

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 23, 2003

Mr. Michael E. Page
Billy Sage Cleaners
950 Cassat Avenue
Jacksonville, Florida 32205

Re: Facility No.: 0310471-002

Dear Mr. Page:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 22, 2003.

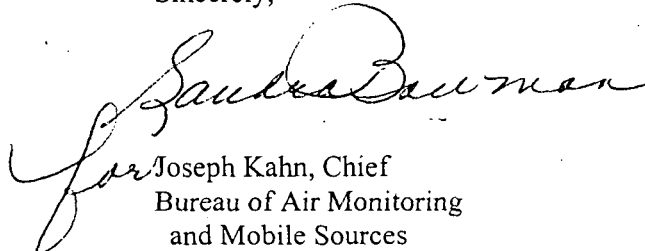
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


for Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

Printed on recycled paper.

Emission Fees - '99 - 2002
SOC REPORT - 2
Compliance Status - IN
(9/19/2002)

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 22 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):	MIKE PAGE, INC. DBA BILLY SAGE CLEANERS
2. Site Name (For example, plant name or number):	950 CASSAT AVE.
3. Hazardous Waste Generator Identification Number:	FLD 020974085
4. Facility Location: Street Address:	950 CASSAT AVENUE
City:	JACKSONVILLE
County:	DUVAL
Zip Code:	32205
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0310471-002

Responsible Official

6. Name and Title of Responsible Official:	(Page)
Name:	MICHAEL E. PAGE
Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	MIKE PAGE, INC.
Street Address:	950 CASSAT AVENUE
City:	JACKSONVILLE
County:	DUVAL
Zip Code:	32205
8. Responsible Official Telephone Number:	OR
Telephone:	(904) 381-5401 (904) 786-8520

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CURTIS FRAME - PLANT MGR.
10. Facility Contact Address: Street Address:	950 CASSAT AVE.
City:	JACKSONVILLE
County:	DUVAL
Zip Code:	32205
11. Facility Contact Telephone Number:	
Telephone:	(904) 786-8520 (904) 786-8520

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")
<u>9-19-96</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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")
_____	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?

51 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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

MICHAEL E. PAGE
Print name of responsible official


Signature

9-18-03
Date

Page 15

- 1.(a) New should be circled under Status for 1996 dry-to-dry machine.

Page 16

- 6.(e) Startup, Shutdown, Malfunction plan is required for all sources.

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit.

- If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal.

If you are a new owner, please check this and return this form with your completed notification form.

If you are a new RO (Responsible Official), and/or your existing business has moved to a new location, please check this box and return this form with your completed notification form.

- If you do not wish to continue your eligibility, please disregard this notice.



Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

7:07 AM '07 PM 3:30
FINANCE & ACCOUNTING
REVENUE

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

*Jennifer
Correction
768043 11/10/07
271288*

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

*PAID
CH 2400
11/10/07*

(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.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
APP 02 11/10/07
Bureau of
& Mobile
Soil

Do NOT Remove Label

FLAIR ACCOUNT CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

AIRS ID#310471
IKE PAGE INC
950 Cassat Avenue
JACKSONVILLE, FLORIDA 32205

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



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary - Designee

February 1, 2007

SECOND NOTICE OF ANNUAL OPERATION FEE

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for the calendar year **2006**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50 percent penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dick Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

/SV

Enclosure: Invoice Form

MIKE PAGE, INC.
D/B/A BILLY SAGE CLEANERS
950 CASSAT AVE
JACKSONVILLE, FL 32205
904-786-8520

AMSouth BANK
THE RELATIONSHIP PEOPLE
63-466/631

2400

1/1/2007

PAY TO THE ORDER OF Fla. Dept. of Environmental Protection

\$150.00

One Hundred Fifty and 00/100*****

156762 JAN 10 '07

DOLLARS

Florida Dept. of Environmental Protection
Drycleaner Registration
POB 3070
Tallahassee, FL 32315-3070

MEMO:

000000 150000

3700000
DEPT OF ENVIRONMENTAL PROTECT.
FOR DEPOSIT ONLY

JAN -9 07

NATIONSBANK
FLORIDA STATE TREASURY
CONCENTRATION ACCT.

BANK OF AMERICA, N.A.
E4408 90 P27
01/11/07

AMSouth BANK
E7041 EP

Security features. Details on back.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436579 FEB19 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

310471 MICHAEL PAGE BILLY SAGE CLEANERS 930 CASSAT AVE JACKSONVILLE FL 32205
--

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456886 DEC15 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

310471 10 BILLY SAGE CLEANERS 950 Cassat Avenue JACKSONVILLE, FL 32205

Bureau of Air Monitoring
& Mobile Sources

DEC 16 2005

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
--

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

Do NOT Remove Label

AIRS ID# 310471 10
BILLY SAGE CLEANERS
950 Cassat Avenue
JACKSONVILLE, FL 32205

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

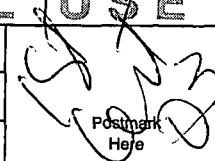
Printed on recycled paper.

443934 DEC 29 2004

Bureau of Air Monitoring
& Mobile Sources

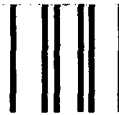
DEC 30 2004

RECEIVED

0490 7595 8000 0922 8007	U.S. Postal Service™	
	CERTIFIED MAIL™ RECEIPT	
	<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	For delivery information visit our website at www.usps.com	
	OFFICIAL USE	
Postage	\$	Postmark Here 
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage ID# 310471		
Sent To	MICHAEL PAGE	
	BILLY SAGE CLEANERS	
Street, Apt. or PO Box	930 CASSAT AVE	
City, State	JACKSONVILLE, FL 32205	
PS Form 3800, June 2002		See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2/6/07</u></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> <p>ID# 310471</p> <p>MICHAEL PAGE BILLY SAGE CLEANERS 930 CASSAT AVE JACKSONVILLE, FL 32205</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p>7003 2260 0003 5651 0840</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</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 •

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 9 2004

RECEIVED

