Fees Paid 50C 4 Compliance IN

٠

.

.

. •

.

.



Department of Environmental Protection

Jeb Bush Governor 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.

01/2252 -002

9. New machines at small ared source should be marked.

(c) Refuired. Should be marked.

P17 Responsible Official signs and date for changes made.

State of Florida Department of Environmental Protection

DISTRICT ROUTING SLIP

To:		Date:		
		•	СС Тох	
	PENSACOLA	Northwest District		
•	Panama City	Northwest District Branch Office		
	Tallahassee	Northwest District Branch Office		
:	Sopchoppy	Northwest District Satellite Office		
	Тамра	SOUTHWEST DISTRICT		
	Punta Gorda	Southwest District Branch Office		
	Bartow	Southwest District Satellite Office		
	ORLANDO	CENTRAL DISTRICT		
	Melbourne	Central District Satellite Office		
	JACKSONVILLE	NORTHEAST DISTRICT		
	Gainesville	Northeast District Branch Office		
	FORT MYERS	South District		
	Marathon	South District Branch Office		
	WEST PALM BEACH	SOUTHEAST DISTRICT		
	Port St. Lucie	Southeast District Branch Office		
	Reply Optional Date Due	Reply Required Info C	Only	
Com	ments:			
From:		Tel.:		

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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. 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):					
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): RAJNIKANT VAN MALI ATSONALE CLEMEN					
2. Site Name (For example, plant name or number): A J SPARICE CLERNICH					
3735 HOLLYWOOD BWO, HOLLYWOOD, AZ 33 021					
3. Hazardous Waste Generator Identification Number:					
FLR 000011130					
4. Facility Location: 3735. HOLLYWOOD BWD Street Address: 3735.					
City: HOLLY WOOD County: BROWARD Zip Code: 33021					
5. Facility Identification Number (DEP Use ONLY - do not fill in):					
01/2252-0025					
を表現が出来がある。 は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、					
Responsible Official					
6. Name and Title of Responsible Official:					
Name: RATHIKANT VANIMALI' Title: MANACEN					
7. Responsible Official Mailing Address:					
Organization/Firm: A J. SPARKE CLEANERS Street Address: 335 HOWENS ALSO					
City Code: 33.03 (
4/ourwood FL Zip code: 33021					
8. Responsible Official Telephone Number:					
Telephone: (954) 985-012 Fax: () -					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant/manager):					
10. Facility Contact Address:					
10. Facility Collidat Address.					
Street Address:					
City: County: Zip Code:					
11. Fagility Contact Telephone Number:					
Telephone: () - Fax: () -					

DEP Form No. 62-213.900(2)

Facility Information

l.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	re on-site?	
For each dry-to-dry mach	ine on-site, please	e provide the following information	n:
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 Ne	w RC/CA/None required	4/92
· · · · · · · · · · · · · · · · · · ·	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	· .
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	NA	
How many washers do yo	u have on-site?		
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer maching 1993, it is a NEW unit (no permit). For each transfer	ne was purchased o units purchased er machine on-site	from the manufacturer between I after September 22, 1993 are allow, please provide the following information of the services o	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* Date Control Device Is (if already included at purchase, write "SAM"	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE KI	EY: $RC = rc$	efrigerated condenser CA =	carbon adsorber
	roethylene (perc)	have you used within the last 12 m this in)	nonths?
(b) If less than 12 mor	nths, how many?] months	
Check why it is les	s than 12 months	: New owner: [] Did not kee	p records: []
•		New store: New machine	e []
		Unopened store [] (date of e	expected opening)

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facili	ty's source classific n "X". Select one c			nitions found in	section (3) of Pa	art II?
Small Area	a Source	(X)				a.
T	ry-to-dry machines ransfer only on-site oth machine types o	•	(used le	ss than 140 gallo ss than 200 gallo ss than 140 gallo	ons of perc per y	ear)
Large Area	a Source					
T	ry-to-dry machines ransfer only on-site oth machine types o	_	(used 20	40 - 2,100 gallon 00 - 1,800 gallon 40 - 1,800 gallon	s of perc per yea	ır)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
	achines at small are EQUIRED)	ea source		New machines Refrigerated co	at small area soundenser	<u>lrce</u>
Carbon ads	achines at large are sorber [ed condenser [ea source		New machines Refrigerated co	at large area sou ndenser [r <u>ce</u>
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 w No such units on-sit		ts exempt		OR		
How many boilers do you have on-site? [f]						
For each boiler, indicate its horsepower (HP) rating: [15] [40]						
What type of fuel do	o you use? [] propane] No. 2 fue] No. 6 fue		natural g	el oil	
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						
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Startup, shutdown, malfunction plan						

DEP Form No. 62-213.900(2)

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

Anis To 4 5/122520-14.6 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. Nanmali! 6/20101 Date

DEP Form No. 62-213.900(2)



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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

Fac	cility Name and Location				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Facility Owner/Company Name (Name of corporation, agency, or individual owner): RAJNIKANT VANMALI ATSENDE CLEMEN				
2.	Site Name (For example, plant name or number): A J SPAGICUE CLERNING				
	3735 HOLLYWOOD BLUD, HOLLYWOOD, PL 33 021				
3.	Hazardous Waste Generator Identification Number:				
	FLR 000011130				
4.	Facility Location: 3735 Holywood Blvd				
	City: HOLLY WOOD. County: BROWARD Zip Code: 33021				
5.	Facility Identification Number (DEP Use ONLY: do not fill in):				
	1-2-1-2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2				
	ponsible Official				
o. Nar	Name and Title of Responsible Official: ne: Date to the second of the s				
	ne: PAJNIKANT VANMALI MANAGON				
7.	Responsible Official Mailing Address:				
	Organization/Firm: A J. SPARKLE CLEANERS. Street Address: 377 HOURS 1000 CLEANERS.				
	City: Zin Code: 3707.1				
	4 oug 1000 FL 21 code. 320 61				
8.	Responsible Official Telephone Number: Telephone: (954) 985-0172 Fax: () -				
	Telephone: $(954)985-012$ Fax: ()				
_					
	ility 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:				
	Facility Contact Telephone Number: Fax: () -				
	receptione. () - rax. () -				
• (

DEP Form No. 62-213.900(2)

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 Status Control Device Required* Date Control Device Installed (if already included at time of From Manufacturer (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required RC/CA/None required Existing/New *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber NA 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (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? [60] 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

DEP Form No. 62-213.900(2)

		sification based o one classification o		itions found	d in section (3) of Part II	?
Small A	rea Source			•			
• • • • • • • • • • • • • • • • • • •	Dry-to-dry mach Transfer only on Both machine ty		(used les	s than 200 g	gallons of pe gallons of pe gallons of pe	rc per year) rc per year)	
Large A	rea Source		•			•	
	Dry-to-dry mach Transfer only on Both machine ty		(used 20	0 - 1,800 ga	llons of perc llons of perc llons of perc	per year)	
4. What control t		ired on machines	pursuant 1	o section (5) of Part II o	f this notific	cation form?
	machines at sma REQUIRED)	ll area source			nes at small d condenser	area source	
Carbon	machines at larg adsorber ated condenser	e area source			nes at large a	area source	
Rule 62-213.300 exemption criteri	, F.A.C. Verify that or that no such	xempt emissions nat all steam and h units exist on-site	not water g (see attac	generating u hed memo f	nits on-site r	neet the foll	
All steam and ho No such units on	t water generating -site	g units exempt		OR			
How many boiler	rs do you have on-	site?		•			
For each boiler, i	indicate its horsep	ower (HP) rating:	15				r
What type of fue	l do you use?] propane] No. 2 fue] No. 6 fue			ral gas 4 fuel oil er (please lis	1)	
6. Equipment Mo	onitoring and Rec	ordkeeping Inform	nation			•	
Check all logs w	hich are required	to be kept on-site	in accorda	nce with the	e requiremer	nts of this go	eneral permit:
(a) Purchase rece	eipts and solvent p	urchases/solvent a	addition lo	g	ιX]	
(b) Leak detection	n inspection and	repair			[X]]	
(c) Refrigerated	condenser tempera	ature monitoring			$[\times]$	1	
(d) Carbon adsor	ber exhaust perc	concentration mor	nitoring		[]]	
(e) Startup, shut	down, malfunctio	n plan				l .	
	i de sain.				•	•	

DEP Form No. 62-213.900(2) Effective: 2/24/99

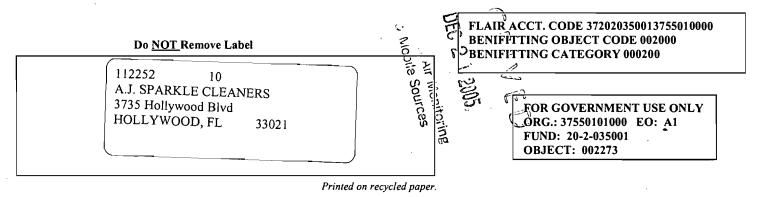
7.	Surrender	of Existing DEP Air Permit(s)				
Ple	ease indica	te with an "X" the appropriate selection:				
M		I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are Anis To H 6/12252 = 1 A. G				
		No DEP air permits currently exist for the op form.	eration of the facility indicated in this notification			
Re	esponsible	Official Certification				
	statemen maintain comply w	ts made in this notification are true, accurate a the air pollutant emissions units and air pollut with all terms and conditions of this general per comptly notify the Department of any changes to	ion control equipment described above so as to mit as set forth in Part II of this notification form.			
	RA	JAMMV JUANINE				
		ne of responsible official	,			
		2. Namuali	6/22/01			
	Signature	•	Date			
L						

M. Nanmali

2/2/01

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.
456399 DEC192005

TOTAL AMOUNT DUE: \$50.00



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

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

434640 DEC222093

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



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 1D#0112252

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

ure of Air Monitoring & Mobile Sources 682

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



412163 DEC242991

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

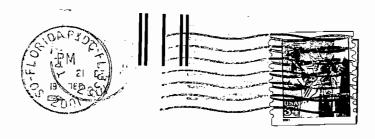
AIRS ID # 0112252
A.J. SPARKLE CLEANERS
RAJNIKANT VANMALI
3735 HOLLYWOOD BLVD
HOLLYWOOD FL
33021

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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



T FOR Helicament C. Nision of Retirement C. 2639 N. Monroe Bldg -156

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

2021242020 33

Lilladdilliadddadddadddaddaddaddadd