

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 12, 2001

Mr. Jerry Ledsome
Quality Cleaners
2601 North Forest Ridge Boulevard
Hernando, Florida 34442

Re: Facility No.: 0170358-001

Dear Mr. Ledsome:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 12, 2001.

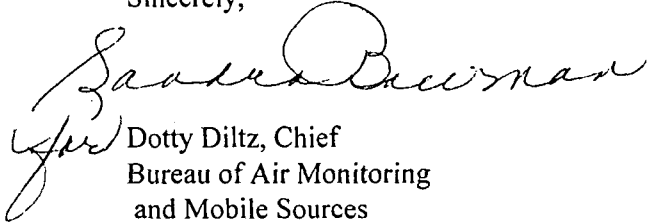
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445194 FEB 2 2005

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# 170358 10
QUALITY CLEANERS
2601 N Forest Ridge Blvd
HERNANDO, FL 34442

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

Bureau of Mobile
& Marine Services
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total | AIRS ID# 170358 1stC
 QUALITY CLEANERS

Sent To | 2601 N Forest Ridge Blvd
 Street, or PO E | HERNANDO, FL 34442
 City, St |

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4490

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID# 170358 1stC QUALITY CLEANERS 2601 N Forest Ridge Blvd HERNANDO, FL 34442 </div>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Julie Ledsome</p> <p>C. Date of Delivery 2-7-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>						
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<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.
<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.						

7004 2510 0002 3939 4490

UNITED STATES POSTAL SERVICE



First-Class Mail
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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
& Mobile Source
Control Program

FEB 10 2005

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29946342





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

✓ ARM

TOTAL AMOUNT DUE: \$50.00

420749 DEC16 2002

Do NOT Remove Label

AIRS ID#0170358

QUALITY CLEANERS
JERRY LEDSONE
2601 N FOREST RIDGE BLVD
HERNANDO FL
34442

RECEIVED
DEC 18 2002
Bureau of Air Monitoring
& Mobile Sources

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

✗ 435684 JAN26 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

170358
JERRY LEDSONE
QUALITY CLEANERS
2601 N FOREST RIDGE BLVD
HERNANDO FL 34442

RECEIVED
JAN 28 2004
Bureau of Air Monitoring
& Mobile Sources

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414048 FEB13 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# 0170358

QUALITY CLEANERS
JERRY LEDSONE
2601 N FOREST RIDGE BLVD
HERNANDO FL
34442

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 9373 0114

	Postage \$	
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	Postmark Here
	Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0170358		
Total QUALITY CLEANERS		
Recd	JERRY LEDSONE	alter)
	2601 N FOREST RIDGE BLVD	
Street	HERNANDO FL	
	34442	
City,		

PS Form 3800, February 2000 See Reverse for Instructions

<p style="text-align: center; font-weight: bold;">SENDER: COMPLETE THIS SECTION</p> <p>PLACE STICKER AT TOP OF ENVELOPE ADDRESS RETURN ADDRESS</p> <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0170358</p> <p>QUALITY CLEANERS JERRY LEDSONE 2601 N FOREST RIDGE BLVD HERNANDO FL 34442</p>	<p style="text-align: center; font-weight: bold;">COMPLETE THIS SECTION ON DELIVERY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td>Jerry Ledson</td> <td>2-9-02</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>Jerry Ledson</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1?</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Yes, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table> <p>3. Service Type</p> <p> <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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	A. Received by (Please Print Clearly)	B. Date of Delivery	Jerry Ledson	2-9-02	C. Signature		<i>Jerry Ledson</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1?		<input checked="" type="checkbox"/> Yes, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery														
Jerry Ledson	2-9-02														
C. Signature															
<i>Jerry Ledson</i>															
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee															
D. Is delivery address different from item 1?															
<input checked="" type="checkbox"/> Yes, enter delivery address below: <input type="checkbox"/> No															
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em;">7000 0520 0020 9373 0114</p>															
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>															

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Postmark
Here

Sent To: AIRS ID#0170358.....2nd Cert 05
 QUALITY CLEANERS
 2601 N Forest Ridge Blvd
 HERNANDO, FL 34442

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3811

7004 2510 0002 3939 7798

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#0170358.....2nd Cert 05
 QUALITY CLEANERS
 2601 N Forest Ridge Blvd
 HERNANDO, FL 34442

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 7798

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Kay Shinsky

- Agent
 Addressee

B. Received by (Printed Name)

Kay Shinsky

C. Date of Delivery

3-4-05

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
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DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air, Water
& Mobile Sources

MAR 7 2005

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

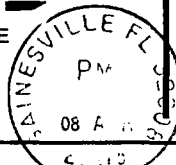
AIRS ID# 170358 3rd Cert04
 QUALITY CLEANERS
 2601 N Forest Ridge Blvd
 HERNANDO, FL 34442

PS Form 3800, June 2002 See Reverse for Instructions

9899 9899 4000 0752 4007
 7004 2510 0004 6986 6668

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>x Kay Shinsky</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery <i>Kay Shinsky / 4-8-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> AIRS ID# 170358 3rd Cert04 QUALITY CLEANERS 2601 N Forest Ridge Blvd HERNANDO, FL 34442 </div>	<p>3. Service Type</p> <p><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.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; display: inline-block; padding: 5px;">7004 2510 0004 6986 6668</div>	

UNITED STATES POSTAL SERVICE



First-Class Mail
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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

Air-dup
x
Mobile Sources
All Monitor

APR 19 2005

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458774 FEB 9 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# 170358 1st
QUALITY CLEANERS
2601 N Forest Ridge Blvd
HERNANDO, FL 34442

BUREAU OF AIR MAIL
& MAIL COURIER

FEB 9 2006

FL AIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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457768 JAN292007

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# 170358
QUALITY CLEANERS
2601 N Forest Ridge Blvd
HERNANDO, FLORIDA 34442

01/31/07
PERMIT
EXPIRED:
4/12/06
DID NOT
CONTACT
JAN 30 2007
Mobile Sources

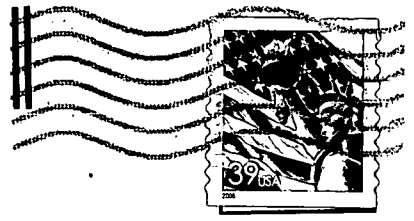
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

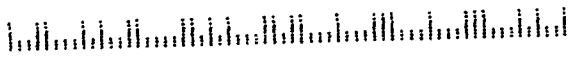
 Quality Cleaners
2601 N. Forest Ridge Blvd.
Hernando, FL 34442-5123

GAINESVILLE/GNV
FL 326 2
27 JAN 2007 PM



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

32315+3070-70 8099



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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")
4-15-94	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

How many washers do you have on-site? [N/A]

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?

[54] 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.

JERRY LEDSOME

Print name of responsible official

Jerry Ledsome
Signature

3/6/01
Date