

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

November 13, 2002

Mr. Al Ibrahim  
Whisper Lake Cleaners  
2172 Whisper Lakes Boulevard  
Orlando, Florida 32837

Re: Facility No.: 0950327-002

Dear Mr. Ibrahim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 9, 2002.


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,



Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

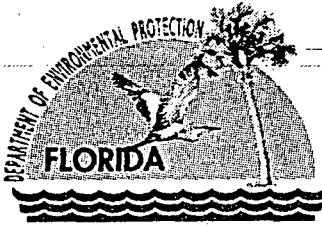
JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

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Fees 96-01  
SOC 5  
Compliance IN



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Governor

# Department of Environmental Protection

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Printed on recycled paper.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

OCT 09 2002

Part III. Notification of Intent to Use General Permit  
Bureau of Air Monitoring & Mobile Sources

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):	SAMIR ENTERPRISES INC.
2. Site Name (For example, plant name or number):	WHISPER LAKE CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 984171165 (USA EPA ID-#)
4. Facility Location: Street Address: City:	2172 WHISPER LAKES BLVD ORLANDO County: FL (ORANGE COUNTY) Zip Code: 32837
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950327-002

Responsible Official

6. Name and Title of Responsible Official: Name:	AL IBRAHIM	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	WHISPER LAKE CLEANERS 2172 WHISPER LAKES BLVD ORLANDO	County:	ORANGE COUNTY (FL) Zip Code: 32837
8. Responsible Official Telephone Number: Telephone:	(407) 856-6455	Fax:	N/A

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:	SAME AS # 6/7/8 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?

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 <i>resale from prev. owner</i>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*\* I believe this machine was purchased in 1989 NEW (But NOT totally certain) M*

\*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?**

*approx*  gallons (You must fill this in)

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

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

New store:  New machine

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

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

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

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

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at 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 (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?  1

EXEMPT

For each boiler, indicate its horsepower (HP) rating:  20

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  N/A
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

RENEWAL

**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.*

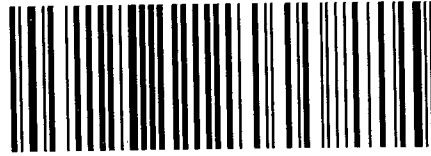
AL IBRAHIM  
Print name of responsible official

[Signature]  
Signature

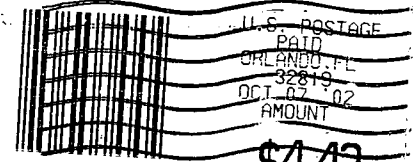
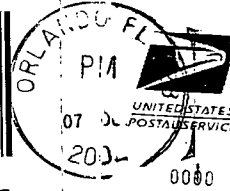
10.4.02  
Date

WHISPER LAKE CLEANERS  
2172 Whisper Lakes Blvd.  
Orlando, FL 32837

**CERTIFIED MAIL™**



7002 2030 0000 7474 7803



32399  
00035186-11

RETURN RECEIPT  
REQUESTED

GENERAL PERMITS SECTION  
Bureau of Air Monitoring and Mobile Sources MS5510  
Department of Environment Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399+2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

424136 FEB28 2003

Do NOT Remove Label

WHISPER LAKE CLEANERS  
ALKARIM IBRAHIM  
2172 WHISPER LAKES BLVD  
ORLANDO FL  
32837

AIRS ID#0950327

Bureau of Air Monitoring  
& Mobile Sources

MAR 05 2003

RECEIVED

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

429636 MAY 8 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

AIRS ID#0950327
WHISPER LAKE CLEANERS ALKARIM IBRAHIM 2172 WHISPER LAKES BLVD ORLANDO FL 32837

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

RECEIVED  
 MAY 12 2003  
 Bureau of Air Monitoring  
 & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436748 FEB 23 2004

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# 950327
ALKARIM IBRAHIM WHISPER LAKE CLEANERS 2172 WHISPER LAKES BLVD ORLANDO, FL 32837

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

RECEIVED  
 FEB 27 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446798 FEB17 2006

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

AIRS ID# 950327      10 WHISPER LAKE CLEANERS 2172 Whisper Lakes Blvd ORLANDO, FL 32837
--

*Printed on recycled paper.*

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

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 FEB 21 2006  
 Bureau of Air Mail  
 & Mobile Services

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458284 JAN20 2006

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

950327                  10 WHISPER LAKE CLEANERS 2172 Whisper Lakes Blvd ORLANDO, FL      32837
--

*Printed on recycled paper.*

FLAIR ACCT. CODE 372020350013755010000  
 BENEFITTING OBJECT CODE 002000  
 BENEFITTING CATEGORY 00300

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

RECEIVED  
 JAN 20 2006  
 Bureau of Air Mail  
 & Mobile Services

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

*REFUND DUE*  
*1ST PAYMENT REC'D*  
*3/12/07 FOR \$50.00*

**TOTAL AMOUNT DUE: \$75.00**

472865 APR 13 2007

RECEIVED  
APR 13 2007  
Mobile Services

Do NOT Remove Label

AIRS ID#950327  
SAMIR ENT INC  
2172 Whisper Lakes Blvd  
ORLANDO, FLORIDA 32837

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

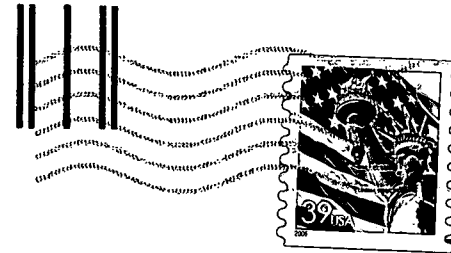
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*4/20/07*  
*REFUND REQUEST # 15136*

Printed on recycled paper.

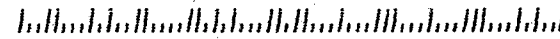
ORLANDO FL 328

MAR 11 5PM 07 PM 6 T



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

323153070 5099



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

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

**TOTAL AMOUNT DUE: \$50.00**

470854 MAR12 2007

Do NOT Remove Label

AIRS ID#950327  
SAMIR ENT INC  
2172 Whisper Lakes Blvd  
ORLANDO, FLORIDA 32837

RECEIVED

MAR 14 2007

Bureau of Air  
& Mobile Services

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

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	AIRS ID#0950327
Sent To <b>WHISPER LAKE CLEANERS</b>	
ALOKARIM IBRAHIM	
Street, Apt. No. or PO Box No. <b>2172 WHISPER LAKES BLVD</b>	
City, State, Zip <b>ORLANDO FL 32837</b>	
PS Form 3800, January 2001	

**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#0950327

WHISPER LAKE CLEANERS  
ALOKARIM IBRAHIM  
2172 WHISPER LAKES BLVD  
ORLANDO FL  
32837

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Mariana Palladino*  Agent  
 Addressee

B. Received by (Printed Name) **MARIANA PALLADINO** C. Date of Delivery **2-7-03**

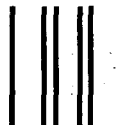
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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 (Transfer from service label) **7001 0320 0001 7975 7612**

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

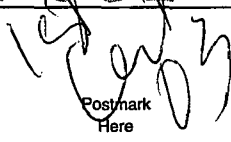
Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED

32399+2400



7003 2260 0003 5651 1083 8901 T595 E000 0922 E001	<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)		
	For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
	<b>OFFICIAL USE</b>		
	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here 	
	Total Pc ID# 950327 <b>ALKARIM IBRAHIM</b> Sent To <b>WHISPER LAKE CLEANERS</b> Street, A/c or PO Box <b>2172 WHISPER LAKES BLVD</b> City, State <b>ORLANDO, FL 32837</b>		
PS Form 3800, June 2002		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:

ID# 950327  
 ALKARIM IBRAHIM  
 WHISPER LAKE CLEANERS  
 2172 WHISPER LAKES BLVD  
 ORLANDO, FL 32837

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
 \_\_\_\_\_ 2/6

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

7003 2260 0003 5651 1083

UNITED STATES POSTAL SERVICE



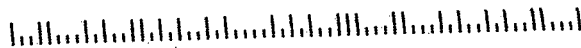
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

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

Bureau of Air Monitoring  
& Mobile Sources

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FEB 9 2004





<b>U.S. Postal Service™</b>											
<b>CERTIFIED MAIL™ RECEIPT</b>											
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td><b>¢</b></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>¢</b>	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>¢</b>										
Sent To AIRS ID# 950327 1stC WHISPER LAKE CLEANERS Street, Apt. No., or PO Box No. 2172 Whisper Lakes Blvd City, State, ZIP+4 ORLANDO, FL 32837											
PS Form 3800, 3											

7003 0500 0004 0144 6552

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 950327 1stC  
 WHISPER LAKE CLEANERS  
 2172 Whisper Lakes Blvd  
 ORLANDO, FL 32837

2. Article Number

(Transfer from service label)

|||||7|003|0500|0004|0144|6552|

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/7

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

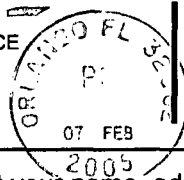
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

Bureau of  
& Mobile Source  
Control

FEB 9 2005

RECEIVED

+2400

