



Jeb Bush
Governor

Department of Environmental Protection

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

June 29, 2001

David B. Struhs
Secretary

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

Dear Mr. Vanmali:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 27.

In reviewing your submittal, it was noted that A J Sparkle Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112252). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400087

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

Bureau of Air Monitoring
& Mobile Sources

12-16-00
RECEIVED
MAIL ROOM
DEC 18 00

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

DEC 20 2000

SPARKLE
NEEL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 6/13
1. Article Addressed to: 10 AIRS ID # 0112252001AG RAJNIKANT VANMALI A.J. SPARKLE CLEANERS 3735 HOLLYWOOD BLVD HOLLYWOOD FL 33021	C. Signature x <i>[Signature]</i>	
2. Article Number (Copy from service label) 7000060002641300054	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 1999	RECEIVED JUN 13 2001	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		
7000060002641300054		
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
10 AIRS ID # 0112252001AG RAJNIKANT VANMALI A.J. SPARKLE CLEANERS 3735 HOLLYWOOD BLVD HOLLYWOOD FL 33021		
PS Form 3800, February 2000 See Reverse for Instructions		



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 25, 1996

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

Dear Mr. Vanmali:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

Please note that in November 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

cc: Mr. Robert Wong, Broward County

0112252

9-13

Spoke to A.J. Sparkle
Cleaners, Mr. Vanmali
is the owner

P. 13

6. add owner next to
manager

P. 14

1. (c) should not be marked
3. new small area should
be marked

P. 15

4. new small r. c. should
be marked
(c) or (d) should be
marked
(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): RAJNIKANT VANMALI
2. Site Name (For example, plant name or number): A-J. SPARKLE CLEANERS 3735 HOLLYWOOD BLD. HOLLYWOOD, FL 33021
3. Hazardous Waste Generator Identification Number: FLR 000011130
4. Facility Location: Street Address: 3735 HOLLYWOOD BLD City: HOLLYWOOD County: BROWARD Zip Code: 33021
5. Facility Identification Number (DEP Use): 0112252

Responsible Official

6. Name and Title of Responsible Official: RAJNIKANT VANMALI MANAGER
7. Responsible Official Mailing Address: Organization/Firm: A-J. SPARKLE CLEANERS Street Address: 3735 HOLLYWOOD BLD 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: () -

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AUG 26 1996

Facility Information

I.(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
Dry-to-Dry Unit	<i>Dry to Dry</i>								
(1) w/ ref. condenser	(1)	4/92	4/92						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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 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.

R. Vanmali
RAJNIVANT VANMALI
Signature

8/14/96

Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: A.J. Sparkle Cleaners DATE: 10-21-96
 FACILITY LOCATION: 3735 Hollywood Blvd.
Hollywood, FL 33021

Annual Reporting Period: Oct. 21 1996 TO Oct. 21 1997

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:

N.A.

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Exact period of non-compliance: from N.A. to MAY 0 1997

Action(s) taken to achieve compliance: N.A.

Method used to demonstrate compliance: N.A.

Bureau of Air Monitoring
& Mobile Sources

#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 N.A. to _____

Action(s) taken to achieve compliance: N.A.

Method used to demonstrate compliance: N.A.

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: Rajakant Vanmali _____ Oct. 21, 96
 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.



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1350 TIME OUT: 1430 AIRS ID#: 0112252
 TYPE OF FACILITY: Perchloroethylene Dry cleaners
 FACILITY NAME: A.T. Sparkle Cleaners DATE: Oct. 21, 96
 FACILITY LOCATION: 3735 Hollywood Blvd.
Hollywood FL 33021
 RESPONSIBLE OFFICIAL: Rajakant Vanma, PHONE NUMBER: (954)-985-0122

- 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
	<p>RECEIVED</p>
	<p>MAY 8 1997</p>
	<p>Bureau of Air Monitoring & Mobile Sources</p>

COMMENTS:

N.A.

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES NO

DATE OF NEXT INSPECTION: Oct. 21, 97

(Approximate)

INSPECTION CONDUCTED BY: Paul R. Shelton

(Please Print)

INSPECTOR'S SIGNATURE: Paul R. Shelton

PHONE NUMBER: (954)-579-1444

TIME IN: 1015 TIME OUT: 1100 AIRS ID#: 0112225
 TYPE OF FACILITY: Perchloroethylene Dry Cleaners
 FACILITY NAME: Eagle Cleaners DATE: 10-22-96
 FACILITY LOCATION: 10231 Pines Blvd.
Pembroke Pines, FL 33026
 RESPONSIBLE OFFICIAL: owner's son PHONE NUMBER: (954)-432-6772

- 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
	<p>RECEIVED</p> <p>MAY 8 1997</p> <p>Bureau of Air Monitoring & Mobile Sources</p>

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 10-22-97
 (Approximate)

INSPECTION CONDUCTED BY: Paul R. Shelton
 (Please Print)

INSPECTOR'S SIGNATURE: Paul R. Shelton PHONE NUMBER: (954)-579-1444



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

257958

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

RECEIVED
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JAN 14 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

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

AIRS ID# 0112252

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

DEP RULE 62-213.300 GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL SEMI-ANNUAL
 COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 0112252 TIME IN: 1350 TIME OUT: 1430
 FACILITY NAME: A.J. Sparkle Cleaners
 FACILITY LOCATION: 3735 Hollywood Blvd
Hollywood FL 33021

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

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MAY 8 1997

PART II: CLASSIFICATION

Facility indicated on notification form that it is a:

(check appropriate box)

<p>A:</p> <p>1. Existing 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 before 12/9/91)</p>	<p>2. New 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 on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)</p>

This is a correct facility classification

If no, please check the appropriate classification:

facility qualified for a general permit as number _____

facility exceeds above limits and is not eligible



We Clean and Repair
 Nearly Everything You Wear
 Household Items Too.

Directed 800-909-79
 West Palm Bch.

3735 Hollywood Blvd.
 (Presidential Plaza)
 Hollywood, FL 33021

JAY & RAJ
 (305) 985-0122

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 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**
- 2. Examining the containers for leakage? **Y** **N**
- 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**
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? **Y** **N**

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).

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**
- 3. Equipped the condenser with a diverter valve if airflow will be directed away from the condenser upon opening the door? **Y** **N**
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a 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**
- 6. Verified the accuracy of the temperature sensor to within plus or minus 2 degrees of the exhaust temperature? **Y** **N**

7. 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
 Is the temperature differential equal to or greater than 20° F? Y N

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
 Is the perc concentration equal to or less than 100 ppm? Y N

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

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N

6. Routed airflow to the carbon adsorber at all times? Y N

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)

1. Maintained receipts for perc purchased? Y N

2. Maintained leak detection inspection and repair reports for the following:

a. documentation of leaks repaired w/in 24 hrs? or; Y N
 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

3. Maintained calibration data? Y N

4. Maintained exhaust duct monitoring data on perc concentrations? Y N

5. Maintained rolling monthly averages of perc consumption? Y N

6. Maintained startup/shutdown/malfunction plan? Y N

7. Maintained deviation reports? Y N
 Problem corrected? Y N

8. Maintained compliance plan, if applicable? Y N

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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/calometric tubes)

If using direct-reading instrumentation, is the equipment:

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 (calometric only)? Y N

3. Has the facility maintained a leak log? Y N

4. The following areas should be checked for leaks by the inspector:

	Leak Detected?		Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input type="checkbox"/> N		

Rajnikant VANMALI

Name of Responsible Official

Paul R. Shelton

Inspector's Name (Please Print)

Paul R. Shelton

Inspector's Signature

Oct. 21, 96

Date of Inspection

Oct. 21, 97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RAJNIKANT VANMALI
RAJNIKANT VANMALI
3735 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

AIRS ID#0112252

ace

Do NOT remove label

Annual Reporting Period: 1/1/97 1997 TO 12/31 1997

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: _____

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MAIL ROOM
JAN 20 93

#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: _____

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JAN 22 1998

Bureau of Air Monitoring
& Mobile Sources

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 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: RAJNIKANT VANMALI R. Namah 1/15/98

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.

TYPE OF FACILITY: ^{12:00} ~~Dry Cleaning - Perc.~~ ^{15:00} ~~Peric.~~ **BEST AVAILABLE COPY**
 FACILITY NAME: A. J. Sparkle Cleaners DATE: 04/01/98
 FACILITY LOCATION: 3735 Hollywood Blvd.
Hollywood, Fl. 33021
 RESPONSIBLE OFFICIAL: Rajakant Varma PHONE NUMBER: (954) 985-0122

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.000, 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
<i>Facility is in Compliance</i>	

RECEIVED
 MAY 21 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS

The Annual Compliance Certification form has been properly completed and submitted to the inspector YES NO
 DATE OF NEXT INSPECTION: April 1999
(Approximate)
 INSPECTION CONDUCTED BY: OCTAVIAN OPRIS
(Please Print)
 INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 519-1420

0112252

DRY CLEANER AIR QUALITY GENERAL PERMIT **BEST AVAILABLE COPY**
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A.T. Sparkle Cleaners DATE: 04/01/98
 FACILITY LOCATION: 3735 Hollywood Blvd.
Hollywood, Fl. 33021

Annual Reporting Period: April 1997 TO April 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, 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: _____

RECEIVED
MAY 21 1998
 Bureau of Air Monitoring
 & Mobile Sources

#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: _____

I, 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 purchase receipts, does not exceed 1,100 gallons per year for dry-to-dry facilities or 1,300 gallons per year for transfer or contamination facilities.

RESPONSIBLE OFFICIAL: RAJAIKANT VANMALI A. Namal 04/01/98
 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.

RECEIVED
 MAY 21 1998
 Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0112252 DATE: 04/01/98 TIME IN: 12:00 TIME OUT: _____
 FACILITY NAME: A.T. Sparkle Cleaners
 FACILITY LOCATION: 3735 Hollywood Blvd.
Hollywood, FL 33021
 RESPONSIBLE OFFICIAL: Rajoukaut Vimala PHONE: (954) 985-0122
 CONTACT NAME: N/A PHONE: _____

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 storefront of business/petroleum

A.

- | | | | |
|--|-------------------------------------|--|--------------------------|
| 1. Existing small area source
air-to-air only, < 140 gal/yr
transfer only, < 200 gal/yr
both types, < 140 gal/yr
constructed before 12/31/91 | <input checked="" type="checkbox"/> | 2. New small area source
air-to-air only, < 140 gal/yr
transfer only, < 200 gal/yr
both types, < 140 gal/yr
constructed on or after 12/31/91 | <input type="checkbox"/> |
|--|-------------------------------------|--|--------------------------|

- | | | | |
|---|--------------------------|---|--------------------------|
| 3. Existing large area source
air-to-air only, 140 gal/yr < x < 1,000 gal/yr
transfer only, 200 gal/yr < x < 1,000 gal/yr
both types, 140 gal/yr < x < 1,000 gal/yr
constructed before 12/31/91 | <input type="checkbox"/> | 4. New large area source
air-to-air only, 140 gal/yr < x < 1,000 gal/yr
transfer only, 200 gal/yr < x < 1,000 gal/yr
both types, 140 gal/yr < x < 1,000 gal/yr
constructed on or after 12/31/91 | <input type="checkbox"/> |
|---|--------------------------|---|--------------------------|

5. This is a correct facility classification Can not determine

If no, please check the appropriate classification

- facility classified for a general permit is number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene parts purchased within the preceding 12 months by this air cleaning facility is 60 gallons

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

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- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 43° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely changed? | <input type="checkbox"/> Y <input type="checkbox"/> N |

3. 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 3 duct diameters downstream of any bend, contraction, or expansion; is at least 3 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:
 1. documentation of leaks repaired within 24 hrs? or? Y N N/A
 2. documentation of parts ordered to repair leak and leak repaired within 2 days and parts installed within 3 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

Inspection?

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Y N

Y N

2. Has the facility maintained a leak log?

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves

Y N N/A

Muck cookers

Y N N/A

Door gaskets and seating

Y N N/A

Sulls

Y N N/A

Filter gaskets and seating

Y N N/A

Exhaust dampers

Y N N/A

Pumps

Y N N/A

Diverter valves

Y N N/A

Solvent tanks and containers

Y N N/A

Cartridge filter housings

Y N N/A

Water separators

Y N 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 (PID/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/PID 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

OCTAVIAN OPRIS

Inspector's Name (Please Print)

04/01/98

Date of Inspection

Inspector's Signature

April 1999

Approximate Date of Next Inspection

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