

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

May 5, 1998

Ms. Mary P. Sage Sage Dry Cleaners 400 West U.S. 90 Baldwin, Florida 32234

Re: Facility No.: 0310449

Dear Ms. Sage:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 29, 1998.

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,

or Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

## Perchloroethylene Dry Cleaning Facility Notification

**Facility Name and Location** 

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  May P SAGE SAGE Dry Charles Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
i	Soge Dry Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 400 W. W. 90 Street Address:
	City: Baldwin County: Duval Zip Code: 32234
5.	Facility Identification Number (DEP Use):
	0310449
	Responsible Official
	Name and Title of Proceedings (CCC)
6.	Name and Title of Responsible Official:
	Mary P. Sage, Owner
7.	Mary P. Sage, Owner  Responsible Official Mailing Address: Organization/Firm: Sage Dry cleaners  Street Address: 400 w. U.S. 90
	City: Baldwin County: Dural Zip Code: 32234
8.	Responsible Official Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	NA
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

#### **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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine.	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		JUN. 94	Jun.94				· · · · <u>-</u>		
(2) w/ carbon adsorber									
(3) w/ no controls	_								
Washer Unit									<del></del>
(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			-					*	<del></del>
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
						•			
•									
(b) Control devices are	requ	ired, but not	yet installed	[	ן				
	·		•.						
(c) No control devices	аге ге	quired to be	installed [		]				
		•	<u></u>						
2.(a) What was the total q	uanti	ty of perchlo	roethylene (p	регс)	purchased in	the latest 12	mon	ths?	
	gallo	ns	-						
	_								
(b) If less than 12 month	is, ho	w many? [_	] months						
Check why it is less	than	12 months: 1	New owner:		] New store:	Did r	ot k	eep records:	
					•				
3. What is the facility's sou	rce c	lassification	based on the	defii	nitions found	in section (3	) of l	Part II?	
(Indicate with an "X". S	Select	one classific	cation only.)						
Existing small are	a sou	irce []	Ne	w sm	all area sour	ce 🔀			
						•			
Existing large are	a sou	rce []	Ne	w lar	ge area sourc	:e []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to sectio (Indicate with an "X".)	on (5) of Part II of this notification form?
Existing large area source  Carbon adsorber Refrigerated con	ndenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
	·
5. A facility which contains non-exempt emissions units shall not be eto Rule 62-213.300, F.A.C. Verify that all steam and hot water general exemption criteria or that no such units exist on-site:	<del>-</del>
All steam and hot water generating units on-site (1) have a total heat is boiler HP or less), and (2) are fired exclusively by natural gas except judicing which propane or fuel oil containing no more than one percent	for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
	. ·
Equipment Monitoring and Recordkeepin	ng Information
Check all logs which are required to be kept on-site in accordance with	•
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	íXi íXi
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

DEP Form No. 62-213.900(2)

Effective: 6-25-96

## Surrender of Existing Air Permit(s)

Please indica	te 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)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.

DEP Form No. 62-213.900(2) Effective: 6-25-96

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b>	COMPLAINT/DI	ISCOVERY	
AIRS ID#: <u>03/0449</u> 1 FACILITY NAME:	DATE: 8/12/98 Sage Dry C	Ckaners		TIME OUT: _	10:30
FACILITY LOCATION:	400 W. Baldwir	U.S. 90 , FL	32234 32234		
RESPONSIBLE OFFICIAL :	Mary P. S.	age	PHONE: (904)	266-4	846_
CONTACT NAME:			PHONE:	June	
PART I: NOTIFICATION					
(check appropriate box)			•		
1. New facility notified DARM	30 days prior to startup				×
2. Facility failed to notify DARM	M to use general permit				
PART II: CLASSIFICATION	T				100
PART II: CLASSIFICATION  Facility indicated on notification			☐ No notification	form	- 400 L &
Facility indicated on notification (check appropriate box)			☐ No notification☐ Drop store/out		etroleum
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ Drop store/out		etroleum
Facility indicated on notification (check appropriate box)	on form that it is:	New small ar	☐ Drop store/out		etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	on form that it is:  ce	New small ar y-to-dry only, x insfer only, x <	Drop store/out  ea source  c < 140 gal/yr  200 gal/yr		etroleum
Facility indicated on notification (check appropriate box)  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	on form that it is:  ce	New small ar y-to-dry only, x insfer only, x < th types, x < 14	Drop store/out  rea source c < 140 gal/yr 200 gal/yr 40 gal/yr		etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	on form that it is:  ce	New small ar y-to-dry only, x insfer only, x < th types, x < 14	Drop store/out  ea source  c < 140 gal/yr  200 gal/yr		etroleum
Facility indicated on notification (check appropriate box)  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	on form that it is:  ce	New small ary-to-dry only, x onsfer only, x < 14 onstructed on one of the wind only, 1 onsfer only, 1 onsfer only, 200 th types, 140 <	Drop store/out  rea source  c < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)	of business/pe	7.
Facility indicated on notification (check appropriate box)  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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 gr	ce	New small ar y-to-dry only, x insfer only, x < th types, x < 14 onstructed on o New large ar y-to-dry only, 1 insfer only, 200 th types, 140 \le onstructed on o	Prop store/out  The source of	of business/pe	SEP SEP
Facility indicated on notification (check appropriate box)  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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility classified in the place of the constructed before 12/9/91)	on form that it is:  ce	New small are y-to-dry only, x onsfer only, x < the types, x < 14 onstructed on one of New large are y-to-dry only, 10 onsfer only, 200 the types, 140 < the types, 140 < the types onstructed on one of Y	Drop store/out  rea source  ( < 140 gal/yr  200 gal/yr  40 gal/yr  a fter 12/9/91)  rea source  (40 ≤ x ≤ 2,100 gal/yr  x ≤ 1,800 gal/yr  r after 12/9/91)  □Can not determinate  The proposition of the p	Bureau of Air Monitoring  & Mobile Sources  yr  ine  ove	SEP 17 1998

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XIY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XXNA beds according to the manufacturer's specifications? 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		√A
	Is the temperature differential equal to or greater than 20° F?		√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?		√A
	Is the perc concentration equal to or less than 100 ppm?		J/A
	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?		J/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		J/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON	I/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: YY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days OY ON ON/A and parts installed w/in 5 days of receipt? DY DN MNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XINA 5. Maintained exhaust duct monitoring data on perc concentrations? MD VAX 6. Maintained startup/shutdown/malfunction plan? DY ON XIN/A 7. Maintained deviation reports? DY DN MNA Problem corrected? 8. Maintained compliance plan, if applicable? DY DN XXVA

P	ART VI: LEAK DETECTION AND	REPA	IRS				
=	Does the responsible official conduct			small sou	rces, bi-weekly) leak detection a	nd rer	oair
	inspection?					XXY	□N
2.	Has the facility maintained a leak log	?				ΠY	MX
3.	Does the responsible official check the	e follow	ing a	reas for lea	ıks?		,
	Hose connections, fittings, couplings, and valves	Y	□N	□N/A	Muck cookers	¥Υ	□N □N/A
	Door gaskets and seating	YY	ΠN	□N/A	Stills	XY	□N □N/A
	Filter gaskets and seating	XY	ПN	□N/A	Exhaust dampers	<b>A</b> Y	□N □N/A
	Pumps	AA	□N	□N/A	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	XY	ΠN	□N/A	Cartridge filter housings	XY	□N □N/A
	Water separators	XY	ΠN	□N/A	•		
4.	Which method of detection is used by	the resp	onsib	le official?	?		
	Visual examination (condensed s	solvent	on ex	terior surfa	aces)	TA.	
	Physical detection (airflow felt th	ırough į	gaske	ts)		阿阿阿	
	Odor (noticeable perc odor)					₽.	
	Use of direct-reading instrument	ation (F	ID/PI	D/calorim	etric tubes)		
	Halogen leak detector						
	If using direct-reading inst	rument	ation,	, is the equ	uipment:	ZN/	A
	a. Capable of detecting	perc va	por co	oncentratio	ons in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a (PID/FID only)?	standar	i gas	prior to an	d after each use	ΠY	□N
	c. Inspected for leaks ar	nd obvio	ous si	gns of wea	r on a weekly basis?	ПY	□N
	d. Kept in a clean and s	ecure a	rea w	hen not in	use?	ПY	□и
	e. Verified for accuracy	by use	of dup	plicate sam	ples (calorimetric only)?	ΠY	□N

Inspector's Name (Please Print)

August D, 1998

Date of Inspection

August, 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/	DISCOVERY _	RE-INSPECTION
TIME IN: 950	TIME OUT:	1030	AIRS ID#:	03/0449
TYPE OF FACILITY:	Dry Cleaner			
FACILITY NAME:	Sage Dry (	Cleaners		DATE: <i>8/12/98</i>
FACILITY LOCATION:	400 W. U	1. S. 90	201/	· '
	Kaldwin, 1	2 322	234	Out out total
RESPONSIBLE OFFICIAL:	Mary	age	PHONE NUMBE	ER: 904-266-4846
	the compliance requirements that the compliance requirements that the compliance requirements that the compliance requirements are compliance requirements.	_	_	facility is found to be in
Based on the results of discrepancies were not	the compliance requirement	ents evaluated during	this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM FO	DLLOW-UP AC	TION REQUIRED
@ Leak Chack 18	coids not kep	rt. R.O.	will begin	, Using Calender
			<b>,</b>	
COMMENTS:				
The Annual Compliance Certification	ication form has been prop	erly certified and su	bmitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION	ON:	AUGUST,	1999	
·		(Approximate	•	
INSPECTION CONDUCTED	) BY:	(Please Print)		
INSPECTOR'S SIGNATURE	i: Jeffry	Winte		ER: <u>904-630-2800</u>
	/0//	Pageof		Revised 10/9

### PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST & COMPLAINT ANNUAL TYPE OF INSPECTION: **RE-INSPECTION** 10/0 TIME OUT: FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility nonfied 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: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr drv-to-drv only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gai/yr both types, x < 140 gai/vr (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ drv-to-drv only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/vrtransfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gai/yr (constructed before 12/9/91) (constructed on or after 12/9/91) $\square$ N □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number \_\_\_\_\_ 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 130 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? Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposai? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? XY ON ON/A Equipped dry-to-dry machines with a closed-loop vapor venting system? Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN MNA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В	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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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?	ЦY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	□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?	ПY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y UN UN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN MN/A DY DN XN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN MANA MAY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? OY ON ND Y Problem corrected? □Y □N 8. Maintained compliance plan, if applicable?

PAF	RT VI: LEAK DETECTION AND	REPAIRS	·	
1. I	oes the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	and repair
iı	nspection?			XY DN
2. H	as the facility maintained a leak log	?	•	_DX >24M
3. D	oes the responsible official check th	e following areas for leaks	s?	·
	Hose connections, fittings, couplings, and valves	OY XIN ON/A	Muck cookers	XY ON ON/A
	Door gaskets and seating	XY ON ON/A	Stills	YEY ON ON/A
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	A/KING YO
	Pumps	AY ON ON/A	Diverter valves	OY ON XN/A
	Solvent tanks and containers	AND NO NA	Cartridge filter housings	Y ON ON/A
	Water separators	XY ON ON/A		
4. W	hich method of detection is used by	the responsible official?		,
	Visual examination (condensed	solvent on exterior surface	es)	×
	Physical detection (airflow felt the	hrough gaskets)		×
	Odor (noticeable perc odor)			<b>X X X X X X X X X X</b>
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	a ·
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	ment:	<b>∀</b> N/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	ND Y
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N
	c. Inspected for leaks as	nd obvious signs of wear o	on a weekly basis?	□Y □N
	d. Kept in a clean and s	secure area when not in us	e?	□Y □N
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	□Y □N
			•	

Inspector's Name (Please Print)

Date of Inspection

June, 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFOR	MATION:		
		 · · · · · · · · · · · · · · · · · · ·	
	•		
			•
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY RE	-INSPECTION
TIME IN: /0/0	TIME OUT:	1040 AIRS 1D#: 03/0	1449
TYPE OF FACILITY:	IC. Dry Chanel		
FACILITY NAME:	Sage Dry Ck	paners date	6/10/99
FACILITY LOCATION:	400 W. V	1.5.90	
TACIBIT DOCKTION.	Ballwin, F	L 32234	
RESPONSIBLE OFFICIAL:	Mary P. Sage	PHONE NUMBER:	
	he compliance requirements eva ule 62-213.300, Florida Admini	luated during this inspection, the facility is for strative Code (F.A.C.).	ound to be in
Based on the results of t discrepancies were note		luated during this inspection, the following c	ompliance
COMPLIANCE REQU	UREMENT/PROBLEM	FOLLOW-UP ACTION RE	QUIRED
1) Perc. Machine	leaking	R.O. Will Ned to Re	Poir
2) No leak log		R.O. Will need to beg	in
	· ·		
3) No Temp. Mo	nitoring	machine NOT aqui	pad.
	·		
COMMENTS:			
The Annual Compliance Certific	ration form has been properly cer	tified and submitted to the inspector.	еѕ📈 ио
DATE OF NEXT INSPECTIO	N:	une, 2000	
INSPECTION CONDUCTED		Approximate)  Winter  Please Print)	
INSPECTOR'S SIGNATURE:	a. 11	Please Print)  PHONE NUMBER: 904	1630-3484
·	Doge.	/ of /	Period 10/96

Revised 10/10/96

AIRS ID#: 03/0449

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Sage Dry Cleaners	DATE:	6/10/99
FACILITY LOCATION:	400 W. U.S. 90		
	Baldwin, FL 322	34	
Annual Reporting Period:	June 10, 1998	To Jone 10,	1922
Based on each term or condition	of the Title V general air permit, my facility h	as remained in compliance with DEF	Rule
62-213.300, Florida Administrat	ive Code (F.A.C.), during the period covered b	by this statement. QYES	⊠ <sub>NO</sub>
If NO, complete the following:			
	neral permit that has not been in continuous co	• • • • • • • • • • • • • • • • • • • •	l stated above:
Exact period of non-compliance:	from 6/10/98	to 6/10/99	
	liance: R.O. Will Need	to fix Last, Les	14/09
Method used to demonstrate com	Day of		
#2. Term or condition of the ger	neral permit that has not been in continuous comp. MonitoRing		l stated above:
	from 6/10/98	,	· 
Action(s) taken to achieve compl	liance: R.O. Will need to	install a tenp. 9	vage.
Method used to demonstrate com	npliance: ReinsPection		:
	·		
made in this notification are true	eby certify, based on information and belief for e, accurate and complete. Further, my annual se receipts, does not exceed 2,100 gallons per facilities.	consumption of perchloroethylene so	olvent, based
RESPONSIBLE OFFICIAL:	Mary P 5A9F Name (Please Print)	Signature	7-15-99 Date

<sup>\*</sup>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.

	/	
<b>/</b>		

AIRS ID#:	031	044	9

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Sage	Dry C	Kaners			DATE: 8/	12/98
FACILITY LOCATION:	400	W. U.	5.90			<u> </u>	
_	Baldw	in, Fo	2 322	34	·		
	100 1000						
Annual Reporting Period:	April	29	19_9	<u>8</u> то _	August		19 <u>98</u>
Based on each term or condite 62-213.300, Florida Adminis						<u> </u>	: O
If NO, complete the followin	g:						
#1. Term or condition of the	general permi	t that has not	been in continuo	us compliance	e during the report	ing period state	d above:
Part VI(Z):	Leak lo	g hot	maintain	ed			
Exact period of non-complian	nce: from	Apr	il 29	<u>1998</u> to	Augus	- 12,199	₹ <u> </u>
Action(s) taken to achieve co	mpliance:	R.	O. will &	egin			
Method used to demonstrate	compliance:	Re	einspectio	14	•		
#2. Term or condition of the	general permi	t that has not	been in continuo	us compliance	e during the report	ing period state	ed above:
					R E C	EIVE	
Exact period of non-complian	nce: from			to_	- 0-50	<b>A</b>	
Action(s) taken to achieve co	mpliance:				<b>3</b> EP	2 5 1990	
	-					Air Monitoring	
Method used to demonstrate	compliance:				Q IVIOD	ile Sources	
					<u> </u>		
As the responsible official, I made in this notification are upon rolling averages of puryear for transfer or combinate	true, accurate chase receipts,	and complete	e. Further, my ar	inual consum	ption of perchloro	thylene solven	t, based
RESPONSIBLE OFFICIAL	L: MARY	P	SAGE	11/-	- P &	8-1:	2-98
	Мa	me (Please P	rint)		Signature	I	Date

<sup>\*</sup>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.

## BEST AVAILABLE COPY

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE O	F INSPECTION:	ANNUAL RE-INSPECTIO	<b>X</b>	COMPLAIN	NT/DISCOVEI	RY	
AIRS ID	#: <u>03/0449</u> D	DATE: 5/2/20	00 TIME	IN: 0940	TIME OU	т: <u>/00</u> С	<u>}_</u>
FACILIT	ГҮ NAME:	Sage Di	y Clea	ners			
FACILIT	ΓΥ LOCATION:	400 1	West. U	1.5. 90			
		<u> Bald</u>	_	FL 3			
RESPON	SIBLE OFFICIAL:	Mary P.	Sage	PHONE:	904-260	6-482	2
CONTAC	CT NAME:	Sa	ne	PHONE:	Sax	ne	_
PART I:	NOTIFICATION				. •		
(check ap	propriate box)						
1. New fa	acility notified DARM 3	0 days prior to star	tup			×	
2. Facility	y failed to notify DARM	I to use general per	mit			Ô	
PART II:	: CLASSIFICATION						
(check ap	ndicated on notification propriate box)	of form that it is:		☐ No notific ☐ Drop stor	cation form e/out of busine	ess/petroleum	
dry-to- transfe both ty	isting small area source dry only, x < 140 gal/yr er only, x < 200 gal/yr ypes, x < 140 gal/yr ructed before 12/9/91)		transfer only, a both types, x <	y, x < 140 gal/yı x < 200 gal/yr	<u>۾</u> 1) ڇ	∑. → .	ス 「 「
3. Exi	isting large area source dry only, $140 \le x \le 2,10$	00 gal/yr	transfer only,	y, $140 \le x \le 2,10$ $200 \le x \le 1,800$	gal/yr	- 7 2000 Air Monitoring	<b>V</b>
transfe both ty	or only, $200 \le x \le 1,800$ or pes, $140 \le x \le 1,800$ ga ructed before $12/9/91$ )	~ .	both types, 146 (constructed or	$0 \le x \le 1,800 \text{ ga}$ n or after $12/9/9$	ı/ yr	oring .	
transfe both ty (constr	$y$ pes, $140 \le x \le 1,800$ ga	l/yr			1)	oring "	C
transfe both ty (constr	ppes, $140 \le x \le 1,800$ garucted before $12/9/91$ )  is is a correct facility class f no, please check the approximate facility	l/yr	(constructed of ✓Y □N  ation: eral permit as n	n or after 12/9/9  □Can not de	termine above	orine "	

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### 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)

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



- TAY ON ON/A
  - OY ON AN/A
- DY WN
- Y ON ON/A
- Y UN

В.	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?	ΠY	□N.	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\square_{Y}$	□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?	$\Box$ Y	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ 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?	ΠY	ПN	□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	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	TAV ON
2. Maintained rolling monthly total of perc consumption?	AV ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	TAY ON ON/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?	OY ON TAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON TON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	A/MAPT NO YO
6. Maintained startup/shutdown/malfunction plan?	TAY □N
7. Maintained deviation reports?	□Y □N ¥N/A
Problem corrected?	DY DN \$ N/A
8. Maintained compliance plan, if applicable?	OY ON MAN/A

#### PART VI: LEAK DETECTION AND REPAIRS

_					
1.	Does the responsible official conduct a	a weekly (for small sources	s, bi-weekly) leak detection a	nd repair	
	inspection?			AN ON	
2.	Has the facility maintained a leak log?			DY XN	
3.	Does the responsible official check the	e following areas for leaks?	?	1	
	Hose connections, fittings,	1		_	
	couplings, and valves	TON ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	THY ON ON/A	Stills	Y ON ON/A	
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	DY DN SIN/A	
	Pumps	, <b>15</b> (Y □N □N/A	Diverter valves	OY ON MIN/A	
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A	
	Water separators	TAY ON ON/A		·	
4.	Which method of detection is used by	the responsible official?		-	
	Visual examination (condensed s	solvent on exterior surfaces	s)	*	
	Physical detection (airflow felt the	hrough gaskets)		*	
	Odor (noticeable perc odor)			<b>A</b>	
	Use of direct-reading instrument	ation (FID/PID/calorimetri	ic tubes)		
	Halogen leak detector				
	If using direct-reading insti	rumentation, is the equip	ment:	N/A	
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a standard gas prior to and after each use				
	(PID/FID only)?	•		OY ON	
	c. Inspected for leaks a	nd obvious signs of wear o	n a weekly basis?	OY ON	
	d. Kept in a clean and s	secure area when not in use	?? <sup>*</sup>	OY ON	
	e. Verified for accuracy	y by use of duplicate sampl	les (calorimetric only)?	OY ON	

Seff Winter
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFO	DRMATION:		
		•	
		`	
	-		

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>
FACILITY NAME: Sage Dry Cleaners DATE: 5/2/2000
FACILITY LOCATION: 400 West U.S. 90
Baldwin, FL 32234
Annual Reporting Period: June 10, 1999 TO May 2, 2
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. TYES
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:  5(b) No leak Cleck records kept
Exact period of non-compliance: from July 10, 1999 to May 2, 2000
Action(s) taken to achieve compliance: LO. Will Legin keefing Vecords
Method used to demonstrate compliance: Reinspection
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  5 (c) No Condenser femperature Monitoring
Exact period of non-compliance: from Jule 10, 1999 to May 2, 2000
Action(s) taken to achieve compliance: R.O. Will begin keeping records
Method used to demonstrate compliance: Reinspection
Product asset 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:  Name (Please Print)  Signature  Date

<sup>\*</sup>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: 0940TIME OUT:	/000AIRS ID#:
TYPE OF FACILITY: LECC. Dry Cle	raner
FACILITY NAME: Sage Dry	Cleaners DATE: 5/2/2000
FACILITY LOCATION: 400 W.	V.S. 90
Baldwin	FL 32234
RESPONSIBLE OFFICIAL: Mary P.	Sage PHONE NUMBER: 904/266-4822
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Add	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	s evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
ONO leak Check records	R.O. Will Start
1 No Condenser temp. Monito	oring R.O. Will Start
	<u> </u>
COMMENTS:	•
	——————————————————————————————————————
The Annual Compliance Certification form has been properly	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	May, 2001
	(Approximate)
INSPECTION CONDUCTED BY: 26	Moses Print
INSPECTOR'S SIGNATURE: Allam U.	(Please Print)  PHONE NUMBER: 904/630-12/2
Pai	ext. 3/69

MS# MC Acct #	5521	GE:	TATED INC.		New York
Department of Environmenta 2600 Blair Stone Rd Tallahassee FL 32399-2400	l Protection	7000 0600 00		FEB -7.02	POCTAL
And the second s	Som Z	7000 0600.00	126 4758 6442	Burga	ح ح
SAGE DRAFCE MARY E SAGE 400 W.H.S.90 BACOWNAU 32234	AIRS ID # 031044			Bureau of Although	
	322	30+1770-9			
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	40 CU TI TI Betur	Postage \$ Certified Fee rn Receipt Fee	Postmark Here		
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AIRS ID # 0310449

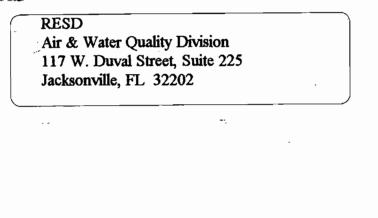
SAGE DRY CLEANERS
MARY P SAGE

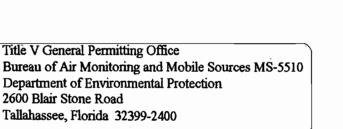
Street, Apt. No. 400 W US 90

BALDWIN FL

Oity, State, ZiP. 32234

	SENDER::COMPLETE THIS SECTION 2011 USE DECEMBER	≤COMPLETE-THIS SEG-JON-ON-DELIVERY
•	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  C. Signature  X  Agent  Addressee
SAGI MAR 400 V	AIRS ID # 0310449 E DRY CLEANERS RY P SAGE W US 90 DWIN FL	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
32234		3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Returns	4. Restricted Delivery? (Extra Fee)





Tribuildellebenhandabilleibedabi

2600 Blair Stone Road

S PM S 27 APR

APR27'98



(cut he. .,

#### 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 thealing label.

MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0310449

SAGE DRY CLEANERS MARY P SAGE 400 W US 90 BALDWIN FL 32234

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

4	U.S. Postal S CERTIFIED (Domestic Mail O	M/	AIL REC	EIPT Coverage Provided)
<mark>ተ</mark> ፈፈ				
47.24	Postage Certified Fee	\$		Postmark
0056	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			Here
7000 0600	SAGE DRY CLEAN MARY P SAGE 400 W US 90 BALDWIN FL 3223		AIRS ID#0	310449
	PS Form 3800; February-2			See neverse for Instructions

.

E STICKER AT TOP OF ENVELOPE	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addressee  D. Is delivery address different from term. To yes
1. Article Addressed to:  AIRS ID # 0310449  SAGE DRY CLEANERS MARY P SAGE	D. Is delivery address differ the from them.
400 W US 90 BALDWIN FL 32234	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.  C.O.D.  Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Copy from service label)  7000 0600 0026 416  PS. Form 3811, July 1999 Domestic Ret	<b>26</b> 6//4 rurn Receipt 102595-99-M-1789

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
305			\$1.1.88 to 11.1.1.1.1.1.1.181.		
<u>1</u> 3	OFFI	C-IAL	USE		
75	Postage \$				
7976	Certified Fee		Postmark		
[]	Return Receipt Fee (Endorsement Required)		Here		
1000	Restricted Delivery Fee (Endorsement Required)				
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03	Ser SAGE DRY CLEAN				
1	MARY P SAGE				
7007	or i 400 W US 90				
( <b>-</b>	32234 PSI		Silvet untion		
<u> </u>		Marie and the second of the	or Instructions		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID # 0310449</li> </ul> </li> <li>SAGE DRY CLEANERS         <ul> <li>MARY P SAGE</li> <li>400 W US 90</li> <li>BALDWIN FL</li> <li>32234</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent Addressee  D. Is delivery address different from item 1? If YES, enter delivery address below:  No  3. Sepice Type Certified Mail Registered Return Receipt for Merchandise
(	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
7001, 0320, 0001, 7976, 1305	
PS Form 3811, July 1999 Domestic Retu	ırn Receipt 102595-99-M-1789

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

415024 MAR 72002

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 # 0310449

SAGE DRY CLEANERS MARY P SAGE 400 W US 90 BALDWIN FL 32234 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

	Z 510 P	61	335
	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	Provid	ded.
	Sent to SAGE DRY CLEANE	٠.	AIRS ID # 0310449
	MARY P SAGE 400 W US 90 BALDWIN FL 32234	RS	
	Special Delivery Fee		
	Restricted Delivery Fee		
1 1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

الله على الله الله الله الله الله الله الله ال				
at line over top of envelope to	B blo∃			
SENDEŘ: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery addressed for item 12 Yes			
1. Article Addressed to:  AIRS ID # 0310449  SAGE DRY CLEANERS  MARY P SAGE 400 W US 90	D. Is delivery address a regent of item 1? Yes  If YES, enter delivery address below: No			
BALDWIN FL 32234	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789			

	U.S. Postal ( CERTIFIED (Domestic Mail C	MAIL	RECI	EIPT Coverage Provided)
5				
1.7				
- T	Postage	\$		
17	Certified Fee			
7.0	Return Receipt Fee (Endorsement Required)			Postmark Here
	Restricted Delivery Fee (Endorsement Required)			·
009	Total name	Α.	AIRS	ID # 0310449
出	Rec. SAGE DRY C			
	Strei WART P SAC 400 W US 90	115		
70.	City, BALDWIN FI	32234		,
	PS FC	***		occursor or Instructions

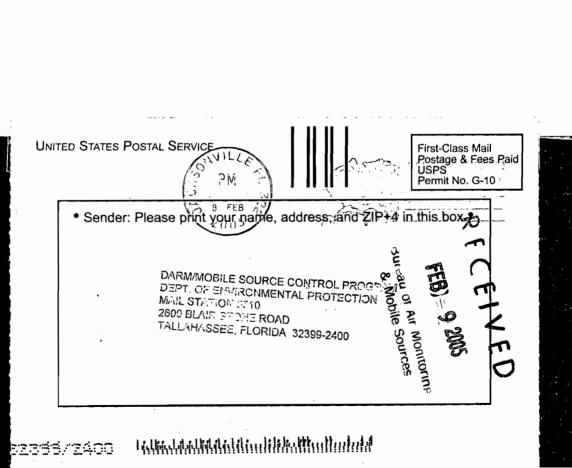
PLOCE STICKER AT TOP OF ENVELOPE  TO THE RIGHT OF RETURN ADDRESS.  TO THE RIGHT OF RETURN ADDRESS.  THE RIGHT OF RETURN ADDRESS.	HIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from tem 12 Yes
Article Addressed to:  ALDS JD # 0310440	If YES, enter delivery address below: ☐ No
AIRS ID # 0310449 SAGE DRY CLEANERS MARY P SAGE	The state of the s
400 W US 90 BALDWIN FL 32234	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise
70000 600 0026 4126/95	
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>TM</sub> REC!  (Domestic Mail_Only; No insurance Co.)  For delivery information visit our website at	www.usps.com
# OFFICIAL	USE
Postage \$	
Certified Fee	Postmark
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endofsement Required)	-
AIRS ID# 310449 1stC	3 7
Sent To 400 W US 90  Street, Apt. Ni BALDWIN, FL 32234	
Street, Apt. Ni or PO Box No City, State, Zi.	
PS Form 3800. June 2002	See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X Man Page   Agent  Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes  #YES, and delivery address below: No
AIRS ID# 310449 1stC SAGE DRY CLEANERS 400 W US 90	5 7 7 7
BALDWIN, FL 32234	Service Toe Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service labe 7004 2510	0004 6986 5289
PS Form 3811, August 2001 Domestic Retu	urn Recelpt 102595-02-M-1540

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#### (cut nere)

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

436332 FEB122094

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



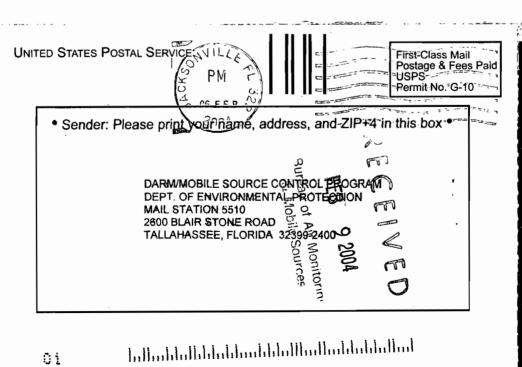
Do NOT Remove Label

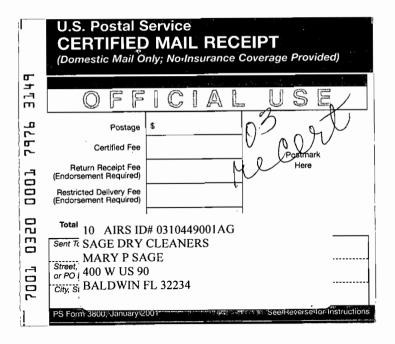
ID# 310449 MARY SAGE SAGE DRY CLEANERS 400 W US 90 BALDWIN, FL 32234 Bureau of Air Monitoring & Mobile Sources

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  A Signature  A Agent  Addressee  B. Received by (Wrinted Name)  C. Date of Delivery  2 6 0 0
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes / If YES, enter delivery address below: ☐ No
(ILD# 310449	
MARY SAGE	
SAGE DRY CLEANERS	
400 W US 90	The state of the s
BALDWIN, FL 32234	3. \$ervice Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
t i transcription of the contract of the contr	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Nu 7003 2260 0003 56	51 0628
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>10 AIRS ID# 0310449001AG SAGE DRY CLEANERS</li> </ul>	A. Stopature  X Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  3 - 24 - 03  C. Date of Delivery  3 - 24 - 03  C. Date of Delivery  3 - 24 - 03  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
MARY P SAGE 400 W US 90 BALDWIN FL 32234	3. Service Type  The Certified Mail
2. Article Number 7001 0320 0001::79	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, August 2001 Domestic Ret	



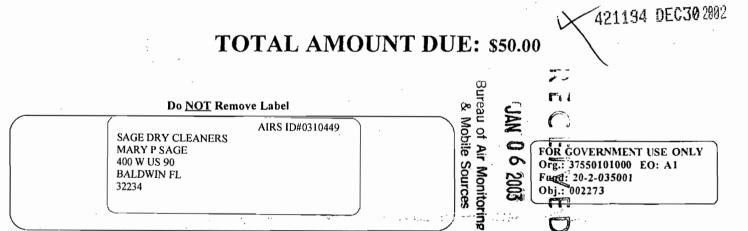
UNITED STATES POSTAL SERVICE • Sender: Please print vôur name, address, and ZIP+4 in this box

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



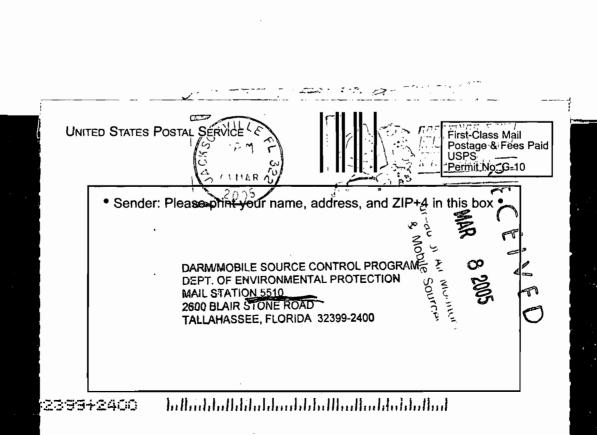
## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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



365	(Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com				
938	OFF	ICIAL	USE		
m	Postage	\$ ·			
5000	Certified Fee		Postmark		
品	Return Receipt Fee (Endorsement Required)				
570	Restricted Delivery Fee (Endorsement Required)				
ភ	Total Postage & Fees				
10	Sent To AIRS	ID#03104492 <sup>nd</sup>	Cert 05		
73	SAGE DRY CLEANERS  Street, Apt. No. or PO Box No. BALDWIN, FL 32234  City, State, Zir BALDWIN, FL 32234				
-	PS Form 3800				

	A18:11
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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. Signature  X
AIRS ID#03104492 <sup>nd</sup> Cert 05 SAGE DRY CLEANERS 400 W US 90 BALDWIN, FL 32234	If YES, enter delivery address below:   No  3. Service Type
	☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7	510 0002 3938 L3L5
PS Form 3811, February 2004 Domestic Retu	rm Receipt 102595-02-M-1540



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

448092 MAR 2295

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



Do NOT Remove Label

AIRS ID# 310449 1stC SAGE DRY CLEANERS 400 W US 90 BALDWIN, FL 32234

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

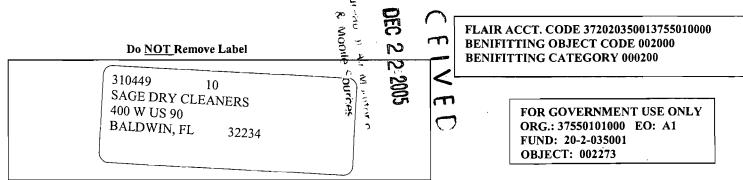
ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273

457115 DEC21 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



Printed on recycled paper.

100 3 <i>A</i>	AGE DRY CLEANEF ARY P SAGE 0 W US 90 ALDWIN FL 32234	rtified Mail Provided. AIRS ID;	# 0310449	SAGE MAR	No Insurar Do not use	Service It for Cer Ice Coverage If or Internation IEANERS	tified Mail Provided. nal Mail (See reverse AIRS ID # 031044
	 Postage	<b>\$</b>		BALI	OWIN FL	32234	
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녝	ate, & Addressee's Address				Retum Receipt Date, & Addres	Showing to Whom, see's Address	
ш	OTAL Postage & Fees	\$		Form <b>3800</b>	TOTAL Pos	tage & Fees	\$
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;	SENDER:  Complete items 1 ar Complete items 3, 4a, ar	0) ədoləvi	ne 10. qo1 15	VÕ anii		following se	o receive the rvices (for an
	<ul> <li>Complete items 1 ar</li> <li>Complete items 3, 4a, ar</li> <li>Print your name and addicard to you.</li> </ul>	O) ƏÖOJƏN na 4b. dress on the reverse	JƏ JO: dO) Je	that we can	return this	following se extra fee):	rvices (for an
	Complete items 1 a. Complete items 3, 4a, a. Print your name and addicard to you. Attach this form to the fr permit. Write Peturn Receipt Re	O) adO(a).  In 4b.  In 4c.  In 5c.  In 5c.  In 5c.  In 6c.  In 6c.  In 6c.  In 6c.  In 6c.  In 7c.  In	of this form so to	that we can if space door	return this es not mber.	following se extra fee):  1.	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Complete items 1 at Complete items 3, 4a, at Print your name and addicard to you.  Attach this form to the free permit.	O) adO(a).  In 4b.  In 4c.  In 5c.  In 5c.  In 5c.  In 6c.  In 6c.  In 6c.  In 6c.  In 6c.  In 7c.  In	of this form so to	that we can if space door	return this es not mber.	following se extra fee):  1.   Add 2.  Res	rvices (for an Iressee's Address
	Complete items 1 a Complete items 3, 4s, a Print your name and add card to you. Attach this form to the fr permit. Write 'Return Receipt Re The Return Receipt will	Ot adolantia 4b.  dress on the reverse ont of the mailpiece equested on the mashow to whom the acto:	e of this form so to, or on the back alipiece below the	that we can if space dod e article nur ored and the	return this es not mber.	following se extra fee):  1.	rvices (for an Iressee's Address stricted Delivery
	Complete items 1 a. Complete items 3, 4a, a. Print your name and addicard to you. Attach this form to the fripermit. Write Return Receipt Research delivered.	O1 edo(e)And 4b. dress on the reverse ont of the mailpiece equested" on the ma show to whom the a to:  AIR ANERS	of this form so to	that we can if space door e article nur ired and the	Article No. Service TRegistere	following se extra fee):  1.	rvices (for an Iressee's Address stricted Delivery

Domestic Return Receipt

	Z 333 L	-60	433	,aga
•,	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation I Sent to	Provide	d.	erse)
M 40	AGE DRY CLEANERS ARY P SAGE 0 W US 90 ALDWIN FL 32234	. All	RS ID # 0	I 0310449
	Certified Fee			, 1
	Special Delivery Fee			
رم ا	Restricted Delivery Fee			
1996	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

on the reverse side	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Printivppur name and address on the reverse of this form so that very card to you.  Attach this form to the front of the mailpiece, or on the back if sparpermit.  Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered addelivered.	ce does not	following se extra fee): 1.  Add 2.  Re	to receive the ervices (for an dressee's Address stricted Delivery straster for fee.
ADDRESS completed	St. Committee	Date of De	Type  Ind  Mail  Meipt for Mercha  Siliver  3 29	Certified Insured andise COD
ls your BETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	paid)	Return Receipt

•	SENDER: COMPLETE THIS SECTION	DI JON DELIVERY
	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  C. Signature  X
	AIRS ID # 0310449 SAGE DRY CLEANERS MARY P SAGE 400 W US 90	If YES, enter delivery address below: LJ No
·	BALDWIN FL 32234	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise  Insured Mail C.O.D.
	Z 2/0 663/1/  2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
	PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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	Z 210	PP3 111	
	US Postal Service		
	Receipt for Cer	tified Mail	
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SA	GE DRY CLEANERS	AIRS ID # 0310449	
MA	ARY P SAGE		
400	W US 90		
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	<del></del>	. 8	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
1999	Return Receipt Showing to Whom & Date Delivered		
PS Form 3800, April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
હ્યું	Postmark or Date		
E			
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2 094 212 753 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0310449 SAGE DRY CLEANERS MARY P SAGE 400 W US 90 BALDWIN FL 32234 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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 # 0310449  AGE DRY CLEANERS  ARY P SAGE  10 W US 90  ALDWIN FL 32234	A. Received by (Please Print Clearly)  C. Signature  Agent  Agent  Addresse  D. Is delivery address different from term 1? Yes  No  3. Service Type  Certified Mail   Express Mail  Registered   Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	

39579€

### 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: \$75.00** 

MAIL ROOM

JUN 12 00

Do NOT Remove Label

AIRS ID # 0310449

SAGE DRY CLEANERS MARY P SAGE 400 W US 90 BALDWIN FL 32234 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273