



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 26, 1999

Mr. Steven L. Sawyer
Bay Meadows Place Cleaners
9551 Bay Meadows Road #26
Jacksonville, Florida 32256

Re: Facility No.: 0310470

Dear Mr. Sawyer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 21, 1999.

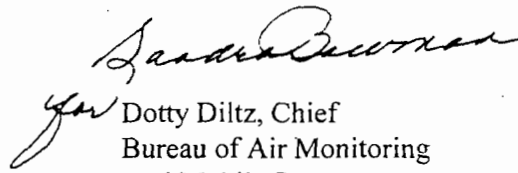
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

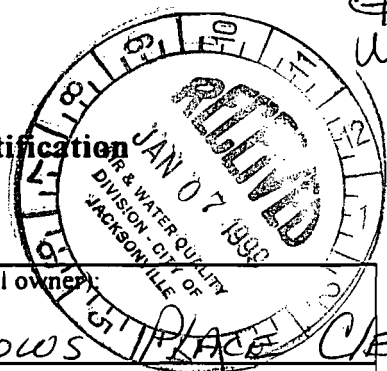
DD/jw

cc: Ms. Lori Tilley, Duval County

Fitzey
Winters

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location



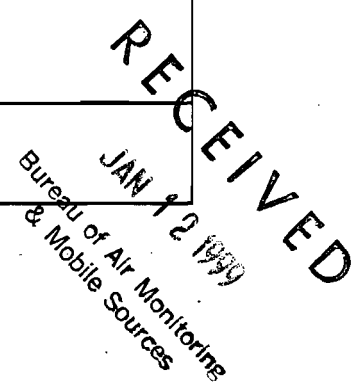
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SAWYERS INC, D/B/A BAYMEADOWS PLACE CLEANERS		
2. Site Name (For example, plant name or number):	Baymeadows location		
3. Hazardous Waste Generator Identification Number:	FLD 122634272		
4. Facility Location:	Street Address: 9551 Baymeadows Rd # 26		
	City: JACKSONVILLE	County: DUVAL	Zip Code: 32256
5. Facility Identification Number (DEP Use):	59-2805574		0310470

Responsible Official

6. Name and Title of Responsible Official:	Steven L Sawyer		
7. Responsible Official Mailing Address:	Organization/Firm: Sawyer's Inc		
	Street Address: 9551 Baymeadows Rd # 26		
	City: JACKSONVILLE	County: DUVAL	Zip Code: 32256
8. Responsible Official Telephone Number:	Telephone: (904) 733-2246 Fax: (904) 733-2179		

Facility Contact (If different from Responsible Official)

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



0310470

p13

6. Add title of Responsible Official

p14

1(C) Should not be marked. Marked and initial.

3. Existing small area source should not be marked. Marked and initial. New large area source should be marked.

p15

4. New large area source R.C. should be marked.

5. Choose one

p16

Responsible official sign and date for changes made

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		#1 03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		* 1 20 MAY 98 30 MAY 98							
(1) w/ ref. condenser		#1 5/98	30 MAY 98						
(2) w/ carbon adsorber		#1 5/98							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

✓ 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

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

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

✓ 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.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No 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.

Steven J. Sawyer

Signature

12/31/98

Date



RECEIVED

MAR - 2 1999

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
Discovery Sites

TYPE OF INSPECTION: ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0310470 DATE: 2/19/99 TIME IN: 8:05 TIME OUT: 8:25

FACILITY NAME: Baymeadows Place Cleaners

FACILITY LOCATION: 9551 Baymeadows Rd. #26
Jacksonville, FL. 32256

RESPONSIBLE OFFICIAL: Steven Sawyer PHONE: 904/733-2246

CONTACT NAME: Same PHONE: Same

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number 4 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 330 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
- Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
- Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
- b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
- Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Jeff Winter

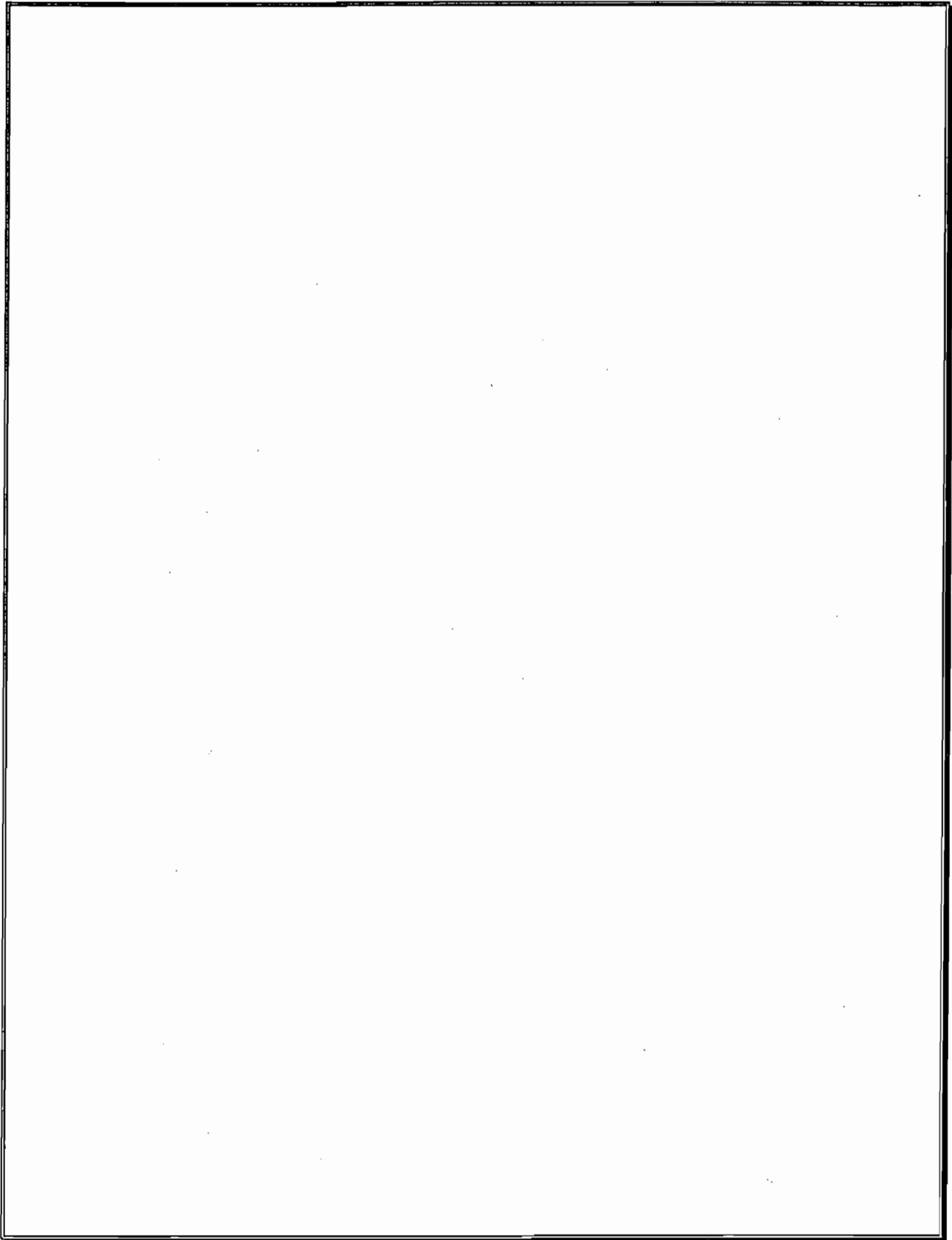
Inspector's Name (Please Print)

Date of Inspection

Jeff Winter
Inspector's Signature

Feb., 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



ACC

AIRS ID#: 0310470

Revised 10/10/9

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Boy meadows Place Cleaners DATE: 2/19/99
 FACILITY LOCATION: 9551 Bay meadows Rd. #26
Jacksonville, FL 32256

Annual Reporting Period: Feb. 19, 1998 TO Feb. 19, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Steven L Sawyer Steven Sawyer 2/19/99
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 805 TIME OUT: 825 AIRS ID#: 03/0470
 TYPE OF FACILITY: Peric. Dry Cleaner
 FACILITY NAME: Baymeadows Place Cleaners DATE: 2/19/99
 FACILITY LOCATION: 9551 Baymeadows Rd. #26
Jacksonville, FL 32256
 RESPONSIBLE OFFICIAL: Steven Sawyer PHONE NUMBER: 904-733-2246

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: Feb, 2000
(Approximate)

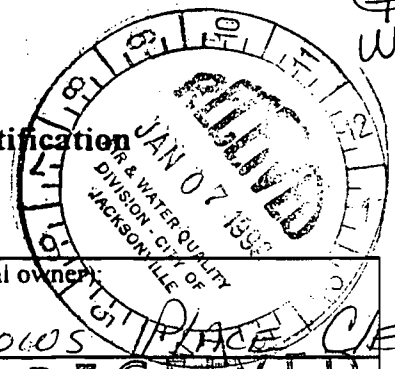
INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: 904-630-3484

Cherry Winters

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location



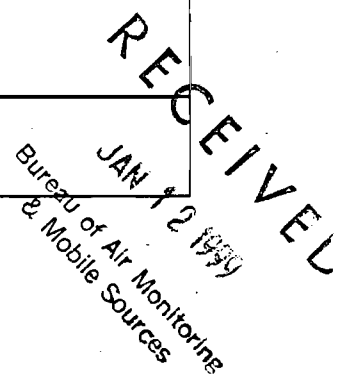
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SAWYERS INC, D/B/A BAYMEADOWS PLACE CLEANERS	
2. Site Name (For example, plant name or number):	Baymeadows location	
3. Hazardous Waste Generator Identification Number:	FLD 122634272	MAR - 2 1999
4. Facility Location:	Bureau of Air Monitoring & Mobile Sources	
Street Address:	9551 Baymeadows Rd # 26	
City:	County:	Zip Code:
Jacksonville	DUVAL	32256
5. Facility Identification Number (DEP Use):	59 - 2805574	0310470

Responsible Official

6. Name and Title of Responsible Official:	Steven L Sawyer - Owner	
7. Responsible Official Mailing Address:	Organization/Firm: Sawyer's Inc	
Street Address:	9551 Baymeadows Rd # 26	
City:	County:	Zip Code:
Jacksonville	DUVAL	32256
8. Responsible Official Telephone Number:	Telephone: 904 733 - 2246 Fax: 904 733 - 2179	

Facility Contact (If different from Responsible Official)

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



Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	* 1 20 MAY 98 30 MAY 98								
(1) w/ ref. condenser	#1	5/98	30 MAY 98						
(2) w/ carbon adsorber	#1	5/98							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

✓ 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

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

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

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.)

Existing small area source

New small area source

Existing large area source

New large area source JS

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser *JS*

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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No 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.

Signature

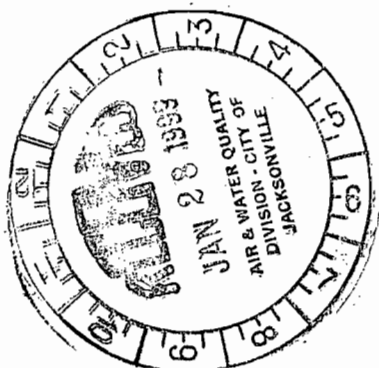
Steven T. Sawyer

Date

12/31/98

Steven T. Sawyer

2/19/99



Handwritten signature or initials.

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 31 2003
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):	SAWYERS Inc DBA BAYMEADOWS PLACE CLEANERS		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 122634272		
4. Facility Location:	9551 BAYMEADOWS RD.		
Street Address:	JACKSONVILLE		
City:	County:	DUAL	
		Zip Code:	32256
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:	Name: STEVEN L. SAWYER Title: SEC/TREAS.		
7. Responsible Official Mailing Address:	Organization/Firm: SAME AS ABOVE		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:	Telephone: (904) 733-2246 Fax: (904) 733-2179		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MARY ANN SAWYER, PRES.		
10. Facility Contact Address:	SAME AS ABOVE		
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:	Telephone: (904) 733-2246 Fax: (904) 733-2179		

file
0310470-002

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")
5/98	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?

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?

275 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?

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
- (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:

- 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.

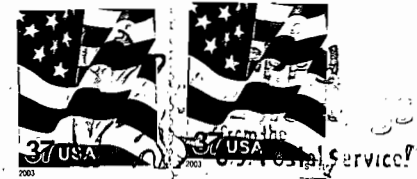
STEVEN L. SAWYER
Print name of responsible official

Steven L. Sawyer
Signature

11/19/23
Date

Baymeadows Place Cleaners

9551 Baymeadows Rd.
Jacksonville, FL 32256



General Permits Section
Bureau of Air Monitoring &
Mobile Sources, MS 5510
Dept of Environmental Protection
2600 Blair Stone Rd
Tallahassee, Fl. 32399-2400

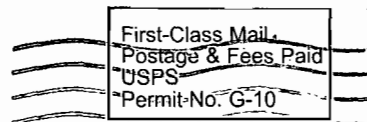
32399+2400



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		
7000 0600 0026 4126 6220		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 0310470		
BAYMEADOWS PLACE CLEANERS STEPHEN L SAWYER 9551 BAYMEADOWS ROAD #26 JACKSONVILLE FL 32256		
<small>PS Form 3811, July 1999 Use for Instructions</small>		

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS		TE 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. 		A. Received by (Please Print Clearly)	B. Date of Delivery <i>2/9/01</i>
		C. Signature <i>House Cleaning</i>	
1. Article Addressed to: <div style="text-align: right;">AIRS ID # 0310470</div> BAYMEADOWS PLACE CLEANERS STEPHEN L SAWYER 9551 BAYMEADOWS ROAD #26 JACKSONVILLE FL 32256		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label) 7000 0600 0026 4126 6220		3. Service Type <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

UNITED STATES POSTAL SERVICE



• 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

32399+2400



U.S. Postal Service™
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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	10 0310470001AG

Received
Oct 03
mwo4

Postmark
Here

Sent To BAYMEADOWS PLACE CLEANERS
STEPHEN L SAWYER
9551 BAYMEADOWS ROAD #26
JACKSONVILLE, FL 32256

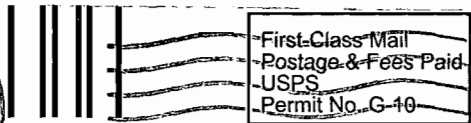
PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 3322

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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;"> <p>10 0310470001AG BAYMEADOWS PLACE CLEANERS STEPHEN L SAWYER 9551 BAYMEADOWS ROAD #26 JACKSONVILLE, FL 32256</p> </div>	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>9/6/03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>7003 0500 0004 0144 3322</p> </div>	<p>3. Service Type <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>

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. •

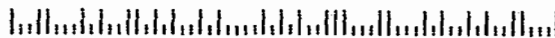
DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitor
& Mobile Sources

SEP 8 2003

RECEIVED

32399-2400



Z 333 667 337

2000

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Send to

AIRS ID # 0310470

BAYMEADOWS PLACE CLEANERS
STEPHEN L SAWYER
9551 BAYMEADOWS ROAD #26
JACKSONVILLE FL 32256

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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 # 0310470
BAYMEADOWS PLACE CLEANERS
STEPHEN L SAWYER
9551 BAYMEADOWS ROAD #26
JACKSONVILLE FL 32256

2. Article Number (Copy from service label)

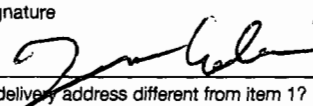
Z 333 667 337

COMPLETE THIS SECTION ON DELIVERY

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

4/2/00

C. Signature

X  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

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 •

BAR/POSTNET CONTROL UNIT
ENVIRONMENTAL PROTECTION
AGENCY
400 RIVER STONE ROAD
WELLS MASSEE, FLORIDA 32093-2100



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405574 FEB16 2001

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

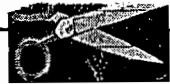
TOTAL AMOUNT DUE: \$50.00

2/16/01 pd

Do **NOT** Remove Label

AIRS ID # 0310470
BAYMEADOWS PLACE CLEANERS STEPHEN L SAWYER 9551 BAYMEADOWS ROAD #26 JACKSONVILLE FL 32256

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421889 JAN17 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

RECEIVED
JAN 23 2003
Bureau of Air Monitoring
& Mobile Source

Do **NOT** Remove Label

AIRS ID#0310470
BAYMEADOWS PLACE CLEANERS STEPHEN L SAWYER 9551 BAYMEADOWS ROAD #26 JACKSONVILLE FL 32256

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0394620

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

refund duplicate 2/21/00 #6061

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AIRS ID # 0310470
 BAYMEADOWS PLACE CLEANERS
 STEPHEN L SAWYER
 9551 BAYMEADOWS ROAD #26
 JACKSONVILLE FL 32256

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

RECEIVED
 MAIL ROOM
 APR 25 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392382

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 # 0310470
 BAYMEADOWS PLACE CLEANERS
 STEPHEN L SAWYER
 9551 BAYMEADOWS ROAD #26
 JACKSONVILLE FL 32256

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

RECEIVED
 MAIL ROOM
 FEB 21 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413190 JAN16 2002

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0310470
BAYMEADOWS PLACE CLEANERS
STEPHEN L SAWYER
9551 BAYMEADOWS ROAD #26
JACKSONVILLE FL
32256

FOR GOVERNMENT USE ONLY
Org: 7550101000 EO: A1
Fund: 20-2-035001
Obj: 002273

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& Noise Control
JAN 18 2002
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