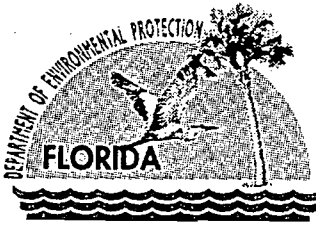


Fees Paid  
SOC 4  
Compliance IN



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 6, 2001

Mr. Rajnikant Vanmali  
A J Sparkle Cleaners  
3735 Hollywood Boulevard  
Hollywood, Florida 33021

Re: Facility No.: 0112252-002

Dear Mr. Vanmali:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 27, 2001.

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: Mr. Jarret Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

0112252 - 002

p 16

4. New machines at small area source should be marked.

6(e) Required. Should be marked

p 17 Responsible official signs and date for changes made.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

## DISTRICT ROUTING SLIP

To: \_\_\_\_\_ DATE: \_\_\_\_\_

CC To

	<b>PENSACOLA</b>	<b>NORTHWEST DISTRICT</b>	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	<b>TAMPA</b>	<b>SOUTHWEST DISTRICT</b>	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	<b>ORLANDO</b>	<b>CENTRAL DISTRICT</b>	
	Melbourne	Central District Satellite Office	
	<b>JACKSONVILLE</b>	<b>NORTHEAST DISTRICT</b>	
	Gainesville	Northeast District Branch Office	
	<b>FORT MYERS</b>	<b>SOUTH DISTRICT</b>	
	Marathon	South District Branch Office	
	<b>WEST PALM BEACH</b>	<b>SOUTHEAST DISTRICT</b>	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional  
Date Due: \_\_\_\_\_

Reply Required  
Date Due: \_\_\_\_\_

Info Only

Comments:

From: \_\_\_\_\_

Tel: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 27 2001  
Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	RAJNIKANT VANMALI JR + JMINC L/LL A J SPARKIE CLEANERS
2. Site Name (For example, plant name or number):	A J SPARKIE CLEANERS 3735 HOLLYWOOD BLVD, HOLLYWOOD, FL 33021
3. Hazardous Waste Generator Identification Number:	FLR 000011130
4. Facility Location: Street Address:	3735 HOLLYWOOD BLVD
City:	HOLLYWOOD
County:	BROWARD
Zip Code:	33021
5. Facility Identification Number (DEP Use ONLY - do not fill in):	01/2252-002

Responsible Official

6. Name and Title of Responsible Official:	Name: RAJNIKANT VANMALI	Title: MANAGER
7. Responsible Official Mailing Address:	Organization/Firm: A J. SPARKIE CLEANERS	
Street Address:	3735 HOLLYWOOD BLVD	
City:	HOLLYWOOD	County: FL
Zip Code:	33021	
8. Responsible Official Telephone Number:	Telephone: (954) 985-0122	Fax: ( ) -

Facility Contact (If different from Responsible Official)

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

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
4/92	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	4/92
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

N/A

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site?

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

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are  
ARIS TO # 0112252001AG
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

RAJNIKANT VANMALI  
Print name of responsible official

R. Nannali  
Signature

6/22/01  
Date



Bureau of Air Monitoring  
& Mobile Sources

JUL - 5 2001

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

JUN 27 2001

RECEIVED

Part III. Notification of Intent to Use General Permit

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Zip Code:	33021
5. Facility Identification Number (DEP Use ONLY - do not fill in):	01/2252-002

Responsible Official

6. Name and Title of Responsible Official: Name:	RAJNIKANT VANMALI	Title:	MANAGER
7. Responsible Official Mailing Address: Organization/Firm:	A J. SPARKIE CLEANERS	Street Address:	3735 HOLLYWOOD BLVD
City:	HOLLYWOOD	County:	FL
Zip Code:	33021		
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\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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N/A

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

Existing machines at small area source  
 (NONE REQUIRED)

New machines at small area source  
 Refrigerated condenser

Existing machines at large area source  
 Carbon adsorber   
 Refrigerated condenser

New machines at large area source  
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APIS ID # 0112252001AG
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**Responsible Official Certification**

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*I will promptly notify the Department of any changes to the information contained in this notification.*

RAJNIKANT VANMALI  
Print name of responsible official

R. Nanmali  
Signature

6/22/01  
Date

*R. Nanmali*

*6/22/01*

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

456999 DEC 19 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

112252 10  
A.J. SPARKLE CLEANERS  
3735 Hollywood Blvd  
HOLLYWOOD, FL 33021

AIR Monitoring  
Mobile Sources

DEC 19 2005

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

443440 DEC17 2004

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

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 112252 10  
A.J. SPARKLE CLEANERS  
3735 Hollywood Blvd  
HOLLYWOOD, FL 33021

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

*Printed on recycled paper.*

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434640 DEC22 2003

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

112252  
RAJNIKANT VANMALI  
A.J. SPARKLE CLEANERS  
3735 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

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



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: \$50.00**

Do NOT Remove Label

AIRS ID#0112252

A.J. SPARKLE CLEANERS  
RAJNIKANT VANMALI  
3735 HOLLYWOOD BLVD  
HOLLYWOOD FL  
33021

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

X 420566  
Bureau of Air Monitoring  
& Mobile Sources  
DEC 16 2002  
DEC 16 2002

12  
D





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

412163 DEC24 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**

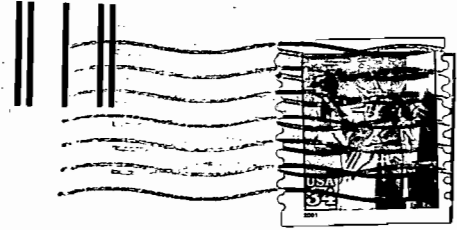
Do **NOT** Remove Label

AIRS ID # 0112252  
A.J. SPARKLE CLEANERS  
RAJNIKANT VANMALI  
3735 HOLLYWOOD BLVD  
HOLLYWOOD FL  
33021

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



**Aj Sparkle Cleaners**  
 3735 Hollywood Blvd  
 Hollywood, FL 33021-6810



**FOR**  
 Division of Retirement - C  
 2639 N. Monroe Bldg  
 Tallahassee, FL 32309-1500

TITLE V - General Permit  
 Receipts  
 Post Office Box 3070  
 Tallahassee, FL 32315-3070

32315+3070 99

