

# Florida Department of Environmental Protection

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

December 12, 2008

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

Mr. Jerry Ledsome  
Quality Cleaners  
5657 West Pine Circle  
Crystal River, Florida 34429

Re: Facility No.: 0170039-004

Dear Mr. Ledsome:

The Department has received the General Permit Notification Form for the dry cleaning facility that you submitted on November 10, 2008.

As you know, pursuant to Florida Statutes section 403.814(1), authority to operate under general permits commences thirty (30) days after receipt of the notification form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

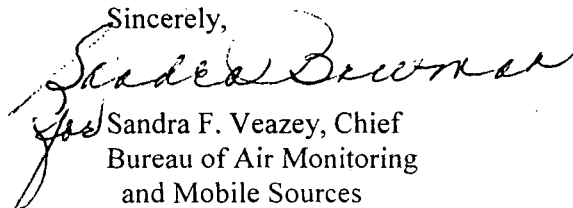
For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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:

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 F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Ms. Danielle Henry, Southwest District

NO ACTIVITY FOR FACILITY  
EMISSION FEE DATES *196-2000*  
SOC REPORTS *1*  
COMP. STATUS - SNC *(MNC)* IN

*TRPT - SOCR - Statement of  
Compliance Report*

*Inspr - Citrus Co - SWD - D Henry*

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 10 2008  
Bureau 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):	JABOON INC. / DBA Quality Cleaners
2. Site Name (For example, plant name or number):	INVERNESS - Sterling St. { SEE ATTACHED E-MAIL AS AN ADDENDUM TO THIS APPLICATION FOR CORRECT "SITE" NAME - 11/13/08 D.D.
3. Hazardous Waste Generator Identification Number:	FLD 984234344
4. Facility Location: Street Address: 1128 Sterling Road City: INVERNESS County: CITRUS Zip Code: 34450	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0170039-004

**Responsible Official**

6. Name and Title of Responsible Official: Name: Jerry LEDSOME Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: QUALITY CLEANERS Street Address: 5657 W. Pine Cr. City: Crystal River County: CITRUS Zip Code: 34429
8. Responsible Official Telephone Number: Telephone: (352) 794-4152 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: ( ) -

RECEIVED  
 Bureau of Air Monitoring  
 & Mobile Source  
 NOV 10 2008

**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")
89	Existing	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? [ 0 ]

How many dryers/reclaimers do you have on-site? [ 0 ]

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")
NA	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?**

90 [ 63 ] gallons (You must fill this in) 12 MONTH RUNNING TOTAL <sup>OCT 08</sup> PER LINDA NOVIK - SWD 11/13/08 M.D.

(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 0170039.
- 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 LEDSONE  
Print name of responsible official

Jerry Ledson  
Signature

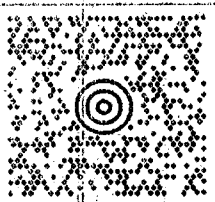
11/4/08  
Date

GENERAL PERMITS SECTION  
2600 BLAIR STONE RD  
TALLAHASSEE FL 32399-6042  
AIR MAIL  
10/05/01 17362

QUALITY CLEANERS  
(352) 746-1782  
PAKMAIL330  
2609 N FOREST RIDGE BLVD  
HERNANDO FL 34442-5123

1 LBS 1 OF 1  
DWT: 15, 12, 1

SHIP TO:  
BYREAU OF AIR MONITORING SOUR. 5510  
GENERAL PERMITS SECTION  
DEPT OF ENVIORONMENTAL PROT.  
2600 BLAIR STONE RD  
TALLAHASSEE FL 32399

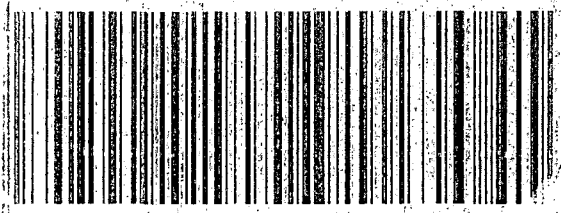
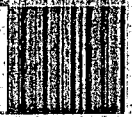


FL 323 0-01



UPS GROUND

TRACKING #: 1Z W89 6E1 03 5571 7362



BILLING: P/P

REF 1 74767 - 11/07/2008

WS 10.0.49 LP2844 84.0R 10/2008

International Shipping Notice - Cargo hereunder may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Carriage of Goods by Road (the "CMR Convention"). These commodities, technology or software were exported from the U.S. in accordance with the Export Administration Regulations. Diversion contrary to U.S. law prohibited. For shipping advice, call 1-800-762-7592. United Parcel Service, Louisville, KY

**Dibble, Dickson**

---

**From:** Novak, Linda  
**Sent:** Thursday, November 13, 2008 11:39 AM  
**To:** Dibble, Dickson  
**Subject:** Drycleaner (0170039)

Dick,

This is the facility we discussed this morning (Jabooh Inc.). Just talked to Ms. Ledsome. She stated their facility name is as follows:

**Quality Cleaners- Inverness- Sterling Road**

They had listed the facility as "Inverness- Sterling St" on the form. She said it would be good to correct this as the other facility is Street, and things get confusing.

Thank you for your assistance.

Linda

11/13/2008