

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 2, 1999

Mr. Billy Sage, Jr.  
Billy Sage Cleaners  
950 Cassat Avenue  
Jacksonville, Florida 32205

Re: Facility No.: 0310471

Dear Mr. Sage:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 13, 1999.

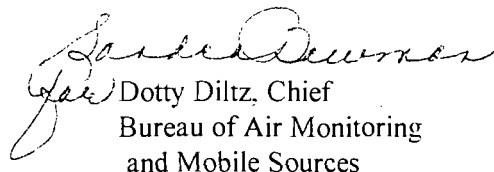
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BILLY SAGE CLEANERS
2. Site Name (For example, plant name or number):	950 CASSAT AVE
3. Hazardous Waste Generator Identification Number:	FHD 020 974 085
4. Facility Location: 950 CASSAT AVE Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32205	
5. Facility Identification Number (DEP Use):	<del>FHD 020 974 085</del> 0310471

RECEIVED  
JAN 13 1999  
Bureau of Air Monitoring  
& Mobile Sources

## Responsible Official

6. Name and Title of Responsible Official:	BILLY SAGE JR.
7. Responsible Official Mailing Address: Organization/Firm: BILLY SAGE CLEANER Street Address: 950 CASSAT AVE City: JACKSONVILLE FL County: DUVAL Zip Code: 32205	
8. Responsible Official Telephone Number: Telephone: (904) 786-8520 Fax: ( ) -	

## Facility Contact (If different from Responsible Official)

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

0310471

old copy

P13

6. Add title of Responsible Official

P14

1.(c) Mark out check marks and initial  
Not Required.

3. Existing small area source should  
not be marked. Mark out and initial.  
New small area source should be  
marked.

P15

4. Existing large area source Ref. con.  
should not be marked. Mark out  
and initial. New small area  
source Ref. con. should be marked.

### 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
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		19SEP96	19SEP96						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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?

136 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.*

*May E. Sage*  
Signature

~~#-9-97~~  
Date 1-12-99

Corrected copy

RECEIVED

JAN 28 1999

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*Billy Sage Cleaners*

2. Site Name (For example, plant name or number):  
*Billy Sage Cleaners*

3. Hazardous Waste Generator Identification Number:

4. Facility Location:  
Street Address: *950 Cassat Ave.*  
City: *Jacksonville* County: *Duval* Zip Code: *32205*

5. Facility Identification Number (DEP Use):  
*030471*

Responsible Official

6. Name and Title of Responsible Official:  
*Billy J. Sage - Owner*

7. Responsible Official Mailing Address:  
Organization/Firm: *Billy Sage Cleaners*  
Street Address: *950 Cassat Ave*  
City: *Jacksonville* County: *Duval* Zip Code: *32205*

8. Responsible Official Telephone Number:  
Telephone: *(904) 786 - 8520* Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
*Mary Sage - Manager*

10. Facility Contact Address:  
Street Address: *Same*  
City: County: *Same* Zip Code: *Same*

11. Facility Contact Telephone Number:  
Telephone: *(904) 786 - 8520* 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
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(1) w/ ref. condenser		19 Sep, 96	19 Sep, 96						
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(3) w/ no controls									
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(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

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Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

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(b) Leak detection inspection and repair

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(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 Bely hwa Guff Date 1-25-99

have Mr. Sage Sign  
& mail in. Jeff



**REGULATORY & ENVIRONMENTAL SERVICES DEPARTMENT**

**Air and Water Quality Division**

**RECEIVED**

JAN 28 1999

Bureau of Air Monitoring  
& Mobile Sources

Dear Business Owner:

In accordance with the Clean Air Act Amendments of 1990, the Department of Environmental Protection has written rules that affect many small sources of air pollution. As a result of these rules, your business may require a Title V general permit. Enclosed is a **Title V General Permit Notification Form** that may be used to notify us that you are eligible and plan to use this general permit.

If your business is eligible to use this air general permit, the responsible official of the facility, as defined in Part II of the notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of the general permit. These notification forms were originally due September 1, 1996. Please complete the form and submit it to the Department of Environmental Protection as soon as possible, but no later than \_\_\_\_\_.

Please submit the original signed and completed pages of the form to the following address:

Title V General Permitting Office  
Bureau of Air Monitoring and Mobile Sources  
MS-5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**A copy of the notification form must be kept on-site.**

If you need assistance with the notification form or need additional information, you can call the Department of Environmental Protection General Permitting Office at (850) 448-6140, or Jeff Winter, City of Jacksonville at (904) 630-1212 ext. 3169.

Very truly yours,

Jeff Winter  
Pollution Control Specialist

JW/be

Attachments

s/general/cleanair.98



# Department of Environmental Protection

## DIVISION OF AIR RESOURCES MANAGEMENT

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part I. Procedures For Use of General Permit

- (1) **Eligibility Determination.** The responsible official of the facility shall determine its eligibility for a Title V air general permit pursuant to the applicability criteria of Rule 62-213.300(1), F.A.C., set forth in Part II, section (1), of this notification form.
- (a) No facility which contains a non-exempt emissions unit, other than a unit described in this Title V air general permit, shall be eligible to use any air general permit in Rule 62-213.300, F.A.C. No facility is eligible to use more than one air general permit. An emissions unit or activity is exempt from permitting if all of the following criteria are met:
1. The emissions unit or activity would qualify for an exemption from permitting pursuant to the criteria of Rule 62-210.300(3)(a), F.A.C.;
  2. The emissions unit or activity would be subject to no unit-specific applicable requirement;
  3. The emissions unit or activity would not emit or have the potential to emit:
    - a. 500 pounds per year or more of lead and lead compounds expressed as lead;
    - b. 1,000 pounds per year or more of any hazardous air pollutant;
    - c. 2,500 pounds per year or more of total hazardous air pollutants; or
    - d. 5.0 tons per year or more of any other regulated pollutant; and
  4. The emissions unit or activity, in combination with other units and activities at the facility, would not cause the facility to emit or have the potential to emit:
    - a. 100 tons per year or more of carbon monoxide, nitrogen oxides, particulate matter, sulfur dioxide, or volatile organic compounds;
    - b. 5 tons per year or more of lead and lead compounds expressed as lead;
    - c. 10 tons per year or more of any hazardous air pollutant;
    - d. 25 tons per year or more of total hazardous air pollutants; or
    - e. 100 tons per year or more of any other regulated pollutant.
- (b) Any facility that would use a Title V air general permit under Rule 62-213.300, F.A.C., must surrender all existing air permits authorizing the operation of the facility.
- (c) If a facility at any time becomes ineligible for the use of the Title V air general permit and is subject to the Title V air operation permit requirements of Chapter 62-213, F.A.C., it shall be subject to enforcement action for operating without an air operation permit.
- (d) Notwithstanding the shield provisions of Rule 62-213.460, F.A.C., any facility utilizing a Title V air general permit will be subject to enforcement action for operation without a permit under Chapter 62-213, F.A.C., if it is determined to be initially ineligible for the air general permit which is being utilized.
- (2) **Notification.** For each facility intending to operate under the provisions of this Title V air general permit, the responsible official must complete and submit Part III of this Perchloroethylene Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) to give notice to the Department of intent to use such permit.

## Part II. Permit Terms and Conditions

- (1) **Applicability.** This part of the Perchloroethylene Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) establishes the terms and conditions of this Title V air general permit. Perchloroethylene dry cleaning facilities are eligible to operate under the terms and conditions of this air general permit provided the responsible official submits a completed Part III of this notification form to the Department at least 30 days prior to beginning operation or by September 1, 1996, whichever is later, and throughout the term of the general permit, all of the following conditions are met:
- (a) The facility operates no emissions units other than perchloroethylene dry cleaning systems and emissions units which are exempt from permitting pursuant to the criteria of Rule 62-213.300(2)(a)1, F.A.C., set forth in Part I, section(1)(a), of this notification form.
  - (b) The facility is classified as a Title V source pursuant to paragraph (f), only, of the definition of "major source of air pollution" at Rule 62-210.200, F.A.C.; that is, the facility is a Title V source by virtue of being subject to 40 CFR Part 63, Subpart M, but does not emit any pollutant in a major amount as set forth in paragraphs (a) through (e) of the definition of "major source of air pollution;" and
  - (c) The facility complies with all general conditions of Rule 62-213.300(3), F.A.C., set forth below, all requirements of Rule 62-296.412, F.A.C., as applicable, and all requirements of 40 CFR Part 63, Subpart M, as applicable, also set forth in this part of the notification form.
- (2) **General Conditions.** All terms, conditions, requirements, limitations, and restrictions set forth in Rule 62-213.300, F.A.C., and listed below are "general permit conditions" and are binding upon the owner or operator and upon the responsible official of the facility utilizing this Title V air general permit.
- (a) The duration of this general permit is five years. No later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.
  - (b) 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 general permit.
  - (c) This general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that activity shall constitute a violation of the permit.
  - (d) This general permit does not convey any vested rights or any exclusive privileges, nor does it authorize any injury to public or private property nor any invasion of personal rights. It does not authorize any infringement of federal, state, or local laws or regulations.
  - (e) This general permit does not relieve the responsible official or the owner or operator of the facility from liability and penalties when the operation of the permitted activity causes harm or injury to human health or welfare; causes harm or injury to animal, plant or aquatic life; or causes harm or injury to property. It does not allow the responsible official, owner, or operator to cause pollution in contravention of Florida law.
  - (f) This general permit conveys no title to land or water, nor does it constitute state recognition or acknowledgment of title.
  - (g) The responsible official shall make every reasonable effort to conduct the specific activity authorized by this permit in a manner that will minimize any adverse effects on adjacent property or on public use of the adjacent property, where applicable, and on the environment, including fish, wildlife, natural resources, water quality, or air quality.
  - (h) The responsible official shall allow a duly authorized representative of the Department access to the permitted facility or activity at reasonable times to inspect and test, upon presentation of credentials or other documents as may be required by law, to determine compliance with this general permit and Department rules.
  - (i) The responsible official shall maintain any permitted facility or activity in good condition.
  - (j) This general permit shall be effective until suspended, revoked, surrendered, expired, or nullified pursuant to Rule 62-213.300, F.A.C.

2. The statement of compliance shall identify each term or condition of the permit with which the facility has remained in compliance during the period covered by the statement and shall specify the method used to demonstrate compliance. It shall identify each term or condition of the permit with which the facility has not been in continuous compliance during that reporting period.
  3. For those terms or conditions which the facility has not been in continuous compliance during any reporting period, the statement shall include the exact period of non-compliance, actions taken to achieve compliance, and the method used to demonstrate compliance.
- (o) This permit does not authorize any demolition or renovation of the facility or its parts or components which involves asbestos removal. This permit does not constitute a waiver of any of the requirements of Chapter 62-257, F.A.C., and 40 CFR Part 61, Subpart M, National Emission Standard for Asbestos, adopted and incorporated by reference in Rule 62-204.800, F.A.C.
  - (p) Refrigerant Requirements. Any facility having appliances or refrigeration equipment, including air conditioning equipment, which use Class I or II ozone-depleting substances such as chlorofluorocarbons and hydrochlorofluorocarbons listed as refrigerants in 40 CFR Part 82 Subpart A, Appendices A and B, which are adopted and incorporated by reference in Rule 62-204.800, F.A.C., shall service, repair, and maintain such equipment according to the work practices, personnel certification requirements, and certified recycling and recovery equipment specified in 40 CFR Part 82, Subpart F, adopted and incorporated in Rule 62-204.800, F.A.C.
    1. No person shall knowingly vent or otherwise release any Class I or II substance into the environment during the repair, servicing, maintenance, or disposal of any such device except as provided in 40 CFR Part 82, Subpart F.
    2. The responsible official shall comply with all reporting and recordkeeping requirements of 40 CFR 82.166. Reports shall be submitted to the EPA as required.
  - (q) This permit does not authorize any open burning nor does it constitute any waiver of the requirements of Chapter 62-256, F.A.C.
  - (r) No person shall circumvent any air pollution control device or allow the emission of air pollutants without the proper operation of all applicable air pollution control devices.
  - (s) All reports and notices submitted by the responsible official shall certify that the documentation being submitted is true, accurate, and complete, based upon the information submitted and belief formed after reasonable inquiry.
- (3) **Definitions.** The following words and phrases, when used in this notification form, shall have the following meanings:
- (a) "Ancillary Equipment" - The equipment used with a dry cleaning machine in a dry cleaning system, including emission control devices, pumps, filters, muck cookers, stills, solvent tanks, solvent containers, water separators, exhaust dampers, diverter valves, interconnecting piping, hoses, and ducts.
  - (b) "Articles" - Any clothing, garments, textiles, fabrics, and leather goods that are dry cleaned.
  - (c) "Area Source" - A perchloroethylene dry cleaning facility which consumes an amount of perchloroethylene less than or equal to 2,100 gallons per year for dry-to-dry machines only, or consumes less than or equal to 1,800 gallons per year and utilizes both dry-to-dry and transfer machines on-site, where the amount of perchloroethylene consumed is determined by purchase receipts in accordance with the requirements of section (6) of this part of the notification form.
  - (d) "Biweekly" - Any consecutive 14-day period of time.
  - (e) "Carbon Adsorber" - A bed of activated carbon into which an air-perchloroethylene gas-vapor stream is routed and which adsorbs the perchloroethylene.
  - (f) "Coin-operated Dry Cleaning Machine" - A dry cleaning machine that is operated solely by the customer.
  - (g) "Colorimetric Detector Tube" - A glass tube containing material impregnated with a chemical which visibly reacts to the perchloroethylene in order to allow measurement of the concentration of perchloroethylene in air.

- (dd) "Refrigerated Condenser" - A vapor recovery system into which an air-perchloroethylene gas-vapor stream is routed and the perchloroethylene is condensed by cooling the gas-vapor stream.
- (ee) "Refrigerated Condenser Coil" - The coil containing the chilled liquid used to cool and condense the perchloroethylene.
- (ff) "Responsible Official" - One of the following:
  1. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C.;
  2. For a partnership: a general partner;
  3. For a sole proprietorship: the owner;
  4. For a municipality, state, federal, or other public agency: either a principal executive officer or ranking official.
- (gg) "Room Enclosure" - A stationary structure that encloses a transfer machine system, and is vented to a carbon adsorber or an equivalent control device during operation of the transfer machine system.
- (hh) "Small Area Source" - A dry cleaning facility which:
  1. Contains only dry-to-dry machines and consumes less than 140 gallons per year of perchloroethylene.
  2. Contains only transfer machines and consumes less than 200 gallons per year of perchloroethylene.
  3. Contains both dry-to-dry and transfer machines and consumes less than 140 gallons per year of perchloroethylene.
- (ii) "Source" - Each dry cleaning facility.
- (jj) "Still" - Any device used to volatilize and recover perchloroethylene from contaminated solvent.
- (kk) "Temperature Sensor" - A thermometer or thermocouple used to measure temperature.
- (ll) "Transfer Machine System" - A multiple-machine dry cleaning operation in which washing and drying are performed in different machines. Examples include:
  1. A washer and dryer(s).
  2. A washer and reclaimer(s).
  3. A dry-to-dry machine and reclaimer(s).
- (mm) "Washer" - A machine used to clean articles by immersing them in perchloroethylene. This includes a dry-to-dry machine when used with a reclaimer.
- (nn) "Water Separator" - A device used to recover perchloroethylene from a water-perchloroethylene mixture.
- (oo) "Year or Yearly" - Any consecutive 12-month period of time.

#### (4) Basic Requirements.

- (a) The responsible official shall determine the eligibility of the facility for this permit and shall submit a completed Part III of this Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) at least 30 days prior to beginning operation or by September 1, 1996, whichever is later.
- (b) The responsible official shall certify in the initial notification and annually thereafter that the annual consumption of perchloroethylene solvent does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities. The annual consumption total shall be based upon purchase receipts and the average shall be recalculated on a monthly basis.
- (c) New facilities shall comply with all applicable requirements upon start-up. Facilities which commenced operation on or before December 9, 1991, shall comply with the control technology requirements listed in section (5) of this part not later than September 22, 1996.
- (d) The operation of transfer cleaning machines purchased after September 22, 1993, is prohibited.
- (e) This permit does not authorize operation of coin-operated dry cleaning units.

- f. The location of the sampling port for measuring perchloroethylene concentrations in the exhaust duct shall be at least eight duct diameters downstream of any bend, contraction, or expansion, at least two duct diameters upstream from any bend, contraction, or expansion, and no other inlet shall be located downstream from the sampling port.
  - g. Transfer systems shall be equipped with individual condenser coils for dryers, reclaimers, and washers.
  - h. The airflow shall never be routed to bypass the carbon adsorber.
4. New large area sources shall:
- a. Comply with all the requirements listed for existing large area sources.
  - b. Equip all machines with a refrigerated condenser.

**(6) Recordkeeping Requirements.**

- (a) The responsible official shall maintain the following records in a log kept on-site, for a minimum of five years:
  - 1. All purchase receipts for determination of perchloroethylene solvent consumption.
  - 2. All leak detection inspection and repair reports.
  - 3. All calibration data.
  - 4. All exhaust duct monitoring data on perchloroethylene concentrations.
- (b) On the first business day of the month, the responsible official shall record the total amount of perchloroethylene purchased in the previous month and calculate the total amount purchased in the preceding twelve months, as a measure of perchloroethylene consumption.

**(7) Leak Detection Requirements.**

- (a) The responsible official must conduct a weekly leak detection and repair inspection of the facility; however, small area sources can conduct the inspection on a biweekly basis. The responsible official shall enter the results of the inspection into the inspection and repair log kept on-site.
- (b) The responsible official shall use one of the following methods to detect leaks:
  - 1. Visual examination of condensed solvent on exterior surfaces.
  - 2. Use of direct-reading instrumentation.
  - 3. Detection of air flow through improperly seated gaskets.
  - 4. Detection of perchloroethylene odors.
- (c) The following items shall be inspected for leaks:
  - 1. Hose and pipe connections, fittings, couplings, and valves.
  - 2. Door gasket seating.
  - 3. Filter gaskets and seating.
  - 4. Pumps.
  - 5. Solvent tanks and containers.
  - 6. Water separators.
  - 7. Muck cookers.
  - 8. Stills.
  - 9. Exhaust dampers.
  - 10. Diverter valves.
  - 11. Cartridge filter housings.
- (d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.
  - 1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.
  - 2. Repair parts shall be installed within five working days of receipt.
- (e) Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer's specifications and must:
  - 1. Detect halogenated hydrocarbon vapor in a concentration range of 0 to 500 ppm.
  - 2. Be calibrated as directed by the manufacturer against a calibrant gas prior to and after each use. Calibration data shall be recorded in the leak detection log.



### Part III. Notification

The Perchloroethylene Dry Cleaning Facility Notification, pages 13-16 of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operation, or by September 1, 1996, whichever is later. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed pages 13 through 16 of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Instructions

#### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use)** - Enter the facility identification number assigned by ARMS.

#### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### Facility Information

1. For each machine located at the facility, select the appropriate machine type and subheading corresponding to the type of air pollution control device installed on the machine (e.g., dry-to-dry unit (1) w/ ref. condenser). Enter its identification (e.g., #1) in column 1. Enter the date the machine was initially purchased from the manufacturer in column 2 in the dd-mon-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. If control equipment has been installed on that machine, enter the date of installation in column 3. If control equipment is required, but has not yet been installed, indicate with an "X" in 1(b). If no control devices are required to be installed, indicate this with an "X" in 1(c). Up to three machines of each type and control configuration may be entered across this table. Complete the table for all machines located at the facility. If more than three machines are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.
2. Enter the total amount, in gallons, of perchloroethylene purchased during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent purchases and the reason for this discrepancy (e.g., new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount entered in No. 2 above, enter the facility's classification (e.g., existing small area source). The classification is based on the definitions found in section (3) of Part II of this notification form.
4. Indicate which control technology is required on machines pursuant to section (5) of Part II of this notification form, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site.

#### Equipment Monitoring and Recordkeeping Information

Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

#### Surrender of Existing Air Permit(s)

Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X".

#### Responsible Official Certification

This statement must be signed by the person named on page 13, Field 6, of this form.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

MAR - 2 1999

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0310471 DATE: 2/18/99 TIME IN: 9:30 TIME OUT: 9:45  
 FACILITY NAME: Billy Sage Cleaners  
 FACILITY LOCATION: 950 Cassat Ave.  
Jacksonville, FL 32205  
 RESPONSIBLE OFFICIAL: Billy Sage, JR. PHONE: 904-786-8500  
 CONTACT NAME: Mary Sage 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 2 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 136 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)

*2/18/99*

Date of Inspection

*Jeffrey Winter*  
Inspector's Signature

*Feb. 2000*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 TIME OUT: 9:45 AIRS ID#: 0310471  
 TYPE OF FACILITY: Perc. Dry Cleaner  
 FACILITY NAME: Billy Sage Cleaners DATE: 2/18/99  
 FACILITY LOCATION: 950 Cassat Ave.  
Jacksonville, FL 32205  
 RESPONSIBLE OFFICIAL: Billy Sage - JR. PHONE NUMBER: 904-786-8520

- 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: February, 2000  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

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



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MAR - 2 1999

AIRS ID#: 0310471

Revised 10/10/9

Bureau of Air Monitoring  
& Mobile Sources

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

FACILITY NAME: Billy Sage Cleaners DATE: 2/18/99  
 FACILITY LOCATION: 950 Cassat Ave.  
Jacksonville, FL 32205

Annual Reporting Period: Feb. 18, 1998 TO Feb. 18 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: Billy Sage Jr. [Signature] 2-17-99  
 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.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BILLY SAGE CLEANERS
2. Site Name (For example, plant name or number):	950 CASSAT AVE
3. Hazardous Waste Generator Identification Number:	FHD 020 974 085
4. Facility Location: 950 CASSAT AVE Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32205	
5. Facility Identification Number (DEP Use):	<del>FHD 020 974 085</del> 03104M1

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JAN 13 1999  
Bureau of Air Monitoring  
& Mobile Sources

## Responsible Official

6. Name and Title of Responsible Official:	BILLY SAGE JR. - OWNER — B.J.S.
7. Responsible Official Mailing Address: Organization/Firm: BILLY SAGE CLEANER Street Address: 950 CASSAT AVE City: JACKSONVILLE FL County: DUVAL Zip Code: 32205	
8. Responsible Official Telephone Number: Telephone: (904) 786-8520 Fax: ( )	

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MARY SAGE
10. Facility Contact Address: Street Address: City: JACKSONVILLE FL County: DUVAL Zip Code: 32205	
11. Facility Contact Telephone Number: Telephone: (904) 786-8520 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
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		19SEP96	19SEP96						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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  *BJS* 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

*AM* *BJS*

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.*

x  
Signature

Mary E. Sage

Date

~~1-9-97~~  
1-12-99

Betsy J. ...

2-17-99

**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED  
FEB 1 2000  
Bureau of Air Monitoring  
Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0310471 DATE: 1/14/2000 TIME IN: 1030 TIME OUT: 1045  
 FACILITY NAME: Billy Sage Cleaners  
 FACILITY LOCATION: 950 Cassat Ave.  
Jacksonville, FL 32205  
 RESPONSIBLE OFFICIAL: Billy Sage, Jr. PHONE: 904-786-8520  
 CONTACT NAME: Mary Sage 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 \_\_\_\_\_ 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 100 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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)

*1/14/2000*

Date of Inspection

*Jeff Winter*  
Inspector's Signature

*JAN, 2001*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1030</u>	TIME OUT: <u>1045</u>	AIRS ID#: <u>0310471</u>
TYPE OF FACILITY: <u>Perc. Dry Cleaner</u>		
FACILITY NAME: <u>Billy Sage Cleaners</u>	DATE: <u>1/14/2001</u>	
FACILITY LOCATION: <u>950 Cassat Ave. Jacksonville, FL 32205</u>		
RESPONSIBLE OFFICIAL: <u>Billy Sage, JR.</u>	PHONE NUMBER: <u>904-786-8520</u>	

- 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: JAN., 2001  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeff Winter* PHONE NUMBER: 904/630-3484

AIRS ID#: 0310471

*Acc*

Revised 10/10/96

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

FACILITY NAME:	<u>Billy Sage Cleaners</u>	DATE:	<u>1/14/2000</u>
FACILITY LOCATION:	<u>950 Cassat Ave. Jacksonville, FL 32205</u>		

Annual Reporting Period: Feb. 18, 19 99 TO JAN. 14, 2000

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: Billy Sage Jr Billy Sage Jr 1-14-00  
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.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

7000 0600 0026 4126 1942

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

AIRES ID # 0310471

R BILLY SAGE CLEANERS  
 St BILLY SAGE JR  
 Ci 950 CASSAT AVE  
 JACKSONVILLE FL 32205

PS for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE** **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:

AIRES ID # 0310471

BILLY SAGE CLEANERS  
 BILLY SAGE JR  
 950 CASSAT AVE  
 JACKSONVILLE FL 32205

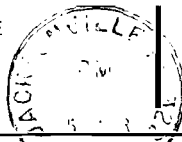
A. Received by (Please Print Clearly)	B. Date of Delivery 3-5-01
C. Signature X <i>Billy Sage</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)     Yes

2. Article Number (Copy from service label)  
 70000600002641261942

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only. No Insurance Coverage Provided)*

7000 0600 0026 4126 6312

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

AIRS ID # 0310471  
 BILLY SAGE CLEANERS  
 BILLY SAGE JR  
 950 CASSAT AVE  
 JACKSONVILLE FL 32205

See for Instructions

FOLD AT DOTTED LINE  
 TO THE RIGHT OF RETURN ADDRESS  
 PLACE STICKER AT TOP OF ENVELOPE

**SENDER: COMPLETE** **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 # 0310471

BILLY SAGE CLEANERS  
 BILLY SAGE JR  
 950 CASSAT AVE  
 JACKSONVILLE FL 32205

A. Received by (Please Print Clearly) **MARY SAGE** B. Date of Delivery \_\_\_\_\_  
 C. Signature **Mary Sage**  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

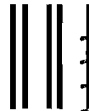
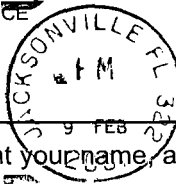
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
**7000 0600 0026 4126 6312**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

32399+5542

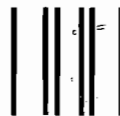




U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
Postmark Here		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	AIRS ID # 0310471	
Recipient's Name	BILLY SAGE CLEANERS	
Street, Apt. No.	BILLY SAGE JR 950 CASSAT AVE	
City, State, Zip	JACKSONVILLE FL 32205	
PS Form 3800, February 2000		
See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Received by (Please Print Clearly) B. Date of Delivery  <i>Michele Robertson</i> 02-12-02</p> <p>C. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Michele Robertson</i> <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0310471</p> <p>BILLY SAGE CLEANERS          BILLY SAGE JR          950 CASSAT AVE          JACKSONVILLE FL          32205</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><i>70000600002641286747</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	

*Received  
 03/06/03  
 Postmark Here*

Total Pk: 10 0310471001AG

Sent To: BILLY SAGE CLEANERS

Street, A, or PO Box: BILLY SAGE JR  
 950 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"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Juanne Cat...</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>9/6/03</u></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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="font-size: 0.8em;">10 0310471001AG                  BILLY SAGE CLEANERS                  BILLY SAGE JR                  950 CASSAT AVE                  JACKSONVILLE, FL 32205</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>
<p>2. Article (Transit) Number: <u>7003 0500 0004 0144 3384</u></p>	

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

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

Division of Air, Water,  
& Mobile Sources

SEP 8 2003

RECEIVED

Z 210 662 275

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID # 0310471

BILLY SAGE CLEANERS  
BILLY SAGE JR  
950 CASSAT AVE  
JACKSONVILLE FL 32205

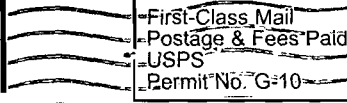
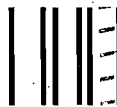
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

<p><b>SENDER:</b> [Redacted]</p> <ul style="list-style-type: none"> <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> <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0310471</p> <p>BILLY SAGE CLEANERS BILLY SAGE JR 950 CASSAT AVE JACKSONVILLE FL 32205</p> <p style="font-size: 2em; font-weight: bold;">Z 210 662 275</p> <p>2. Article Number (Copy from service label):</p>	<p style="text-align: center;"><b>SECTION ON DELIVERY</b></p> <table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td colspan="2">C. Signature X <i>Juanne M. Cate</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </td> </tr> <tr> <td colspan="2">           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </td> </tr> </table> <p>3. Service Type</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature X <i>Juanne M. Cate</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		<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.
A. Received by (Please Print Clearly)	B. Date of Delivery														
C. Signature X <i>Juanne M. Cate</i>															
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee															
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No															
<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.														

UNITED STATES POSTAL SERVICE

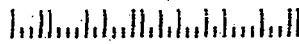


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

32399+2400



Z 333 667 319

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0310471

BILLY SAGE CLEANERS  
BILLY SAGE JR  
950 CASSAT AVE  
JACKSONVILLE FL 32205

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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 # 0310471

BILLY SAGE CLEANERS  
BILLY SAGE JR  
950 CASSAT AVE  
JACKSONVILLE FL 32205

**COMPLETE THIS SECTION ON DELIVERY**

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

2-14-00

C. Signature

*Billy Sage*  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

2. Article Number (Copy from service label)

Z333 667 319

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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 •

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







THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420911 DEC20 2002

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0310471
BILLY SAGE CLEANERS BILLY SAGE JR 950 CASSAT AVE JACKSONVILLE FL 32205

**RECEIVED**

DEC 27 2002

Bureau of Air Monitoring  
& Mobile Sources

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

ere)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406606 MAR 1 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**

Do NOT Remove Label

AIRS ID # 0310471
BILLY SAGE CLEANERS BILLY SAGE JR 950 CASSAT AVE JACKSONVILLE FL 32205

**RECEIVED**

MAR - 5 2001

Bureau of Air Monitoring  
& Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392959

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 # 0310471
BILLY SAGE CLEANERS BILLY SAGE JR 950 CASSAT AVE JACKSONVILLE FL 32205

Bureau of Printing & Mobile Services

MAR 1 2 2000

RECEIVED

MAR 1 1 00

FOR GOVERNMENT USE ONLY  
 Org.: 27550101000 EO: B  
 Fund: 200-03500  
 Obj.: 2223

RECEIVED  
MAIL ROOM