

Department of Environmental Protection

Jeb Bush Governor 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/

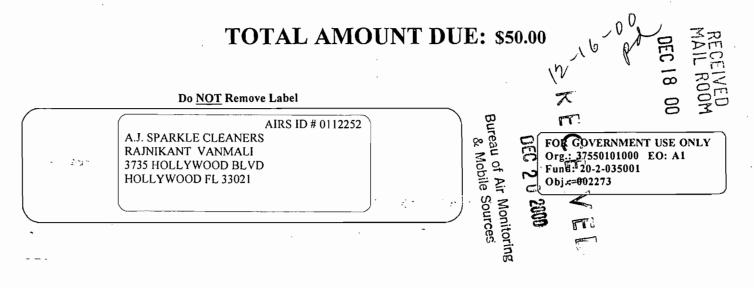
Enclosure

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

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



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: 1. AIRS ID # 0112252001AG RAJNIKANT VANMALI A.J. SPARKLE CLEANERS 3735 HOLLYWOOD BLVD HOLLYWOOD FL 33021 3. Service Type 1. Regis Mobile Solve Beeipt for Merchand	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
4. Restricted Delivery? (Extra Fee)	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: 10 AIRS ID # 0112252001AG RAJNIKANT VANMALI A.J. SPARKLE CLEANERS 3735 HOLLYWOOD BLVD	C. Signature X
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4944		MAIL REC	EIPT Coverage Provided)
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品中	HOLLYWOOD FI	. 33021	
)	PS:Form 3300, February 2	000	**: See Reverse to the victors:



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

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

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
- 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 VAMMALI
2.	Site Name (For example, plant name or number): A-J. SPARKLE CLEANERS
	3735 HOWYWOOD BWD., HOWYWOOD, PL 33021
3.	Hazardous Waste Generator Identification Number:
	FLR 000011/30
4.	Street Address: 3735 Howwood Burd
	City: Howwoo County: Blownes Zip Code: 33021
5.	Facility Identification Number (DEP Use):
	042252
(44,-	EDING PALLS BOOK OF THE TAIL OF THE PROPERTY OF A STANDARD CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PAR
	Responsible Official
6.	Name and Title of Responsible Official:
	RATNIKAT VANMACI MANAGOL
7.	Responsible Official Mailing Address:
	Street Address: 322 Street Size
	Organization/Firm: A. J. SPARKLE CLEANTYS Street Address: 3735 Howward Burd City: Howward County: FL Zip Code: 33021
8.	Responsible Official Telephone Number:
	Telephone: (954) 9就 - 01レン Fax: () -
	Facility Contact (If different from Pagnancials Official)
	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: () -

RECEIVED

AUG 2 6 1996

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

Bureau of Air Monitoring & Mobile Sources

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
Example	#1		12-NOV-93	l	08-DEC-91	mstaned	#3	02-MAR-92	1
Dry-to-Dry Unit		Dry Z	Day	٠.	. 11				1 (1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1
(1) w/ ref. condenser	11)	4/92	4/92						
(2) w/ carbon adsorber									_
(3) w/ no controls									
Washer Unit			^			•	٠		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								1	
Dryer Unit	٠.			. : .		•		e term	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									_
Reclaimer Unit		177	•	+ 7.3					
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
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 New large area									

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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 large area source Carbon adsorber
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

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
\angle	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
N/C 	In Manual: JAINGENT VANMACI					
Signature	Date					

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

AIRS ID#: 0112252

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	arkle cleaners	·	D	ATE: 10- 21-96
FACILITY LOCATION: 3735	Hollywood Klu	D.		
	1000 FL. 3302/			
Annual Reporting Period: Oct. 21	19 90	TO oct	. 21	19_9/
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (-	<u>-</u>	ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	it that has not been in continuou	-	_ ~	g period stated above:
Exact period of non-compliance: from	N.A.	to	MAY 9	1997
Action(s) taken to achieve compliance:	N·A·		*****	-Monitoring
Method used to demonstrate compliance:	N.A.		& Mobile	_
#2. Term or condition of the general perm	it that has not been in continuou	s compliance during	the reportin	g period stated above:
Exact period of non-compliance: from	N.A.	to		
Action(s) taken to achieve compliance:	14.4.			
Method used to demonstrate compliance:	N.A.	· · · · · · · · · · · · · · · · · · ·		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.	and complete. Further, my and , does not exceed 2,100 gallons	nual consumption of	perchloroeth	ylene solvent, based
RESPONSIBLE OFFICIAL: Ray A 1	Kant Vanmali			oct. 21, 96
Na	ame (Please Print)	Signat	ure	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: AN. JAL COMPLAINT/DISCOVERY RE-INSPECTION COMPLAINT/DISCOVERY
TIME IN: 1350 TIME OUT: 1430 AIRS ID#: 0112252
TIME IN: 1350 TIME OUT: 1930 AIRS ID#: 01/2252 TYPE OF FACILITY: Penchloroethylene Dry cleaners
TYPE OF FACILITY: Penchloroethylene Dry cleaners FACILITY NAME: A. T. Spankle cleaners DATE: Oct. 21,96
FACILITY LOCATION: 3735 Hollywood Blvd.
Hollywood FL 3302/
RESPONSIBLE OFFICIAL: Rajar Rant Vanna/i 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
RECEIVED
MAY 8 1997
Bureau of Air Monitoring
& Mobile Sources
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
INSPECTION CONDUCTED BY: Oct. 21, 97 (Approximate) Shelfon (Place Print)
INSPECTION CONDUCTED BY: Paul R. Shellon (Please Print) INSPECTOR'S SIGNATURE: Paul R. Shellon (Please Print) PHONE NUMBER: (954) - 579-1444

Page___of___.

Revised 10/96

TYPE OF INSPECTION: AN AL COM	IPLAINT/DISCOVÉ RE-INSPECTION
TIME IN: 1015 TIME OUT: 1100	A110 1D#:
TYPE OF FACILITY: Penenjorceing	ene Dry cleaners
FACILITY NAME: Eagle Cleaners	DATE: 10-22-16
FACILITY LOCATION: 10231 Pines Polud	
Rembooke Pines, K.	
RESPONSIBLE OFFICIAL: 6 when's som	PHONE NUMBER: (954)-432-6772
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	MAY 8 1997
	Bureau of Air Monitoring
	& Mobile Sources
•	,
	<u> </u>
COMMENTS:	
The Annual Compliance Certification form has been properly certification	Tied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 10-22-97	
INSPECTION CONDUCTED BY: Pau/R. She/H	proximate)
	ease Print)
INSPECTOR'S SIGNATURE: / WITCH	PHONE NUMBER: 4347-519-1497
.page	of Revised 10/96

BEST AVAILABLE CUPY



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

RECEIVED MAIL ROOM

JAN 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112252

A. J. SPARKLE RAJNIKANT VANMALI 3735 HOLLYWOOD BLVD HOLLYWOOD FL 33021 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

RCHLOROETHYLENE DR

DEP RULE 62-213.300 GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	SEMI-ANNUAL	0
TIPE OF INSPECTION.		G SUMPANIOAL	·
· :	COMPLAINT/DISCOVERY	RE-INSPECTION	
1 01/2252		201	'//×^
AIRS IDM.	Time in:	TIME OUT:	4 30
FACILITY NAME: A.J.	Sparkle clea	nens	
FACILITY LOCATION:			
He	slywood FC	33021	
j. ·		A STATE OF THE STA	
		ar British State	
PART I: NOTIFICATION	\$60 cm 4 gt 3 cm	AL W. WEEK.	
(check appropriate box)			
1. Existing facility notified DARN	1 by 9/1/96		12
1. Existing facility notified DATO	7 Oy 97 1190	BECEIVER	. 4
2. New facility notified DARM 30) days prior to startup	ECEIVED	
31. Facility failed to notify DARM	to use general permitter	MAY 8 1997	0
i.	ASSESSED VR		
PART II: CLASSIFICATION	ALT ME	Mobile Committeeing	
Facility indicated on notificat	ion form that this :		
(check appropriate box)	Train Train		
٨.			
L. Existing small area source	2. New small	: area source	
dry-to-dry only, x<140 gal/yr		y, x<140 gal/yr	
transfer only, x<200 gal/yr both types, x<140 gal/yr	transfer only,		
(constructed before 12/9/91)	both types, x<	140 gavyr, n or after 12/9/91)	
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Directec 860-909-79 West Palm Bch.

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

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

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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 (check appropriate boxes)	y cleaning facility:			
1. Storing perchloroethylene in tightly so	caled and impervious containers?	BY ON		
2. Examining the containers for leakage		OY ON		
3. Closing and securing machine doors e	except during loading/unloading?	ON DN		
4. Draining cartridge filters in their hous	ing or in sealed containers for at			
least 24 hours prior to disposal?		אט אים		
5. Maintaining solvent-to-carbon ratios a	and steam pressure for carbon adsorber	<i>/</i> .		
beds according to the manufacturer's spe		מצי טא		
:	I A Committee to the second of			

PART IV: PROCESS VENT CONTROLS	大块的技术可能完成
In Part II-A	
If classification has been checked, no controls are required. Proceed to Part V.	
If classification I has been checked, the machine should be equipped with aircfrige	rated condenser
Complete A pclox).	
If classification 3 has been checked, the machine should be equipped with either a.	ということは、これでは、これでは、
ou condenser or a carbon adsorber (complete A and B below):	
If classification 4 has been checked, the machine should be equipped with a refrige	
(complete A and B below).	a de
A. Has the responsible official of all new sources and existing large area sources.	
I. Equipped all machines with the appropriate vent controls?	DY DY DY
2. Equipped dry-to-dry machines with a closed loop vapor venting system?	NO YY
3. Equipped the condenser with a diverter valve if airflow/will be directed	ry.
away from the condenser upon opening the door?	עם עם
그 사용적으로 하는 사람들은 사람들이 가는 그를 하는 것같은데 그렇게 하는 바로 바로 바다를 하는 것은	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	
	אם איי
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY. ON
6 Verified the accuracy of the temperature sensor to within plus or minus 2 degrees of the exhaust temperature?	OY WE ON
10. 10% that The Property of the Control of the Con	— A. (18/1) (— A. (1/4)

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7. Conducted all temperature monitoring after an appropriate cooldown		
period and after verifying that the coolant had been completely charged?	ΩY	ΩИ
period and after verifying that the coolant had been completely charges.	,	•
and the second of the second o		
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?	υY	ַ ואַם.
2 Measured and recorded the washer exhaust temperature at the condenser	27,00	
inlet and outlet weekly?	- □Y	≟UN E
Is the temperature differential equal to or greater than 20° F?	□Y	#ON.
	0 m d	1 L
3 Measured and recorded the perc concentration in the exhaust stream weekly		4.1.1
at the end of the final drying cycle while the machine is venting to the adsorber,		
ifimachines are equipped with a carbon adsorber?	.□Y	
Is the perc concentration equal to or less than 100 ppm?	□ Y.	ON'E
	u.	1998
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,		1878
or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
or expansion; and downstream from no other injet?	□Y:	□N W
		e de la lace
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual		7
condenser coils?	POY	"Z N "
	1	7
6 Routed auflow to the carbon adsorber at all times?	OY!	
Office of an individual of an intitute (Single-Sing	10. 10. 10. 1	- र अगर्या

PARTY: RECORDKEEPING REQUIREMENTS	destimati
Has the responsible official: (check appropriate boxes)	Y ON
2) Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	N ON
3. Maintained calibration data?	אם א
4. Maintained exhaust duct monitoring data on perc concentrations?	NO Y
5. Maintained rolling monthly averages of perc consumption? 6. Maintained startup/shutdown/malfunction plan?	N ON
7. Maintained deviation reports? Problem corrected?	YY ON
8. Maintained compliance plan, if applicable?	NO Y



BEST	AVAILABLE	C	JP	١

1. Does the responsible official conduct a weekly leak detection and repair inspection?	
1. Does the teabourness of the same and the	1
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	
Physical detection (airflow felt through gaskets)	4 (5)
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/colormetric tubes)	
If using direct-reading instrumentation, is the equipment:	
If using direct-reading instrumentation; is the equipment.	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	1
b. Calibrated against a standard gas prior to and after each	
use (PID/FID only)?	
c. Inspected for leaks and obvious signs of wear on a weekly basis?	,
The d. Kept in a clean and secure area when not in use?	1 1 2
e Verified for accuracy by use of duplicate samples (calormetric only)?	Test.
3 Has the facility maintained a leak log?	11 11
4. The following areas should be checked for leaks by the inspector:	
Leak Detected? Leak Detect	ed?
Hose connections, fittings,	/
couplings, and valves OY ON Muck cookers OY ON	,
Door gaskets and seating	Í
Filter gaskets and seating	/
Pumps Diverter valves DY 🖽	Í,
Solvent tanks and containers DY DN Cartridge filter housings DY DY	
Water separators	
Russit to Va	
Rajaikant VANMALI Name of Responsible Official	
Paul K- Shelton Oct. 21,96	
Paul R State 31,97	

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	N. S.	:			
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112252

RAJNIKAN 3735 HOLL	AIRS ID#0112252 IT VANMALI LYWOOD BLVD OOD FL 33021	!	
	Do NOT Remove	-rabel	
Annual Reporting Period:	1/90 19_	TO 12/13/	19 <u>4)</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-		
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous	compliance during the report	ing period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			T CE
Method used to demonstrate compliance:			ROOM 0 93
#2. Term or condition of the general permit	that has not been in continuous	compliance during the report	ing period stated above:
Exact period of non-compliance: from	RECE	IV ED	
Action(s) taken to achieve compliance:	JAN 2	2 1998	
Method used to demonstrate compliance:	Pureau of A	ir Monitoring e Sources	
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	ed on information and belief forme urther, my annual consumption of	ed after reasonable inquiry, that perchloroethylene solvent, base	ed upon purchase receipts,
RESPONSIBLE OFFICIAL: PATN Nar	ne (Please Print)	R. Namal Signature	1/13/98 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.

11:00	AIKS :0=: 01/2252
TYPE OF FACILITY Du Cleaning - P	BEST AVAILABLE COPY
FACILITY NAME: A. J. Sparkle (lea	ners 04/01/08
FACILITY LOCATION: 1735 Holly word BI	of.
Hollywood, Fl. 330	21
RESPONSIBLE OFFICIALI hajaikant Varma	41 PHOME NUMBER: (454) 485-0122
3ased on the results of the compliance requirements evaluate compliance with DEP Rule 62-210,000. Florida Administration	-
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM!	FOLLOW-UP ACTION REQUIRED
Faility is in Comption ce	P
	& Mode Surge Sources Sources
	Survey of the Control
	<i>o</i> .
DOMMENTS	
The Alabus, Compressed Demiliospen form has been proposite benific	s indisepuncts in as indisting (MES. 💆 NO)
DATE OF MEKT INSPECTION	1999
(Ann	rgn.mate)
INSPECTION CONDUCTED BY OCTAVIA	N OPRIS
INSPECTOR'S SIGNATURE:	2HONE NUMBER: (954) S19 -142
3:5-2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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DRY CLEANER AIR QUALITY GENERAL PERMIT BEST AVAILABLE COPY ANNUAL COMPLIANCE CERTIFICATION FORM DATE: 04/01/98 FACILITY NAME: FACILITY LOCATION: Annual Reporting Period: 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 if NO, complete the following: et. Term or condition of the general permit that has not been in continuous compliance during the reporting genod stated above: Exact period of non-compliance: from Action(s) taken to actueve compliance: Method used to demonstrate compliance: pe**ko**d stated above: Term or condition of the general permit that has not been in continuous compliance during the reporting p Exact period of non-compliance: from Action(3) taken to achieve compliance Method used to demonstrate compliance: withe responsible official. Thereby 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 pased ison pursnask reseipts, does not exceed 2.00 gallons per vear for drivin any facilities or 1.300 gallons per vear for transfer or Dimornation (scilities.

This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the assertion of the responsible official to use this form

TYPE OF INSPECTION: ANNUAL EST AVAILABLE COPY RE-INSPECTIO	M COMBLYTADISCONESS. 3
ACRS D#: 0// 2252 DATE: 04/01/	198 TIME IN: 12:00 TIME OUT \$ 3005
FACTLITY NAME: A.T. Spice 4	le Cleaners
FACILITY LOCATION: 3735 H	
1	ail Venmalie BONE (954) 985-0122
CONTACT MANE:	\$E0:45:
PART I: NOTIFICATION	
(check appropriate 50%)	
(New facility notified DARM (i) basis prior to star	пир
2. Facility famed to notify OARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (eneck appropriate 20%) A.	2 No notification form 2 Drop storetout of outstness/getraletim
1. Existing small area source: activoster anno 1. 4 100 gativo activoster anno 1. 4 100 gativo activoster anno 1. 4 20 gativo activoster anno 1. 4 20 gativos activoster anno 1. 4 20 gativos activoster anno 1. 4 20 gativos	2. New small area source arrespectly only, < < 140 yadyr transfer only : < 100 yadyr onth types: < < (40 yadyr aconstructed on or after (2000);
3 Existing large area source II stor-ro-stor ones (14) is significant for only (19) is significant for only (19) is significant for ones (19) is significant for ones (19) is significant for one one of one (19) is significant for one one of one (19) is significant for one of	F. New turge area murce. □ In 40 40 40 for 140 ≤ 0 ≤ 1 100 gauss transfer only 100 ≤ 0 ≤ 1 300 galos: total obes. 140 ≤ 0 ≤ 1300 galos: Fronstricted on or later 11 0.011.
5. This is a correct facility massification	Y IN BOAR not externative

Displayer and the second permit as number above the facility of teets above times and is not properly for a general permit.

B. The total liquidity of perchiproclavione perchipurchused within the preceding Clamonias by this involved factors was 60 gations.

If no please theth the sportaging trasmituation

is the responsible official of the dry cleaning facility: (check appropriate boxes)	BEST AVAILABLE COPY
L. Storing perchloroethylene in tightly sealed and impervious conta	ainers? 💆 Y 🗆 N 🗆 NA
2. Examining the containers for leakage?	4 אאם אם א ל
Closing and securing machine doors except during loading/unlo	ading? 🥞 🛣 □N
4. Draining carthdge filters in their housing or in sealed containers least 24 hours prior to disposal?	s for at the state of the state
5. Maintaining solvent-to-carbon ratios and steam pressure for carb beds according to the manufacturer's specifications?	oon adsorber 그는 그의 철 씨소

PART IV: PROCESS VENT CONTROLS

(n Part ((-A:

Hoheck appropriate boxest

condenser on a weekly/bi-weekly basis?

If classification that been checked, no controls are required. Proceed to Part V.

A. Has the responsible official of all new sources and existing large area sources.

If classification I has been checked, the machine should be equipped with a reinigerated condenser (complete A below).

If classification I 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 12, [99]

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

į	Equipped all machines with the appropriate year controls?	37	ЭM	
	Equipped acreo-acremachines with a posed-loop suppresenting matern?	DΥ	BN	DMA
;	Educated the condenses with a diverter valve to instant with de assected twan- tangenses apon opening size door?		⊒N	⊒ ‰ 4.
	Medistated and recorded the (emperature of the burder examist) green of a refine	ernated		

े abalited of regulated the equipment within 14 hours of the exhaust temperature of the Onderser exceeded 45° F° — IDN IDN IDN A

			SEOT	<u>_AVA</u> ILA
3	. Eas the responsible official of an existing large or new large area source also:			
ι.	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?	ŊΥ	ЫÜ	
2.	Weasured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΞŸ	ЫĽ	AIND
	is the temberature differential equal to or greater than 20° 57	Ξ×	ИĽ	□N/A
; ;	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?	ΞY	ZV	
	(s the perc concentration equal to or less than 100 ppm?	ΒY	ИC	DN/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring pero 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 inter?	⊇∀	⊒N	⊒MA ¦
;	Equipped transfer machines (artyers, reclaimers, and washers) आर्था individual condenser coils?	⊒¥.	3N	⊒N/A
ő	Routed aurillow to the carbon adsorber (it used) at all times?	ÄΑ	ПM	BN₄A

PART V: RECORDKEEPING REQUIREMENTS	
Blus the responsible official. (check topropriate boxes)	
: Maintained receipts for perc purchased?	ATY DN
2. Maincained rolling monthly total of perc consumption?	ME YK
) Maintained leak detection inspection and repair reports for the following.	
i documentation of leaks repaired with 14 http://org	AME NE YA
o documentation at pairs ordered to repair leak and leak repaired with 1 days and pairs installed with 3 days of receipt "	X Y DN BMA
4. Maintained calibration data? for isothesole lines: reading introducents	TO DA DA SCHE
). Maintained exhaust auct monitoring data an perc aphoentrations?	BA BW À ME
் Managed sampistiagowalmalanction plan ;	78 T () D () T ()
Managined deviation reports	DY DN X NA
Problem tomested"	DY DN ¥NA
(Millinglined compliance plan, d'applicable :	DY BN X DA

(uzbecnou),		REST ΔΙ/ΔΙΙ Δ	BEST AVAILABLE COPY	
2.	Has the facility maintained a leak log?	DEST AVAILABLE SO		AZY ⊡H
Ĵ.	Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves	ANY DA UDANY	Muck cookers	AND ND SE
	Door gaskets and seating	14 1	Salls	אואם אם אינא
	Filter gaskets and seating	אַע באר אב אַבָּ	Exhaust dampers	AND NE YE
	Smuôz	AND ND YE	Diverter valves	אוא אל אב אב
	Solvent tanks and containers	AA ON ONY	Cartridge ülter housings	DY DN XWA
	Water separators	AND ND A X		
4 अशिक्षती तारक्षिक्वं वर्ष वंदरस्वयकत is used by the responsible वर्षीताओं				• .
	Visual examination (condensed solvent on extentor surfaces)			*
	Physical detection (वातीow felt (brough gaskets)			X.
	Odor (nouceable perciodor)			₹
	Use of airect-reading instrumentation (FD/P(D/calonimetric tubes)			>
	Halogen leak detector			· X
	If using diesec-reading instrumentation, is the equipment			₹ 874
	 Crosole of gerecank beta subor concentrations to it canke not population. 			DY DM
	を向任的 only)。			DY DN
	a linspected for leaks and povious signs of wear on a weekly pasis?			אב אב
!	d. Kept in a denn and secure area when not in use?			JA JM
	a Manñed for accurac	ייל אָד ייל אָד ise of auglicate sanoles	: calorimetric privi)	DY DN

inspector : Name (Please Print)

04/01/98 Date of Inspection

Approximate Date of Next Inspection

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389250

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

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