 8.78 1.15 253.68 24 HOUR EMERGENCY NUMBER 6100+113v 40010 Z661/13/30 **●**0 3040

PERCHLOROETHYLENE DRY CLEANERS

🕴 TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

Mail Calendar TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION



COMPLAINT/DISCOVER

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

PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr Bureau of Air Monitoring transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr Mobile Sources (constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification $\square N$ □Can not determine If no, please check the appropriate classification:

Apr. 1-19.5 June : 14.6 Avg=195 No125 Dec 25 Jun. = 2000

Jan - 14,5

facility qualified for a general permit as number

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 ## gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON DONA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON XINA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AVACE NO YO 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVA UN UNIA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated XY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DAY ON ONIA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated DY DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	AVAC NO YC
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?	OY ON On/a
Is the perc concentration equal to of 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?	' OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	Y ON						
2. Maintained rolling monthly averages of perc consumption?	ØY □N						
3. Maintained leak detection inspection and repair reports for the following:	,						
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A						
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON XXV/A						
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN TON/A						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON SAN/A						
6. Maintained startup/shutdown/malfunction plan?	MAY ON						
7. Maintained deviation reports?	A'MEN NO YO						
Problem corrected?	OY ON ⊠ N/A						
8. Maintained compliance plan, if applicable?	אואלם אם אם						

PA	PART VI: LEAK DETECTION AND REPAIRS								
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?			AY ON					
2.	Has the facility maintained a leak logs	?		MY ON					
3.	Does the responsible official check the	following areas for leak	s?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואם אם צם					
	Door gaskets and seating	אואם אם ציף	Stills	DY ON ON/A					
	Filter gaskets and seating	אואם אם צם	Exhaust dampers	אואם אם צים					
	Pumps	אואם אם אוא	Diverter valves	אוחם אם צף					
	Solvent tanks and containers	אואם אם אוא	Cartridge filter housings	מאמם אם צם					
	Water separators	AND NO Y							
4.	Which method of detection is used by	the responsible official?	•						
	Visual examination (condensed s	solvent on exterior surfac	es)	1					
	Physical detection (airflow felt the	rrough gaskets)	· · · · ·						
	Odor (noticeable perc odor)			òκ					
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)						
	Halogen leak detector			¥					
	If using direct-reading inst	rumentation, is the equi	pment:	ZÍN /A					
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	מם צם					
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם צם					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?								
	d. Kept in a clean and s	ise?	OY ON						
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON					
				1					
			<u> </u>						

Inspector's Name (Please Print)

Inspector's Signature

 $\frac{1}{2}$ Date of Inspection

2-2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
,	
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∆ئلاک بل#: _

1270145

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: MONArch CLANGES	DATE: 2-2-00
FACILITY LOCATION: 1382 Howland Blud,	
Deltona, FL 32738	
	20.00
Annual Reporting Period: Fe bu ary 1999	TO February 3000
Based on each term or condition of the Title V general air permit, my faci	lity has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period cover	red by this statement. TYES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuo	us 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 continuo	us 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 being made in this notification are true, accurate and complete. Further, my and upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-combination facilities. RESPONSIBLE OFFICIAL:	inual consumption of perchloroethylene solvent, based
Name (Please Print)	Signature Date
	V

*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.

Page ____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL 💢 CO	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 10 00		0 AIRS ID#: 127	0145	
TYPE OF FACILITY: Dry CIPA	un in a		<u> </u>	
FACILITY NAME: Monarch	Cleaners		DATE: 2-2-2000	
FACILITY LOCATION: 1382	Howland Blud.		· · · · · · · · · · · · · · · · · · ·	
Deltono	1.FL 37 738			
RESPONSIBLE OFFICIAL: Edwin Landeleria PHONE NUMBER: 407-574-5580				
Based on the results of the co compliance with DEP Rule 62	•	uated during this inspection, the facilitrative Code (F.A.C.).	y is found to be in	
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:				
COMPLIANCE REQUIRE	MENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED	
	÷			
COMMENTS:				
In Comp	liance			
The Annual Compliance Certification		tified and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION:	2-2000			
INSPECTION CONDUCTED BY:	Kandall	Approximate) CUNN INGHAM Please Print)		
INSPECTOR'S SIGNATURE: 4	and to	PHONE NUMBER:_	407-893-3333	
	Page_	of	Revised 10/96	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 8-23-99
BY RC

TYPE OF INSPECTION:

ANNUAL

<u>d</u>-

COMPLAINT/DISCOVER

RE-INSPECTION

AIRS 10#: 1270145 DATE: 8/24/99 TIME IN: 9.30am TIME OUT: 10:00am
FACILITY NAME: Monurch Cleaners
FACILITY LOCATION: 1382 Howland Blvd.
Deltonu, FL 32738
RESPONSIBLE OFFICIAL: Edwin Candeleria PHONE: 407-574-558
CONTACT NAME:PHONE:

PART I: NOTIFICATION	P	
(check appropriate box)	, ,	
1. New facility notified DARM 30 days prior to startup	ell of the	
2. Facility failed to notify DARM to use general permit	430 x 1	

PART II: CLASSIFICATION

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

☐ No sot scation form

☐ Drop store/out of business/petroleum

- 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- 5. This is a correct facility classification
- 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 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? DY DN ZWA DY DN DNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ₩_{∨ □N □N/A} condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	□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?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦΥ	UМ	□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?	ΠY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?		•	MY ON		
2.	Has the facility maintained a leak log?			MY ON		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	Ly on on/a	Muck cookers	DY ON ON/A		
	Door gaskets and seating	dy on on/a	Stills	DY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	d Y on on⁄a	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	מע טע טעיא	Cartridge filter housings	Y ON ONA		
	Water separators	DY ON ON/A	·			
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)			
	Halogen leak detector			8		
	If using direct-reading instru	ımentation, is the equipm	ent:	□N/A		
	a. Capable of detecting p	OY ON				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and	OY ON				
	d. Kept in a clean and se	OY ON				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				OY ON		

Inspector's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

4-23-99

Date of Inspection

8-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
. •••		
	-	

Ale

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Monarch Cleaners	DATE: 8-23-99
FACILITY LOCATION: 1382 Howland Blvd.	Ì
Deltona, FL 32738	
Annual Reporting Period: Avgust 1998 TO Avgust	+99 19
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from	
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 re	porting period stated above:
Exact period of non-compliance: from	
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 made in this notification are true, accurate and complete. Further, my annual consumption of perchupon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities of 1,800 gallombination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	loroethylene solvent, based

Page _____ ol_____.

^{*}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 🔀 CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 91 3Jam	TIME OUT: 10:00	am Airs ID#: 12	70145
TYPE OF FACILITY: Dry	Clean		
FACILITY NAME: Mono	rch Cleaners		DATE: 4-23-99
FACILITY LOCATION: 13		<i>l</i> ,	
		,	1002 -24 5522
RESPONSIBLE OFFICIAL:	Edwin Landelaria	PHONE NUMBER	: 407-574-5530
uga.	the compliance requirements eva Rule 62-213.300, Florida Admini	luated during this inspection, the factorial strative Code (F.A.C.).	cility is found to be in
Based on the results of discrepancies were note	•	luated during this inspection, the fol	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
COMMENTS:			
In Con	npliance		
The Annual Compliance Certific	cation form has been properly cer	tified and submitted to the inspector	YES NO
DATE OF NEXT INSPECTIO	ON: 8-2000		
INSPECTION CONDUCTED	BY: Kandall (Approximate) UNN IN HAM (Please Print)	
INSPECTOR'S SIGNATURE	haple T	PHONE NUMBER	. (407)893-333
	Page	of	Revised 10/96

Y2K Questions for Inspectors

Inspectors, during normal visits/inspections of regulated facilities, need to verify that the facility is Y2 K 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?
- 3. Are your computer systems and equipment with embedded chips Y2K compliant?
- 4. If not, what are you plans to correct Y2K problems?

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.

8864		Service) MAIL RECE nly, No Insurance Co	
4128	Postage Certified Fee Return Receipt Fee	\$	Postmark
J 0026	(Endorsement Required) Restricted Delivery Fee (Endorsement Required)		nen
7000 0600	EDWIN CA	D# 1270145001AG NDELARIA DRY CLEANERS LAND BLVD	
	PSFO		nstructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 1270145001AG EDWIN CANDELARIA MONARCH DRY CLEANERS 1382 HOWLAND BLVD DELTONA FL 32738	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
	☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7.000 0600 0026 41	28 8864
PS Form 3811, July 1999 Domestic Retail	urn Receipt 102595-00-M-0952

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

5510

5521



7000 0600 0026 4128 886





Unable To Forward

Unable To For

RECENTION OF ALL MONITORS

SECOND ACTION

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

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

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rectollowing service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address
	3. Article Addressed to:	4a. Article N	umber 3 (a) 3 45	5 8
completed	AIRS ID # 1270145 MONARCH DRY CLEANERS	4b. Service	Type	Certified E
ı –	EDWIN CANDELARIA	☐ Registere	ed	Certified
DRESS	1382 HOWLAND BLVD	☐ Express (Mail	
ĸ	DELTONA FL 32738	☐ Return Red	ceipt for Merchandise	
		7. Date of De	eliyery,	<u> </u>
Z		2-	13-77	nox
RETUR	5. Received By: (Print Name)		e's Address (Only	if requested X
H	Arelis Kranguez	and fee is	paid)	롣
your	6. Signature: (Addressee or Agent)			
s yo	(Xesola Codraves			
-	PS Form 3811 , December 1994 / 102	2595-97-B-0179	Domestic Ret	urn Receipt

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**

	Certified Fee	
	Special Delivery Fee	
0	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
101113 2000	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) Mariel Rodrigue C. Signature X Moule Rodrigue Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to: AIRS ID # 1270145 MONARCH DRY CLEANERS EDWIN CANDELARIA	If YES, enter delivery address below:
1382 HOWLAND BLVD DELTONA FL 32738	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7.333 (6.47) 2.44	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
4222			
E7EP 09	Postage Certified Fee Return Receipt Fee (Endorsement Required)	\$	Postmark Here
0200 0250	Restricted Delivery Fee (Endorsement Required)	AIRS ID # 127014 Y CLEANERS	5 y maller)
7000	EDWIN CAND Si 1382 HOWLAN DELTONA FL Ci 32738	ELAKIA	
in.	PS Rom 3800 Febru	ary 2000 S	See Reverse for Instructions

NOITO SHIT STANDESS TO THE RIGHT OF RETURN ADDRESS TO THE RIGHT OF RETURN ADDRESS.	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1270145 MONARCH DRY CLEANERS EDWIN CANDELARIA 1382 HOWLAND BLVD	A. Received by (Please Print Clearly) GEORGE ROOM(GLE) C. Signature X M. Moll Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
DELTONA FL 32738	3. Service Type Certified Mail
2. Article Number, (Copy from service label)	14!!!!!!
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

		CERTIFIED N (Domestic Mail Only;	IAIL	RECE	EIPT overage Pro	ovided)	
<u>{</u>	A 904		o .				
	15 4 J 25	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee			Postr He	I	
	000 0000 00	(Endorsement Required)	EANER: IA		‡ 1270145 - -		
SENDER: COM Complete item item 4 if Restr Print your nam so that we can Attach this can or on the front Article Addressed MONARCH DR	ns 1, icted ne am returd to this specific red to:	AIRS ID # 1270 LEANERS	e,	A. Received	eived by (Pleas ature	ce Print Clearly) different from iterery address below	B. Date of Delivery S - S - C
2. Article Number	ID BI 3273	LVD	4/2		rice Type Certified Mail Registered Insured Mail Pricted Delivery	☐ C.O.D.	il eipt for Merchandise
PS Form 3811,	July	1999 Dom	estic Ret	urn Recei	pt		102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
51.55			•
LD TD	Postage	\$	
₽	Certified Fee		Postmark
25	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
	Total Doctana & Foos	\$	
90	MONARCH DRY C	AIRS ID # 1270 LEANERS	0145
	EDWIN CANDELA 1382 HOWLAND BI	RIA	
700	DELTONA FL 3273	8	
L			rse for Instructions

	rse for Instructions
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 1270145 MONARCH DRY CLEANERS EDWIN CANDELARIA 1382 HOWLAND BLVD	
DELTONA FL 32738	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 0000 0026 7	825 5655
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

13	U.S. Postal Service				
489	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
_	For delivery information visit our website at www.usps.com®				
0744	OFFICIAL USE				
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0.200	Restricted Delivery Fee (Endorsement Required)				
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7003	MONARCH DRY CLEANERS				
	EDWIN CANDELAKIA				
1-	Street Apt. No.: 1382 HOWLAND BLVD				
1	or PO Box No. DELTONA, FL 32738				
	City, State, ZIP44 #1270145				
]	PS Form 3800, June 2002 See-Reverse Johnstructions				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
MONARCH DRY CLEANERS EDWIN CANDELARIA 1382 HOWLAND BLVD	
DELTONA, FL 32738	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 0 3 0 5 (Transfer from service label)	00 0004 0144 4893
PS Form 3811 August 2001 Domestic Ref	turn Poccint 100505 00 M 15

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United States Postal Service



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

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

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		NA, FL 32738	
	City, State		7
	PS Form 3800, June 2003	2 See Reverse for Instruction	ns

LOPE TO THE RIGHT COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signatus ■ Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) GIOPGE (200 RICAL) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: ID# 1270145 **EDWIN CANDELARIA** MONARCH DRY CLEANERS 1382 HOWLAND BLVD 3. (Service Type DELTONA, FL 32738 Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise □\insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Nu 7003 0500 0004 0144 4473 (Transfer i PS Form 3811, August 2001 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 •

DARM/MOBILE SOURCE CONTROL PROGRAMO DEPT. OF ENVIRONMENTAL PROTECTION STID 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 SURGES



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7000	DELTON City, State, Z 32738	IA FL	
	PS Form 3800, May 2000	Spring with a 101	See Reverse for Instruction

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	If YES, enter delivery address below:
AIRS ID#1270145 MONARCH DRY CLEANERS EDWIN CANDELARIA	
1382 HOWLAND BLVD DELTONA FL	3. Service Type
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PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE AND PARTIES POSTAGE & Fees Paid USPS Permit No. G-10

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

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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
EDWIN CENTELARIA MONARCE DRY CLEANERS			
OFEFONA, FLO2738	3. Service Type Certified Mail		
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United States Postal Service

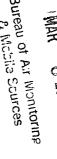


First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

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1382 HOWLAND BLVD DELTONA FL 32738	3. Service Type Certified Mail				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
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PS Form 3811, July 1999 Domestic Retu	urn Receipt . 102595-99-M-1789				



PLACE STIC ER AT TOP OF ENVELOPE TO THE RIGHT		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee	
Article Addressed to:	B delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
AIRS ID#1270145 MONARCH DRY CLEANERS EDWIN CANDELARIA		
1382 HOWLAND BLVD DELTONA FL 32738	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7001 0320 (Transfer from service label)	0001 7976 6492	
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• 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
TALLAHASSEE, FLORIDA 32399-2400

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

416812 MAY21 2002

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

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

Bureau of Air Monitoriuse Only

FOR GOVERNMENTUSE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Fund: 20-2-035001

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Printed on recycled paper.

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
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DELTONA FL 32738	GCertifled Mall Express Mail
• • • •	☐ Registered ☐ Return Receipt for Merchandise (☐ Insured Mail ☐ C.O.D.
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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

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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

TOTAL AMOUNT DUE: \$50.00

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