



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

February 7, 2007

Mr. Larry Dumain
Imperial Cleaners
36 Boxberger Road
Pine Bush, New York 12506

Re: Facility No.: 0112207-003

Dear Mr. Dumain:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 3, 2007.

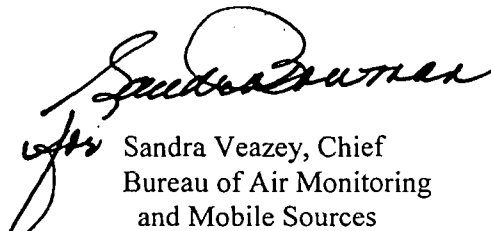
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

LD Enterprises of S. Fl., Inc. d/b/a
IMPERIAL CLEANERS

36 Boxberger Road
Pine Bush, NY 12566
845.361.2243 Phone/Fax

RECEIVED
FEB 23 2007
Bureau of Air Monitor
& Mobile Sources

February 19, 2007

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

RE: Facility # 0112207-003

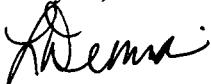
Dear Sandra Veazey,

I am in receipt of your letter dated February 7th, 2007 stating that we will be billed shortly for the annual operation fee of \$50.00. Please be advised that I paid this fee on December 28th with our check #8206.

I am writing to further advise you that we have sold the above business and to inform you of the new owner's information. The plant was sold on December 20th to Marlon Thompson & his brother Michael Thompson. They also own and operate American Classic Cleaners at 15731 Sheridan Street, Ft. Lauderdale, Florida. 33331-3486. I have the plant number listed as 954-880-0733 and Marlon's cell phone number as 954-868-5584.

If you need any further information, please call me at the above number.

Thank you,

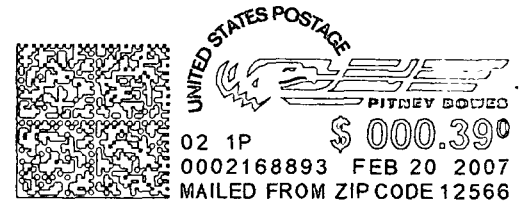


Larry Dumain
President
LD Enterprises of S Florida

LD:lg

REC'D 1/2/07

LD Enterprises of S. Fl., Inc.
36 Boxberger Road
Pine Bush, NY 12566-6609



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

32399+6342-99 C001



BEST AVAILABLE COPY

NO ACTIVITY FOR FACILITY.....

EMISSION FEE DATES 196-2005.....

SOC REPORTS 6.....

COMP. STATUS - SNC MNC (IN) 1/31/2006

INSR - compliance inspection
walkthrough

Insp - Broward Co - 33334

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AIR QUALITY DIVISION

DEC 19 PM 3:49

Bureau of Air Monitoring
& Mobile Sources

JAN 03 2001

RECEIVED

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):	LD ENTERPRISES OF South Florida Inc.
2. Site Name (For example, plant name or number):	IMPERIAL CLEANERS 1500 COMMERCIAL BLVD Fort Lauderdale, Florida
3. Hazardous Waste Generator Identification Number:	FLD06566207
4. Facility Location: Street Address:	1500 E COMMERCIAL BLVD. City: FORT LAUDERDALE County: BROWARD Zip Code: 33334
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112207-003

Responsible Official

6. Name and Title of Responsible Official: Name:	LARRY DUMCAIN Title: CEO PRES.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	LD ENT. OF South FLORIDA INC. 36 BOX BERGER RD. PINE BUSH NY. County: ORANGE Zip Code: 12566
8. Responsible Official Telephone Number: Telephone:	(845) 361-2243 Fax: (845) 361-2243

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	GRAIG
10. Facility Contact Address: Street Address: City:	1500 E COMMERCIAL BLVD Fort Lauderdale Florida County: BROWARD Zip Code: 33334
11. Facility Contact Telephone Number: Telephone:	(954) 771-5815 Fax: (954) 771-5817

Facility Information

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

How many dry-to-dry machines do you have on-site? 2

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>6/97</u>	<u>Existing</u> /New	RC/CA/None required	<u>6/97</u>
<u>6/97</u>	<u>Existing</u> /New	RC/CA/None required	<u>6/97</u>
<u>0</u>	Existing/ <u>New</u>	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 3

How many dryers/reclaimers do you have on-site? 2

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

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

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

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

468 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.

HARRY DUMAINE
Print name of responsible official


Signature

12/15/06
Date

Date 12/28/2006 Type Bill Reference AIRS#112207 '07

Original Amt. 50.00

12/28/2006 Balance Due 50.00 Discount Check Amount

Payment 50.00 50.00

Wachovia Bank-Regul 2007 Title V Air # 112207

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466722 JAN 2207

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200

AIRS ID# 112207 L D ENTERPRISES OF SOUTH FLORIDA INC 1500 East Commercial Blvd FT LAUDERDALE, FLORIDA

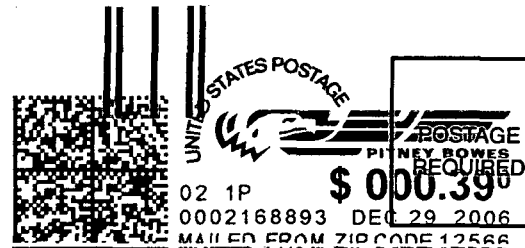
Vertical stamp: Bureau of Air, Noise & Mobile Sources JAN 05 2007

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

Handwritten signature: LD Ent of S. Florida

36 Boxberger Road Pine Bush, NY 12566



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

