



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 8, 1998

Mr. Jeffrey Moyer  
Stroud Cleaners  
1445 East New York Avenue  
Deland, Florida 32724

Re: Facility No.: 1270153

Dear Mr. Moyer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 19, 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

Inactivated in error



## Bowman, Sandy

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**From:** Rice, Rodell  
**Sent:** Friday, September 28, 2001 4:01 PM  
**To:** Bowman, Sandy  
**Subject:** RE: RE: AIRS ID #1270153

Sandy, I inspected this facility today. The co-owner explained to me that they moved and lost contact with us. He also mentioned that he hasn't received any calendars.

Thanks again.

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

**From:** Bowman, Sandy  
**Sent:** Tuesday, September 25, 2001 10:34 AM  
**To:** Rice, Rodell  
**Cc:** Butler, Rick  
**Subject:** RE: AIRS ID #1270153

Rodell,

I wanted to let you know that Stroud Cleaners (AIRS ID # 1270153) is active.

We recently received a notification form from the facility and Rick called the facility this morning to verify the status. It appears that the location address has also changed. The new address is 636 West New York Avenue in Deland. This information has been entered into ARMS.

Sandy

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

## **Bowman, Sandy**

---

**From:** Rice, Rodell  
**Sent:** Wednesday, September 19, 2001 9:54 AM  
**To:** Bowman, Sandy  
**Subject:** Closed Dry Cleaners

Hello Sandy,

The following facilities are closed but still show up on our Incomplete Compliance Inspections Report.

| AIRS ID | FACILITY NAME      |
|---------|--------------------|
| 0830139 | Excel Dry Cleaners |
| 1270153 | Mo Ventures, Inc.  |

Thank you again for your assistance.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

AUG - 2 2001

Department of Air Monitoring  
Mobile Sources

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):<br>Mo Ventures, Inc. DBA Stroud Cleaners |
| 2. Site Name (For example, plant name or number):<br>Stroud Cleaners  |
| 3. Hazardous Waste Generator Identification Number:   |
| 4. Facility Location:<br>Street Address: 636 West New York Ave<br>City: DeLand County: Volusia Zip Code: 32720              |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):<br>1270153-001   |

Responsible Official

|   |
|---|
| 6. Name and Title of Responsible Official:<br>Name: Jeffrey L. Moyer Title: owner   |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: Stroud Cleaners<br>Street Address: 636 West New York Ave<br>City: DeLand County: Volusia Zip Code: 32720 |
| 8. Responsible Official Telephone Number:<br>Telephone: (386) 734-4608 Fax: (386) 943-9022  |

Facility Contact (If different from Responsible Official)

|  |
|--|
| 9. Name and Title of Facility Contact (For example, plant manager):<br>same as above |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code:          |
| 11. Facility Contact Telephone Number:<br>Telephone: ( ) - Fax: ( ) -                |

**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") |
|--|---------------------|---------------------------------------|---|
| 1993 ?                                     | Existing/New        | RC/CA/None required                   | same  |
| unknown                                    | Existing/New        | RC/CA/None required                   | same  |
|  | Existing/New        | 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/New        | RC/CA/None required                   |   |
|  | Existing/New        | RC/CA/None required                   |   |
|  | Existing/New        | 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 \_\_\_\_\_)



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.*

Jeffrey L Moyer  
Print name of responsible official

  
Signature

7/23/01  
Date



Hi Guys!

Just wanted to let you that 1270153 Stroud's Cleaners is out of business. I did a drive-by on 1/28/00.

--Randall Cunningham  
Central District

A handwritten signature in black ink, appearing to read "Randall Cunningham", written in a cursive style.

Rick,

This Facility should be active(it is not a Drop-off Store) I inspected them in August of this year. There are 2 Stroud Cleaners in Deland the other is 1270153 is located at 658 W. New York Ave.(different than in ARMS). Thanks!

--Randall

RECEIVED

# IMPORTANT

AUG - 2 2001

Bureau of Air Monitoring  
Mobile Sources

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

NOV 19 1998

Facility Name and Location

|  |  |           |                |
|--|--|-----------|----------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | <i>Mo Ventures, Inc. dba Stroud Cleaners</i> |           |                |
| 2. Site Name (For example, plant name or number):                                  | <i>Stroud Cleaners</i>                       |           |                |
| 3. Hazardous Waste Generator Identification Number:                                |  |           |                |
| 4. Facility Location:  |  |           |                |
| Street Address:  | <i>1445 E. New York Ave</i>                  |           |                |
| City:  | <i>Deland</i>                                | County:   | <i>Volusia</i> |
|  |  | Zip Code: | <i>32724</i>   |
| 5. Facility Identification Number (DEP Use)  | <i>12M0153</i>                               |           |                |

Bureau of Air Monitoring & Mobile Sources

Responsible Official

|  |                                 |           |                       |
|--|---------------------------------|-----------|-----------------------|
| 6. Name and Title of Responsible Official: | <i>Ja Grey Moyer, President</i> |           |                       |
| 7. Responsible Official Mailing Address:   |                                 |           |                       |
| Organization/Firm:                         | <i>SAME</i>                     |           |                       |
| Street Address:                            |                                 |           |                       |
| City:                                      | County:                         | Zip Code: |                       |
| 8. Responsible Official Telephone Number:  |                                 |           |                       |
| Telephone:                                 | <i>(904) 738-4883</i>           | Fax:      | <i>(904) 943-9022</i> |

Facility Contact (If different from Responsible Official)

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

**Facility Information**

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

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

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

(c) No control devices are required to be installed

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

### Equipment Monitoring and Recordkeeping Information

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

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

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

Signature  Date 11/17/98

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

15702935

TYPE OF INSPECTION: ANNUAL  COMPLAINT DISCOVERY  RE-INSPECTION

TIME IN: 1:00 TIME OUT: 2:00 AIRS ID#: HA 1270153  
 TYPE OF FACILITY: Dry cleaning  
 FACILITY NAME: Straw's Cleaners DATE: 11/23/96  
 FACILITY LOCATION: 1445 E. New York Avenue Deland, Fl. 32724  
 RESPONSIBLE OFFICIAL: Jeff Unger PHONE NUMBER: 904-738 4883

- 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  |
|--------------------------------|--|
| Temp. condenser monitoring     | will check in <del>two</del> four months to see if in compliance |
| NO AIR permit                  | applied out / completed at facility, turned into inspection OK   |
|                                |  |
|                                |  |
|                                |  |
|                                |  |

RECEIVED  
DEC - 5 1996  
Bureau of Air Monitoring & Mobile Sources

COMMENTS: new facility, <sup>previous</sup> store became drop off - this is new plant. keeps leak log / perc logs - not expecting over 1409AU/year. been here since first of August.

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

DATE OF NEXT INSPECTION: 5/18/97 (Approximate)

INSPECTION CONDUCTED BY: SAADIA QURESHI (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407893-2333



NEW LOCATION / NEW PLANT

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
DEC - 3 1998  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION:

1270153  
IBD02935

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#:

1270153  
N/A-1

DATE:

11/17/98

TIME IN:

1:00

TIME OUT:

FACILITY NAME:

Stroud's cleaners

FACILITY LOCATION:

1445 E. New York Ave.

Deland, FL 32724

RESPONSIBLE OFFICIAL:

J. Moyer

PHONE:

904-738-4883

CONTACT NAME:

PHONE:

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

No notification form

Drop store/out of business/petroleum

A.

1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)

2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)

2 machines  
Jan 1998

3. Existing large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)

4. New large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)

plant

5. This is a correct facility classification

Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

(estimates less than 140 gal/year)  
been here since August 1, 1998

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly total of perc consumption?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? <i>not aware</i>   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

|   |                                       |                            |                              |                           |                            |                            |                              |
|---|---------------------------------------|----------------------------|------------------------------|---------------------------|----------------------------|----------------------------|------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input type="checkbox"/> N/A |                           |                            |                            |                              |
4. Which method of detection is used by the responsible official?
 

|  |   |
|--|---|
| Visual examination (condensed solvent on exterior surfaces)                      | <input type="checkbox"/>                              |
| Physical detection (airflow felt through gaskets)                                | <input checked="" type="checkbox"/>                   |
| Odor (noticeable perc odor)  | <input checked="" type="checkbox"/>                   |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes)               | <input type="checkbox"/>                              |
| Halogen leak detector  | <input type="checkbox"/>                              |
| If using direct-reading instrumentation, is the equipment:                       |   |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?       | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis?              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use?                              | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)?        | <input type="checkbox"/> Y <input type="checkbox"/> N |

Saadee Qusbi  
Inspector's Name (Please Print)

11/23/98  
Date of Inspection

[Signature]  
Inspector's Signature

3/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

(Jeff +  
Ron Meyers)  
4  
Co-ops

PLANT  $\Rightarrow$  2 machines.  
Using own record keeping  
- Wants two calendars  
- did not have condenser temp  
monitoring - will do

- ① Forenta 1993
  - ② Suprema 1993
- parts - epoxy yes. dry-to-dry closed loop w/ condenser.

No perc on spotting board

DEP inspector helped  
filled out new notification form.  $\rightarrow$  new location since August 1998  
 $\rightarrow$  \*send copy\*

- had bought surplus perc -  
is sending 15 gal back -  
not expecting to use more than 140 gal/year.  
(160 so far - 15 excess - 45)

is building shed w/ parts for hazardous  
waste this weekend. has zero  
waste machine.

Rick,

I think this will clarify the Strouds Cleaners situation. I finally got a chance to go out there today, and my inspection on 8/23/99 was an inspection of the facility on New York Ave.(1270153). I must have just wrote down the wrong address on the form(sorry). I did also verify that the store on E. Plymouth(1270110) is still a drop store. I corrected ARMS to show the correct inspection dates and facilities. My only question is can you correct the Annual statement of compliance form from the Plymouth facility(1270110) to the correct facility the New York Ave.(1270153), the statement was for the dates of August 1998 - August 1999. I already corrected it in ARMS. Thank for all your help and sorry for the confusion.

—Randall Cunningham  
Central District

*please file*

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED  
DATE 1-28-00  
BY RE

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

|                       |   |        |                     |          |              |           |              |
|-----------------------|---|--------|---------------------|----------|--------------|-----------|--------------|
| AIRS ID#:             | <u>1270153</u>  | DATE:  | <u>1-28-00</u>      | TIME IN: | <u>10:30</u> | TIME OUT: | <u>10:31</u> |
| FACILITY NAME:        | <u>Stroud's Cleaners</u>                                |        |                     |          |              |           |              |
| FACILITY LOCATION:    | <u>1445 E. New York Ave.</u><br><u>Deland, FL 32724</u> |        |                     |          |              |           |              |
| RESPONSIBLE OFFICIAL: | <u>Jeff Moyer</u>                                       | PHONE: | <u>904-738-4883</u> |          |              |           |              |
| CONTACT NAME:         | _____   | PHONE: | _____               |          |              |           |              |

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <p>A.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>1. Existing small area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p> </td> <td style="width: 50%;"> <p>2. New small area source      <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p> </td> </tr> <tr> <td> <p>3. Existing large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p> </td> <td> <p>4. New large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> </td> </tr> </table> <p>5. This is a correct facility classification      <input type="checkbox"/> Y      <input type="checkbox"/> N      <input type="checkbox"/> Can not determine</p> <p>If no, please check the appropriate classification:</p> <p><input type="checkbox"/> facility qualified for a general permit as number _____ above</p> <p><input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit</p> | <p>1. Existing small area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p>                                  | <p>2. New small area source      <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p> | <p>3. Existing large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p> | <p>4. New large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> | <p><input type="checkbox"/> No notification form</p> <p><input checked="" type="checkbox"/> Drop store/<u>out of business</u> petroleum</p> |
| <p>1. Existing small area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p>  | <p>2. New small area source      <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p>                       |  |  |  |   |
| <p>3. Existing large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p>   | <p>4. New large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> |  |  |  |   |

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

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 & Mobile Sources

**PART III: GENERAL CONTROL REQUIREMENTS**

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

- |   |   |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| 3. Closing and securing machine doors except during loading/unloading?  | <input 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 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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



Rick,

I think this will clarify the Strouds Cleaners situation. I finally got a chance to go out there today, and my inspection on 8/23/99 was an inspection of the facility on New York Ave. (1270153). I must have just wrote down the wrong address on the form(sorry). I did also verify that the store on E. Plymouth(1270110) is still a drop store. I corrected ARMS to show the correct inspection dates and facilities. My only question is can you correct the Annual statement of compliance form from the Plymouth facility(1270110) to the correct facility the New York Ave.(1270153), the statement was for the dates of August 1998 - August 1999. I already corrected it in ARMS. Thank for all your help and sorry for the confusion.

--Randall Cunningham  
Central District

*Please file*

Randall -  
email  
1-28-00

#1270153

Stroud

Out-of-  
Business

8/Dec/98

Spattato

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| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

Postmark  
Here

AIRS ID # 1270153

1 JEFFREY MOYER  
 636 W NEW YORK AVE  
 DELAND, FL 32720

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9768

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center; font-size: 0.8em;">AIRS ID # 1270153</p> <p>JEFFREY MOYER<br/>           STROUD CLEANERS<br/>           636 W NEW YORK AVE<br/>           DELAND, FL 32720</p> </div> | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Jeffrey Moyer</i> <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>       If YES, enter delivery address below: <span style="float: right; font-weight: bold; font-size: 1.2em;">MAR 8 2004</span></p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="float: right;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) <span style="float: right; font-weight: bold; font-size: 1.2em;">7003 0500 0004 0144 9768</span></p>  |  |

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| Postage \$  |  |
| Certified Fee                                     |  |
| Return Receipt Fee<br>(Endorsement Required)      |  |
| Restricted Delivery Fee<br>(Endorsement Required) |  |

*Postmark Here*  
 03

Total P. ID# 1270153  
 JEFFREY MOYER  
 Sent To STROUD CLEANERS  
 636 W NEW YORK AVE  
 Street, Apt or PO Box DELAND, FL 32720  
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR POSTAL RECORDING

**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# 1270153  
 JEFFREY MOYER  
 STROUD CLEANERS  
 636 W NEW YORK AVE  
 DELAND, FL 32720

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Signature  Agent  Addressee  
*X Faye Hughes*

B. Received by (Printed Name) C. Date of Delivery

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

CARIBBEAN ANNEX  
 DELAND, FL #2  
 FEB - 6 2004  
 32720

3. Service Type **USPS**

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article No. (Transfer) 7003 2260 0003 5651 1366

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| Return Receipt Fee (Endorsement Required)      |  |
| Restricted Delivery Fee (Endorsement Required) |  |

*Receipt*  
*SEP 03*  
Postmark Here  
*09/04*

Total Postage TO 1270153001AG

Sent To  
STROUD CLEANERS  
JEFFREY L MOYER  
636 W NEW YORK AVE  
DELAND, FL 32720

Street, Apt. No.  
or PO Box No  
City, State, Zi

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**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:

TO 1270153001AG  
STROUD CLEANERS  
JEFFREY L MOYER  
636 W NEW YORK AVE  
DELAND, FL 32720

2. Article Number  
(Transfer fr

7003 0500 0004 0144 4206

**COMPLETE THIS SECTION ON DELIVERY**

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

*SEP 11 2003*

C. Signature  
*X Fay Hughes*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

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

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 Return Receipt Fee  
 (Endorsement Required)  
 Restricted Delivery Fee  
 (Endorsement Required)

Postmark Here  
*[Handwritten Signature]*

AIRS ID#1270153

To  
 STRoud CLEANERS  
 JEFFREY L MOYER  
 636 W NEW YORK AVE  
 DELAND FL  
 32720

PS Form 3811 January 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID#1270153

STRoud CLEANERS  
 JEFFREY L MOYER  
 636 W NEW YORK AVE  
 DELAND FL  
 32720

**COMPLETE THIS SECTION ON DELIVERY**

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

10 MAR

C. Signature

x *Faye Hughes*

Agent  
 Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

7001 0320 0001 7976 2708

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Total Pages:

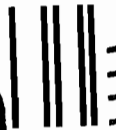
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DEPT. OF ENVIRONMENTAL PROTECTION  
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01



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

**OFFICIAL USE**

7001 0320 0001 7975 5809

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total</b>                                      |    |

*John 2*  
 Postmark Here

AIRS ID#1270153

Sent **STROUD CLEANERS**  
**JEFFREY L MOYER**  
 Street or PO **636 W NEW YORK AVE**  
 City **DELAND FL**  
**32720**

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:

**STROUD CLEANERS**  
**JEFFREY L MOYER**  
**636 W NEW YORK AVE**  
**DELAND FL**  
**32720**

AIRS ID#1270153

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **7 FFR** B. Date of Delivery

C. Signature **X Faye Hughes**  Agent  Addressee

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

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 7975 5809**  
 (Transfer from service label)

UNITED STATES POSTAL SERVICE



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

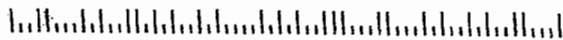
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED



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

7001 0320 0001 7976 0476

**OFFICIAL USE**

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee   |    |                  |
| Return Receipt Fee<br>(Endorsement Required)  |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required)   |    |                  |
| Tr. <b>AIRS ID # 1270153</b>  |    |                  |
| Ser. <b>STROUD CLEANERS</b><br><b>JEFFREY L MOYER</b><br>Str. <b>636 W NEW YORK AVE</b><br>or <b>DELAND FL</b><br>Cit. <b>32720</b> |    |                  |

**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 # 1270153  
 STROUD CLEANERS  
 JEFFREY L MOYER  
 636 W NEW YORK AVE  
 DELAND FL 32720

**COMPLETE THIS SECTION ON DELIVERY**

|   |  |
|---|--|
| A. Received by (Please Print Clearly)   | B. Date of Delivery<br><b>3/4/02</b>                                 |
| C. Signature<br><b>X</b>  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1?<br>If YES, enter delivery address below:                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          |

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7001 0320 0001 7976 0476

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

7000 0520 0020 9373 2231

|   |           |                  |
|---|-----------|------------------|
| Postage   | \$        | Postmark<br>Here |
| Certified Fee                                     |           |                  |
| Return Receipt Fee<br>(Endorsement Required)      |           |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |           |                  |
| AIRS ID # 1270153                                 |           |                  |
| TO: STROUD CLEANERS                               | / mailer) |                  |
| JEFFREY L MOYER                                   |           |                  |
| 636 W NEW YORK AVE                                |           |                  |
| DELAND FL   |           |                  |
| 32720   |           |                  |

PS Form 3800, February 2000 Instructions

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

- 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 # 1270153

STROUD CLEANERS  
 JEFFREY L MOYER  
 636 W NEW YORK AVE  
 DELAND FL  
 32720

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 \_\_\_\_\_ 2/9/02

C. Signature  
 X *Edwina Aghes*  Agent  
 Addressee

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

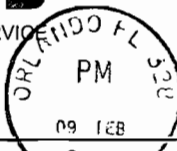
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 0520 0020 9373 2231



UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air, Storms  
& Mobile Sources

FEB 11 2002

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2399+2400



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

**OFFICIAL USE**

7001 0320 0001 7976 0582

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |

Postmark  
Here

AIRS ID # 1270153

STROUD CLEANERS  
 JEFFREY L MOYER  
 636 W NEW YORK AVE  
 DELAND FL  
 32720

PS Form 3800, January 2001

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OPTIC READER ADDRESS ONLY ACCEPTED

**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 # 1270153  
 STROUD CLEANERS  
 JEFFREY L MOYER  
 636 W NEW YORK AVE  
 DELAND FL  
 32720

**COMPLETE THIS SECTION ON DELIVERY**

|   |                                      |
|---|--------------------------------------|
| A. Received by (Please Print Clearly)<br><i>J. Hughes</i>   | B. Date of Delivery<br><i>3/9/02</i> |
| C. Signature<br><i>x Janet L Hughes</i>   |                                      |
| <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                                      |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>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 7976 0582

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

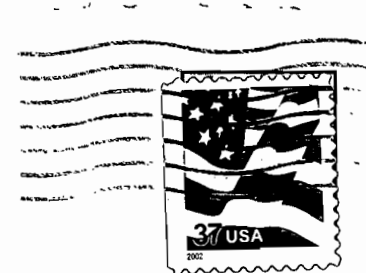
Do NOT Remove Label

ID# 1270153  
JEFFREY MOYER  
STROUD CLEANERS  
636 W NEW YORK AVE  
DELAND, FL 32720

FOR GOVERNMENT USE ONLY  
Org.: 3755010100 EO: A1  
Fund: 20-2-035007  
Obj.: 002273

437741 MAR22 2004  
**RECEIVED**  
MAR 30 2004  
Bureau of Air, Morale  
& Mobile Support

**STROUD CLEANERS**  
115 E. Plymouth Ave.  
DeLand, FL 32724  
(904) 734-5775



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390371

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**

*Please Address  
change to*

Do **NOT** Remove Label

AIRS ID # 1270153

STROUD CLEANERS  
JEFFREY MOYER  
~~1445 E NEW YORK AVE~~  
~~DELAND FL 32724~~

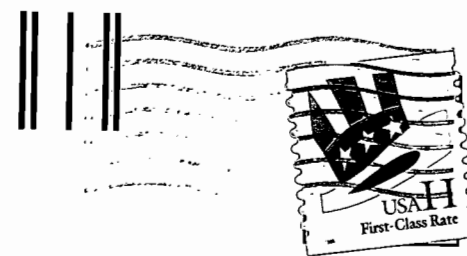
*636 W. New York Ave.  
DeLand, FL 32720*

*904-734-4668*

RECEIVED  
MAIL ROOM  
JAN - 4 00

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

**STROUD CLEANERS**  
836 W. NEW YORK AVE.  
DeLAND, FL 32720  
(904) 734-4668



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

32315-3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

426666 MAR26 2003

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**

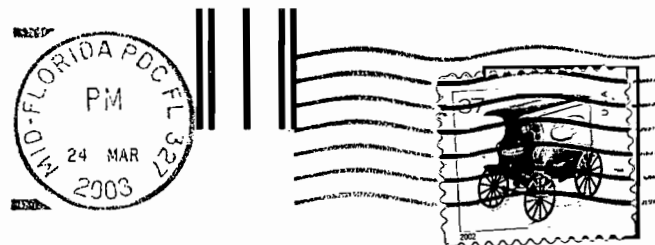
Do NOT Remove Label

STROUD CLEANERS  
JEFFREY L MOYER  
636 W NEW YORK AVE  
DELAND FL  
32720

AIRS ID#1270153

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

**STROUD CLEANERS**  
115 E. Plymouth Ave.  
DeLand, FL 32724  
(904) 734-5775



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







THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421093 DEC26 2002

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1270157  
 ORMOND BEACH CLEANERS  
 ZUHEIR BAWLI  
 1482 W GRANADA #610  
 ORMOND BEACH FL  
 32174

Bureau of Air Mail  
& Mobile Services

JAN 03 2003

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FOR GOVERNMENT USE ONLY  
 Org.: 0750101000 EO: W1  
 Fund: 2002-035001  
 Obj.: 002273