

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 29, 2001

Mr. Saiil Pierre-Louis  
Imperial Dry Cleaners  
1228 Holden Avenue  
Orlando, Florida 33839

Re: Facility No.: 0950295-002

Dear Mr. Pierre-Louis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 26, 2001.

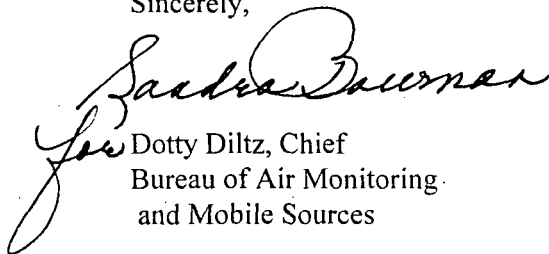
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED

JUN 08 2001

0950295-002

RECEIVED

Bureau of Air Monitoring & Mobile Sources

7/21/01

Spoke to Paul Pierre-Louis and he stated the machine was new in 1996 and it also has a built-in refrigerated condenser as a control device.

Prior to completion

Facility Name

1. Facility Name

PIER

P15  
1(a)

Add date of purchase from manufacturer. New should be circled under Status. R.C. should be circled under Control Device Required.

2. Site Name

IMPEL

3. Hazardous

4. Facility Location

Street Address

City: ORL

P16

4. New machines at small area source should be marked. Mark with existing machine and initial.

5. Facility Identification

Responsible Official

6. Name and Title

Name: SA

5. All steam and hot water units should be marked

6.(c) Required. Should be marked.

7. Responsible Organization

Street Address

City: ORL

P17

7. List surrendered permits. If none mark No DEP air permits exist.

8. Responsible Telephone

Telephone:

Responsible official sign and date for changes made

Facility Contact

9. Name and Title

10. Facility Contact

Street Address:

City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: ( ) - ( )

Fax: ( ) - ( )

APR - 4 2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
FEB 26 2001  
Bureau of Air Monitoring  
& Noise 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): PIERRE US, Inc
2. Site Name (For example, plant name or number): IMPERIAL DRY CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1228 Holden Avenue City: ORLANDO County: Orange Zip Code: 33839
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0950295-002

Responsible Official

6. Name and Title of Responsible Official: Name: Saül PIERRE-LOUIS Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: PIERRE US Inc Street Address: 1228 Holden Avenue City: ORLANDO County: ORANGE Zip Code: 33839
8. Responsible Official Telephone Number: Telephone: (407) 859 4074 Fax: ( ) -

Facility Contact (If different from Responsible Official)

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

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 1 ]

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")
<del>01/02/01</del> <sup>SPL</sup> 1996	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required <sup>SPL</sup>	SAME
_____	Existing/New	RC/CA/None required	_____
_____	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?

[ 70 ] gallons (You must fill this in) PREVIOUS OWNER

(b) If less than 12 months, how many? [ 1 ] months

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

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening \_\_\_\_\_)

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

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

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

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

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

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

How many boilers do you have on-site?  4

For each boiler, indicate its horsepower (HP) rating:  1  5

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

#### 6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

S.P.K.

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.*

Saul Piffet Louis  
Print name of responsible official

[Signature]  
Signature

2/22/01  
Date  
5/10/01

## **Bowman, Sandy**

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**From:** John.Parker@ocfl.net  
**Sent:** Tuesday, May 06, 2003 4:22 PM  
**To:** Bowman, Sandy  
**Cc:** Butler, Rick  
**Subject:** Imperial Dry Cleaners

Sandy:

During a site inspection of Imperial Dry Cleaners airs#: 0950295; I found the facility Out Of Business. The doors were chained and locked. A sign was posted stating the facility is closed, and that any clothes not retrieved by April 2003 will be donated to the Salvation Army. Please update your records.

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

0950295-002

3/21/01

Spoke to Gaul Pierre-Louis and he stated the machine was new in 1996 and it also has a built-in refrigerated condenser as a control device.

P15

- 1(a) Add date of purchase from manufacturer. New should be circled under Status. R.C. should be circled under Control Device Required.

P16

4. New machines at small area source should be marked. Mark about existing machines and initial.
5. All steam and hot water units should be marked
- 6.(c) Required. Should be marked.

P17

7. List surrendered permits. If none mark No DEP air permits exist.

Responsible official sign and date for changes made





**adam's mark.**  
hotels & resorts

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For reservations at any Adam's Mark call 800-444-ADAM (2326)

Charlotte, NC • Clearwater Beach, FL • Columbia, SC • Columbus, OH • Dallas, TX • Daytona Beach, FL  
Denver, CO • Houston, TX • Indianapolis, IN • Kansas City, MO • Memphis, TN • Mobile, AL  
Orlando, FL • Philadelphia, PA • St. Louis, MO • San Antonio, TX • Tulsa, OK • Winston-Salem, NC

RECEIVED  
 FEB 26 2001  
 Bureau of Air Monitoring  
 & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
 AIR GENERAL PERMIT NOTIFICATION FORM

**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): <b>PIERRE US, Inc</b>
2. Site Name (For example, plant name or number): <b>IMPERIAL DRY CLEANERS</b>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <b>1228 Holden Avenue</b> City: <b>ORLANDO</b> County: <b>Orange</b> Zip Code: <b>33839</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0950295-002</b>

**Responsible Official**

6. Name and Title of Responsible Official: Name: <b>Saül PIERRE-LOUIS</b> Title: <b>owner</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>PIERRE US, Inc</b> Street Address: <b>1228 Holden Avenue</b> City: <b>ORLANDO</b> County: <b>ORANGE</b> Zip Code: <b>33839</b>
8. Responsible Official Telephone Number: Telephone: <b>(407) 859 4074</b> Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager):
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1/02/01	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

**1.(b) TRANSFER MACHINES ONLY**

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

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

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No such units on-site

How many boilers do you have on-site?

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

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

#### 6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Saul Pierre Louis  
Print name of responsible official

[Handwritten Signature]  
Signature

2/22/01  
Date



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**

422902 FEB13 2003

Do NOT Remove Label

AIRS ID#0950295

IMPERIAL DRY CLEANERS  
SAUL PIERRE LOUIS  
1228 HOLDEN AVENUE  
ORLANDO FL  
33839

Bureau of Air Monitoring  
& Mobile Sources

FEB 19 2003

RECEIVED

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

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

7000 0520 0020 9372 6360

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
<b>Total</b>		AIRS ID # 0950295	
IMPERIAL DRY CLEANERS			
<b>Recip.</b>	SAUL PIERRE LOUIS		(er)
<b>Street,</b>	1228 HOLDEN AVENUE		
<b>City, St</b>	ORLANDO FL		
	33839		

PS Form 3800, February 2000 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 # 0950295  
 IMPERIAL DRY CLEANERS  
 SAUL PIERRE LOUIS  
 1228 HOLDEN AVENUE  
 ORLANDO FL  
 33839

**COMPLETE THIS SECTION ON DELIVERY**

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

*Saul Pierre Louis* 2/9/02  
 Signature

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

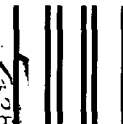
Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0520 0020 9372 6360

UNITED STATES POSTAL SERVICE



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

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

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

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
FEB 11 2002

01





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

OFFICIAL USE

7000 1670 0013 3109 4804

Postage	\$	Postmark Here <i>[Handwritten Signature]</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>		<b>AIRS ID#0950295</b>
Sent To	IMPERIAL DRY CLEANERS	
Street	SAUL PIERRE LOUIS	
City, St	1228 HOLDEN AVENUE	
	ORLANDO FL	
	33839	

**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#0950295

IMPERIAL DRY CLEANERS  
 SAUL PIERRE LOUIS  
 1228 HOLDEN AVENUE  
 ORLANDO FL  
 33839

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten Signature]*  Agent  Addressee

B. Received by (*Printed Name*) *Pierre Louis Romel* C. Date of Delivery *2/7/03*

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

7000 1670 0013 3109 4804

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



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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

414263 FEB18 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 # 0950295  
IMPERIAL DRY CLEANERS  
SAUL PIERRE LOUIS  
1228 HOLDEN AVENUE  
ORLANDO FL  
33839

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