

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. Mitch Morhaim Jolt Technology, Inc. 6801 Northwest 15th Avenue Fort Lauderdale, Florida 33309

Dear Mr. Morhaim:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 30, 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,

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

Facility Information

09-16-96 08:44AM

1. 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.

Equipment Type	ID#	Date Initially Purchased	Date Critri Device Installed	ID#	Date Initially Purchased	Date Court Device Installed
Batch Vapor x < 1.21 m ² x > 1.21 m ² Batch Cold In-line New		(1-29-93	11-29-93	P. 3	94344	
Batch Cold						
In-line New Existing						
2. (a) What was the total	amount gailons	of halogenated soi	vents purchased in t	the leres	t 12 months?	
(b) If less than 12 mor Check why it is less	nths, how s than 12	many? [] mo months: New own	onths ter: [] New stor	re: [] Did not keep	records: []
. (a) Please indicate whi	ch of the	following haloger				
perchio	roethylen	e 🛰			-141B	
methyle	ne chlori	de	GEN	162	OLV 7	4004
trichloro	ethylene		_			
[] 1.1.1-tric	hloroeth	ane				
] carbon to	trachlori	de				
chlorofor	TII					
(b) The rotal volume of is requirement by:	halogens	ited solvent emiss.	ons shall not exceed	i 10 ton	s per year. I cho	oose to meet
complying	g with an	alternative solven	t emission limit			
[implemen	ting a con	tral device comb	nation/work practic	c standa	ırds	
meeting at	n idling e	mission limit/wor	k practice standards			
I I meeting th			old cleaning machin			

4. Based upon your response to 3(b), please select the appropriate provided below. (Indicate with an "X" all options that apply to yo	control equipment con ur facility.)	ibination from the list
1.0 freeboard ratio	. •	
[] super-heated vapor		
[X] freeboard refrigeration device		
carbon adsorber		
dwell time		
working made cover		
[
Equipment Monitoring and Recordkeep	ing Information	
Check all logs which are required to be kept on-site in accordance wi	•	this general permit:
(a) Purchase receipts for halogenated solvent purchases	(X)	
(b) Inspection records		
(c) Temperature monitoring	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	A' C.
(d) Idling emission concentration monitoring		9,13,96
(e) Instrument calibration	<u> </u>	2
(f) Dwell time records	<u></u>]	K
(g) Solvent content records	كصا	
(h) Remedial action log	ليسا	
(i) Control device monitoring		
(j) Log of solvent additions and removals		
(k) Monthly emissions calculations		

(m) Cleaning capacity calculations

(I) Rolling 3-month average emissions calculations

Halogenated Solvent Degreasers Facility Notification

Facility Name and Lbcation

1.	Facility Owner/Company Nan	ne (Name of corpora	tion, agency, or individual owner):	
	IN T	ECHNO	LOGY INC.	
2.			2001 11101	
~	one realite (1 or example, plant	manie or namoer).		
L				
3.			_	
	T LD 784	2083	48	
4.	Facility Location:			
	a:			
	City: Ft. LAUD	County:	ROWARD Zip Code: 3330	9
5.	Bacility Gentification Number	,	<u> </u>	•
			0112271	
			LIIASII	
		Responsibl	e Official	
		1100 0000000		
6.	Name and Title of Responsible	Official:		
	MITCH MO	PHAIM		
7.				
	Organization/Firm:			
	Street Address: SAM	F .	7. 0 .	
	City:	County:	Zip Code:	
8.	Responsible Official Telephone	Number:		
	Telephone: 954.968		Fax: 954971-3895	
	1215	70566		
	Facility C	Contact (If different	from Responsible Official)	
9.	Name and Title of Facility Cont	act (For example, pla	nt manager):	
	RODNEY	TANIC	20.1	
10	Facility Contact Address:	UM IT (1)	2 014	
ıu.	racinty Contact Address.			
	Street Address:			j
	City: SAME	County:	Zip Code:	
11	Facility Contact Telephone Num	her		
	Telephone: 954-968		Fax: (954-971-3895	}
			137 117774	

RECEIVED

AUG 5 0 1996

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Bureau of Air Menitering & Mobile Sources

Facility Information

1. 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.

Equipment Type	ID#	Initially Purchased	Cntrl Device Installed	lD#	Initially Purchased	Cntrl Device Installed
Batch Vapor $x < 1.21 \text{ m}^2$		1-90				
$x > 1.21 \text{ m}^2$	—.					
Batch Cold		· · · · · · · · · · · · · · · · · · ·				
In-line New Existing			<u>.</u>			
LAISTING						
 ·	ich of the proethylen ene chlori	e	Y H	CFC	our facility. -141B SOLV	2004
trichlor	oethylene					•
1.1,1-tr	ichloroeth	ane				
carbon	tetrachlor	ide				
[] chlorof	orm					
(b) The total volume of is requirement by:	of halogen	ated solvent emi	ssions shall not exc	ceed 10 to	ons per year. I c	hoose to meet
comply	ing with a	n alternative solv	ent emission limit			
[] impleme	enting a co	ontrol device con	nbination/work pra	ctice star	dards	

DEP Form No. 62-213.900(4)

Effective: 6-25-96

meeting an idling emission limit/work practice standards

_] meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate provided below. (Indicate with an "X" all options that apply to yo	
[1.0 freeboard ratio	
[] super-heated vapor	
freeboard refrigeration device	
[] carbon adsorber	
dwell time	
working mode cover	
reduced room draft	
Equipment Monitoring and Recordkee	ping Information
Check all logs which are required to be kept on-site in accordance w	ith the requirements of this general permit:
(a) Purchase receipts for halogenated solvent purchases	$oldsymbol{X}$
(b) Inspection records	
(c) Temperature monitoring	
(d) Idling emission concentration monitoring	
(e) Instrument calibration	
(f) Dwell time records	
(g) Solvent content records	
(h) Remedial action log	
(i) Control device monitoring	<u> </u>
(j) Log of solvent additions and removals	
(k) Monthly emissions calculations	
(I) Rolling 3-month average emissions calculations	
(m) Cleaning capacity calculations	

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Surrender of Existing Air Permit(s)

Please indicat	e 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)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
l will prom	ptly notify the Department of any changes to the information contained in this notification.
Signature	Fancism Aug 27, 1996

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MAILED MONDAY AUG 7TH 1995

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VAPOR DEGREASERS

REF. ONL

INITIAL NOTIFICATION REPORT FOR NEW MACHINES

Machine installed on or before November 29, 1993

	· ·
1.	Company Name: JOLT TECHNOLOGY INC.
2.	Mailing Address: 6801 NW 15TH AVE.
	FORT LAUDERDALE FL. 33309
3.	Facility Location: SAME
	City State Zip Code
4.	Facility Representative: RODNEY JAMISON Date of Report: 8-3-95
5.	Telephone #: 305-968-8526 6. Cleaner Serial/Model #: HOLLIS ULTRA-CLE
7.	Type of machine: (check as applicable) SERIAL # 1181
	Batch vapor In-line MoDEL# 201796
8.	Solvent/air interface area: 784 square meters or equare inches
9.	Existing controls: (check as applicable)
	Freeboard ratio of 1.0
10.	Date of machine installation: JAN. 1990
11.	Anticipated compliance approach: (check as applicable)
	Basic equipment Alternative standard Idling emission standards
12.	Annual estimate of halogenated solvent consumption 7000 pounds/year or kilograms/year (circle one)
13.	Solvent(s) used: (check as applicable)
	Methylene Chloride ☐ Trichloroethylene ☐ 1,1,1-Trichloroethane ☐ Chloroform ☐ Carbon Tetrachloride ☐ Perchloroethylene ☐ HCFC-141B
	Return completed form to:
	Florida Department of Environmental Protection
	Bureau of Air Monitoring and Mobile Sources
	Mail Station 5510 2600 Blair Stone Road
	Tallahassee, Florida 32399-2400
	For assistance, call Small Business Assistance Program, (800)722-7457

AIRS JD#:	011	227	7 /	

ALC

Revised 10/10/96

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: JOLT TECH	WOLOGY INC.		DATE: 10-2-98
FACILITY LOCATION: 6801 NW	·		
		<u> </u>	
Annual Reporting Period:	31	997 то	CT 2 1998
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A		<u>. </u>	
If NO, complete the following:			
#1. Term or condition of the general permit th	at has not been in cont	inuous compliance during	the reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit th	at has not been in cont	inuous compliance during	the reporting period stated above:
Exact period of non-compliance: from		10	
Action(s) taken to achieve compliance:			_
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, ba made in this notification are true, accurate an		I belief formed after reason	able inquiry, that the statements
TOUR OF THE PER CALL.	(Please Print)	Signatu	$\frac{\sqrt{2/98}}{\text{Date}}$
rame	(Signatu	

^{*}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.

HALOGENATED SOLVENT DEGREASERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 6(1227) DATE: 10/2/98 TIME IN: 10:30 TIME OUT: 12:00	
FACILITY NAME: JOLT TECHNOLOGY (NC.	
FACILITY LOCATION: 6801 NW 15 AVE. FT. LAUDERDALE, FL. 33309	
RESPONSIBLE OFFICIAL: MITCH MORHAIM PHONE: (954)968-8526	
CONTACT NAME: ROONEY JAMISON PHONE: 17	
PART I: NOTIFICATION	
(check appropriate boxes)	
1. Facility notified DARM 30 days prior to starting up	
2. Facility failed to notify DARM to use a general permit	
3. Halogenated solvent used at the facility: GENESOLV DMS (SEE MSOS SHEET)	
perchloroethylene	
trichloroethylenc	
carbon tetrachloride	
4. Facility indicated on notification form that it has the following machine type(s). Check more than one board applicable.	· ^
applicable. Batch Vapor, $x \le 1.21 \text{ m}^2$ New In-line \square Batch Cold \square	(
Batch Vapor, x > 1.21 m ² ☐ Existing In-line ☐	
PART II: CLASSIFICATION	
Indicate the machine type(s) observed at the facility:	
Batch Vapor, $x \le 1.21 \text{ m}^2$ New In-line \square Batch Cold (immersion) \square	
Batch Vapor, $x > 1.21 \text{ m}^2$ Existing In-line Batch Cold (remote reservoir)	

PART III: GENERAL CONTROL REQUIREMENTS

	Batch Vapor and In-Line Machines ses the facility:			
1.	Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6 b of the permit notification?	⊡ Ý		
2.	Maintain a freeboard ratio of 0.75 or greater?	Y Y	ПΝ	
3.	Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at 0.9 m/min (3 ft/sec) or less?	ØŶ	ПN	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	⊠ Ý	□N	
5.	Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?	⊠ Y	ПΝ	
	Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Have each machine equipped with			ON/A
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	\mathbf{A}^{Y}	ИП	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	Y		
	c. a primary condenser?	⊡ Y	ПΝ	
	Store all waste solvent, still bottoms, and sump bottoms in closed containers? Batch Cold Cleaning Machines	OZY	ПΝ	
Do	es the facility:			
1.	Collect and store all waste solvent in closed containers?	ΞY	ПΝ	
2.	Use a flexible hose or flushing device only within the freeboard area?	\Box Y	ПΝ	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	ΩY	ПD	
4.	Maintain the solvent level inside the machine at or below the fill line?	\Box Y	ПN	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ΩY	ПN	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	ΟY	ПN	□N/A
7.	Ensure that the machine is not exposed to drafts greater than 40 m/min (132 fl/min) when the cover is open?	ΩY	ПN	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	ΠY	ПΝ	
Re.	mote Reservoir Type Only			
9.	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	ΩY	ПN	□N/A
Im	mersion Type Only			
10	D. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.	ΟY	□N	□N/A

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)			
Facility chose to meet requirements using:			
a	control device combination / work practice standard	ds	
	alternative solvent emission limit (proceed to Part	Ю .	
Q	idling emission limit / work practice standards (pro	oceed to Part V)	
control con	···-·	Taura	
selected	working mode cover / 1.0 freeboard ratio / supe	In use erheated vapor 🔲 🔲 🗀	
Q	reduced room draft / 1.0 freeboard ratio / super	rheated vapor 🔲 🔲 🗀	
	reduced room draft / 1.0 freeboard ratio / dwell		
	freeboard refrig. device / superheated vapor	a	
	freeboard refrig. device / working mode cover	a a	
٥	freeboard refrig. device / reduced room draft	۵۵	
ر ت	freeboard refrig. device / 1.0 freeboard ratio	ه ۵	
<u> </u>	freeboard refrig. device / dwell	of or	
	freeboard refrig. device / carbon adsorber	۵۵	
	carbon adsorber / 1.0 freeboard ratio / superhea	ated vapor 🔲 🗀 🗀	
B. Batch V		In use	
	freeboard refrig. device / superheated vapor / 1		
a	freeboard refrig. device / superheated vapor / w	vorking mode cover 🔲 📮 📮	
	freeboard refrig. device / superheated vapor / re	reduced room draft	
۵	freeboard refrig. device / superheated vapor / c	carbon adsorber	
۵	freeboard refrig. device / reduced room draft /	dweil 🗆 🗆 🗆	
۵	freeboard refrig. device / reduced room draft /	1.0 freeboard ratio	
	1.0 freeboard ratio / reduced room draft / super	rheated vapor	
control co			
selecte	freeboard refrig. device / 1.0 freeboard ratio	In use	
٥	superheated vapor / 1.0 freeboard ratio		
ם ا	freeboard refrig. device / dwell		
	carbon adsorber / dwell		
D. New In control co		ln use	
۵	freeboard refrig. device / carbon adsorber		
 	superheated vapor / carbon adsorber		

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official maintained the following: 1. Owner's manuals, design specifications, and other instructional materials for cleaning MY DN machine and control equipment? 2. Date of installation for cleaning machine and all control devices? If the exact date is MD Y unknown, they must have a letter stating installation occurred before or after 11/29/93. מבו אום 3. Halogenated solvent content for each solvent used? (exempt if < 5% by weight) MY DN 4. Estimates of annual solvent consumption for each machine? 5. Dates of solvent additions and amounts added to each machine? (applicable only to DY DN WN/A those using an alternative emission limit) 6. Idling emissions limit tests, including values obtained during the initial performance DY DN ØN/A test? (applicable only to those using an idling emissions limit) 7. All control device and parameter monitoring? (applicable only to batch vapor and MY ON ON/A in-line machines) 8. Information on remedial actions in the event of exceedances or other repairs and MY ON ON/A subsequent monitoring of affected parameters? 9. Monthly emissions calculations (applicable only to those using an alternative or idling

PART VI: ADDITIONAL SITE INFORMATION

limit without a solvent-air interface)

emission limit)

alternative emission limit)

FACILITY HAS SWITCHED TO GENESOLV DMS SOLVENT:

1,1,2-TRICHLORD 1,2,2-TRIFLUORDETHANE WITH METHANOL, ETHANOL,
ISOPROPANOL AND NITROMETHANE.

10. 3-month rolling average emissions calculations? (applicable only to those using an

11. Cleaning capacity calculations? (applicable only to those using an alternative emission

ART PENNETTA	10/2/98
Inspector's Name	Date of Inspection
Int Parts	OCT 1999
Inspector's Signature	Approximate Date of Next Inspection

DY DN MYA

DY DN ØN/A

DY DN DYN/A

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Y	COMPLAIN	T/DISCOVERY	
	RE-INSPECTION	–		P	
AIRS ID#:			4: 10:40	TIME OUT. //	:45
FACILITY NAME:	JOLT TECHNIC	<u>LCGy</u>	4 4		<u>^</u>
FACILITY LOCATION:	6801 MW 1	5 AVE	FT. 3	Caro 100	
RESPONSIBLE OFFICIAL :	MITCH MORHA RODNEY JAM			**	2 (3
PART I: NOTIFICATION					
(check appropriate boxes)					,
1. Facility notified DARM 30	days prior to starting up	ı			
2. Facility failed to notify DAI	RM to use a general perr	nit			
3. Halogenated solvent used at	the facility:				
perchloroethylene	☐ me	ethylene chlor	ride 🗆	GENESOLV	Dm 3
trichloroethylene	1 ,	1,1-trichloroe	thane 🗆	·	_
carbon tetrachloride	□ ch	loroform	a		
 Facility indicated on notific applicable. 	ation form that it has the	e following m	achine type(s).	Check more than	one box if
Batch Vapor, $x \le 1.21$	m ² New In-line	e 🚨	Batch Cold		
Batch Vapor, $x > 1.21$	m ² □ Existing In	-line 🛚			
PART II: CLASSIFICATION					
1. Indicate the machine type(s) observed at the facility	:			
Batch Vapor, $x \le 1.21$	m ² Mew In-line	e 🗖 ¯	Batch Cold (i	mmersion)	
Batch Vapor, x > 1.21	m² □ Existing In	-line 🗆	Batch Cold (r	emote reservoir)	

PART III: GENERAL CONTROL REQUIREMENTS

	Batch Vapor and In-Line Machines ses the facility:			-
1.	Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?	ďÝ	□N	
2.	Maintain a freeboard ratio of 0.75 or greater?	ØÝ	ΠN	
3.	Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at 0.9 m/min (3 ft/sec) or less?	⊠rÝ	ΠN	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	M Y	ΠN	
5.	Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?	Z Y	□Ν	
	Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Have each machine equipped with	ΠY	□N	ØN/A
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	Z Y	\square N	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	⊠ Ý		
	c. a primary condenser?	Y	ΠN	
	Store all waste solvent, still bottoms, and sump bottoms in closed containers? Batch Cold Cleaning Machines	Ø Y	ПN	
Do	es the facility:			
1.	Collect and store all waste solvent in closed containers?	ПY	ПN	
2.	Use a flexible hose or flushing device only within the freeboard area?	ПŸ	ПN	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	ΠY	ПN	
4.	Maintain the solvent level inside the machine at or below the fill line?	ПY	ПN	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ΠY	DИ	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	ΟY	ПN	□N/A
7.	Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open?	ΠY	ΠN	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	ПY	ΠN	
Ren	note Reservoir Type Only			
9.	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	ΠY	DИ	□N/A
lmn	nersion Type Only			
10.	Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.	ΠY	ПN	□N/A

PART IV: P	ROCESS VENT CONTROLS (not applicable t	o baich cola clea	ning machines)	
Facility ch	ose to meet requirements using:			
Ø	control device combination / work practice standar	ds		
	alternative solvent emission limit (proceed to Part	V)		
	idling emission limit / work practice standards (pro	oceed to Part V)		
control con			•	
selected	working mode cover / 1.0 freeboard ratio / sup	erheated vapor	In use	
	reduced room draft / 1.0 freeboard ratio / super	rheated vapor		
	reduced room draft / 1.0 freeboard ratio / dwel	1		
٦	freeboard refrig. device / superheated vapor			
व	freeboard refrig. device / working mode cover		a a	
	freeboard refrig. device / reduced room draft			
	freeboard refrig. device / 1.0 freeboard ratio			
	freeboard refrig. device / dwell		,	
	freeboard refrig. device / carbon adsorber		□ □ _▼	
	carbon adsorber / 1.0 freeboard ratio / superhe	ated vapor		
B. Batch Va			In use	
	freeboard refrig. device / superheated vapor / I	.0 freeboard ratio		
	freeboard refrig. device / superheated vapor / v	vorking mode cov	ver 🗆 🗆 🗅	
	freeboard refrig. device / superheated vapor / r	educed room draf	ît	
	freeboard refrig. device / superheated vapor / c	arbon adsorber		
	freeboard refrig. device / reduced room draft /	dwell		
	freeboard refrig. device / reduced room draft /	1.0 freeboard rati	0 0 0	
	1.0 freeboard ratio / reduced room draft / super	rheated vapor		
control con	In-Line Machines			
selected	freeboard refrig. device / 1.0 freeboard ratio	In use		
	superheated vapor / 1.0 freeboard ratio		•	
	freeboard refrig. device / dwell			
	carbon adsorber / dwell	-		
control com selected		In use		
	freeboard refrig. device / superheated vapor			
	freeboard refrig. device / carbon adsorber			1
	superheated vapor / carbon adsorber			

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:	
Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?	MY ON
2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.	MY ON
3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)	⊠Y □N
4. Estimates of annual solvent consumption for each machine?	DY ON
5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)	OY ON WAYA
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	OY ON ON/A
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	MY ON ON/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	OY ON WN/A
9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit)	OY ON MN/A
10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)	DY DN ØN/A
11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)	OY ON ØN/A

P	ART	VI:	AD:	DITI	ONA	٩L	SITE	INF	OR	VÍ A	TI	Ol	١

RESPONSIBLE OFFICIAL IN COMPLIAN	JCE	
X Miton	Mirch Maritain per.	11/3/98
SIGNATURE	NAME	DITE
OCT 2 1998 TO NOV 3	1999	

Inspector's Name

Date of Inspection

AT 2000

Approximate Date of Next Inspection

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	JI ECTION (
TYPE OF INSPECTION:	ANNUAL	3	COMPLAINT/DISCOVER	Y 📮
	RE-INSPECTION		Sur My S	1
AIRS ID#: 0(1227)	DATE:_\0\23	O TIME I	N: <u>/0:508</u> , HIME OUT:	A BO
FACILITY NAME:	JOIN TECH	inoucei	Soli Onia	
FACILITY LOCATION:	10801 NW	V 15 A	WE. FI LAUS	<u> 33309 </u>
RESPONSIBLE OFFICIAL :	Митен Мов	CHAIM.	PHONE: <u>(954)968</u> -	8526
CONTACT NAME:	K		PHONE:	
PART I: NOTIFICATION				
(check appropriate boxes)				_
1. Facility notified DARM 30	days prior to starting up	р		
2. Facility failed to notify DAF	lM to use a general per	mit		
3. Halogenated solvent used at	the facility:			
perchloroethylene	n m	nethylene chlo	oride 🔲	
trichloroethylene	□ 1,	,1,1-trichloro	ethane \square	
carbon tetrachloride	□ cl	hloroform		
Facility indicated on notifical applicable.	ation form that it has th	ne following n	nachine type(s). Check more th	an one box if
Batch Vapor, $x \le 1.21$	m ² New In-lin	ne 🗆	Batch Cold	
Batch Vapor, x > 1.21	m ² ☐ Existing I	n-line 🗆		·
PART II: CLASSIFICATION				
1. Indicate the machine type(s)	,			
Batch Vapor, $x \le 1.21$	m ² New In-lir	ne 🗆	Batch Cold (immersion)	

PART III: GENERAL CONTROL REQUIREMENTS

	A. Batch Vapor and In-Line Machines Does the facility:					
1.	Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?		□N			
2.	Maintain a freeboard ratio of 0.75 or greater?	ΦY	ΠN			
3.	Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at 0.9 m/min (3 ft/sec) or less?	⊴ Y	□N			
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	Z Ý	□N			
5.	Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?	⊡ Ý	□N			
	Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Have each machine equipped with			΄/A		
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	ŒΥ	□N			
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	T Y	□N			
	c. a primary condenser?	_	□N			
	Store all waste solvent, still bottoms, and sump bottoms in closed containers? Batch Cold Cleaning Machines	⊡ Y	ПN			
Do	es the facility:					
1.	Collect and store all waste solvent in closed containers?	$\square Y$	□N			
2.	Use a flexible hose or flushing device only within the freeboard area?	$\square_{\overset{\cdot}{Y}}$	□N			
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	ΟY	□N			
4.	Maintain the solvent level inside the machine at or below the fill line?	$\Box Y$	□N			
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ΟY	□N			
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	ΠY	ΠN	□N/A		
7.	Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open?	ΠY	□N			
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	ПY	ΠN			
Ret	note Reservoir Type Only					
9.	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	ΠY	□N	□N/A		
Imr	nersion Type Only					
10	Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.	ΠY	□N	□N/A		

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines) Facility chose to meet requirements using: control device combination / work practice standards □ alternative solvent emission limit (proceed to Part V) idling emission limit / work practice standards (proceed to Part V) A. Batch Vapor Machines, $x \le 1.21 \text{ m}^2$ control comb. selected In use working mode cover / 1.0 freeboard ratio / superheated vapor reduced room draft / 1.0 freeboard ratio / superheated vapor reduced room draft / 1.0 freeboard ratio / dwell freeboard refrig. device / superheated vapor freeboard refrig. device / working mode cover freeboard refrig. device / reduced room draft freeboard refrig. device / 1.0 freeboard ratio freeboard refrig. device / dwell freeboard refrig. device / carbon adsorber carbon adsorber / 1.0 freeboard ratio / superheated vapor B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$ control comb. selected In use freeboard refrig. device / superheated vapor / 1.0 freeboard ratio freeboard refrig. device / superheated vapor / working mode cover freeboard refrig. device / superheated vapor / reduced room draft freeboard refrig. device / superheated vapor / carbon adsorber freeboard refrig. device / reduced room draft / dwell freeboard refrig. device / reduced room draft / 1.0 freeboard ratio 1.0 freeboard ratio / reduced room draft / superheated vapor C. Existing In-Line Machines control comb. selected In use freeboard refrig. device / 1.0 freeboard ratio superheated vapor / 1.0 freeboard ratio freeboard refrig. device / dwell carbon adsorber / dwell D. New In-Line Machines control comb. selected In use freeboard refrig. device / superheated vapor freeboard refrig. device / carbon adsorber superheated vapor / carbon adsorber

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official maintained the following: 1. Owner's manuals, design specifications, and other instructional materials for cleaning ÐY □N machine and control equipment? 2. Date of installation for cleaning machine and all control devices? If the exact date is DV DN unknown, they must have a letter stating installation occurred before or after 11/29/93. DY ON 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) ZY ON 4. Estimates of annual solvent consumption for each machine? 5. Dates of solvent additions and amounts added to each machine? (applicable only to DY DN ØN/A those using an alternative emission limit) 6. Idling emissions limit tests, including values obtained during the initial performance DY DN DXY/A test? (applicable only to those using an idling emissions limit) 7. All control device and parameter monitoring? (applicable only to batch vapor and ZY ON ON/A in-line machines) 8. Information on remedial actions in the event of exceedances or other repairs and DY DN DYN/A subsequent monitoring of affected parameters? 9. Monthly emissions calculations (applicable only to those using an alternative or idling DY DN DN/A emission limit) 10. 3-month rolling average emissions calculations? (applicable only to those using an DY DN DN/A alternative emission limit) 11. Cleaning capacity calculations? (applicable only to those using an alternative emission DY ON DATA limit without a solvent-air interface) PART VI: ADDITIONAL SITE INFORMATION 165 GAL 3 GENESOLV DMS. Inspector's Name

Approximate Date of Next Inspection

Inspector's Signature

Revised 10/10/96
)



AIRS ID#:

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: JOLT TECHNOLOGY	DATE: 10/23/00
FACILITY LOCATION: 6801 NW 15 AVE FE LAU	
Annual Reporting Period: Nov 3 1999 TO	OCT 23 2000
Based on each term or condition of the Title V general air permit, my facility has rem 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this	_/
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous complian	ice during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous complian	ace during the reporting period stated above:
Exact period of non-compliance: from	0
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and belief formed a made in this notification are true, accurate and complete.	fler reasonable inquiry, that the statements
RESPONSIBLE OFFICIAL: MITCH MORHAIM NVL	10/23/00

Page	of	
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^{*}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.

US Postal Service Receipt for Certified Mail 11 AIRS ID # 0112271001AG MITCH MORHAIM JOLT TECHNOLOGY INC 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

old at line over top of envelope to of the right of the return address	LETE THIS SECTION ON DELIVERY
 Complete iter \$ 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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
11 AIRS ID # 0112271001AG MITCH MORHAIM	RECEIVED No
JOLT TECHNOLOGY INC 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309	3. Service Type CertSier Mail OTATKp Meanutapring Registered Mobil 8-8 out cess for Merchandise Insured Mail C.O.D.
2210 GQL 695 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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 of Air Monitoring T Remove Label AIRS ID # 0112271 INC

Do NOT Remove Label

JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY ÖOrg.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

JOLT TECHNOLOGY INC.

CHECK NO. 01011341

TITLE V AIR GENERAL

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
01/04/00	AIRS. ID#0112271-2000	50.	0. 00	50.00
CHECK DATE 01/05/00	TOTALS	50.	00 0.00	50.00

0,

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358324

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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AIRS ID # 0112271

JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

JOLT TECHNOLOGY INC.

CHECK NO. 01010253

TITLE V AIR GENERAL

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
01/18/99 1	1999-AIRS. ID#0112271	50.00	0. 00	50. 00
CHECK DATE	TOTALS			
01/20/99	IDIALS	50.00	0. 00	50.00

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

MAIL ROOM

JAN 17 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0112271

JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

JOLT TECHNOLOGY INC.

CHECK NO. 01008168

TITLE V AIR GENERAL

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
01/10/97 AIRS. ID. #0112271-1996		50.00	0. 00	50. 00
CHECK DATE	TOTALS			

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404208

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

TOTAL AMOUNT DUE: \$50.00

30-01 Ph

MAIL ROOK

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AIRS ID # 0112271

JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obi.: 002273

JOLT TECHNOLOGY INC.

CHECK NO. 06002104

TITLE V - GENERAL PERMIT

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT	
01/24/01	AIRS.ID#0112271-2001	50.00		\$50.00	
	•	· _			
CHECK DATE	TOTALS				
01/25/01	TOTALO	50.00		\$50.00	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301447

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

RECEIVED MAIL ROOM

JAN 30 98

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AIRS ID#0112271

JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Оыј.: 002273

ÃĨRS ĐĐ#:		\bigcap (7 C		R	evised (01/13/98
	A	OGENATED SOL AIR QUALITY GI UAL COMPLIANCE	ENERAL P	ERMIT		- 	RE C
	JOLT TECHN MITCH MOR 6801 NW 15TH FT LAUDERL	HAIM	71		Bureau of Air Monitoring & Mobile Sources	EB 3 1998	CEIVED
	•	Do <u>NOT</u> Re	move Label				
Annual Reporting Perio	od:		19 TO				19
62-213.300, Florida Ad	dministrative Coo	Title V general air permit, and the periode (F.A.C.), during the periode (F.A.C.) are the periode (F.A.C.) are the periode (F.A.C.).	od covered by th	nis statement. TYES		INO	00ve:
Exact period of non-cor	mpliance: from			to			
Action(s) taken to achie	eve compliance:	· .		, 			
Method used to demons	strate compliance	e:					
#2. Term or condition	of the general pe	ermit that has not been in co	ontinuous comp	liance during the reporti	ng period s	stated at	oove:
Exact period of non-cor	mpliance: from			_ to			\ <u>-</u>
Action(s) taken to achie	eve compliance:	**					
Method used to demons	strate compliance	e:					
As the responsible offic made in this notification		tify, based on information of the complete.	and belief forme	d after reasonable inqui			
RESPONSIBLE OFF	ICIAL:	Name (Please Print)		Signature		Date	
		manie (Piease Print)		Signature .		Date	

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AIRS ID#:	AIR QU	ALITY GI APLIANCE AIRS ID#01122	VENT DEGRENERAL PER CERTIFICATIO	MIT		Bureau of Air Monitoring & Mobile Sources	FEB 3 1998	RECEIVED
		Do NOT Re	move Label			J		
Annual Reporting Period:			_19 97 TO _	WATE	17			19 96
#1. Term or condition of		s not been in co	ontinuous complianc	e during the re	eporting	period s	tated al	ove:
Exact period of non-comp	liance: from		to to)	- Pr	1	<u> </u>	•
Action(s) taken to achieve	compliance:				to all	مير د ب ر د		
Method used to demonstra	te compliance: he general permit that ha				Jobile	Pit Monit	1090	140
#2. Term or condition of t	he general permit that ha	s not been in co	ontinuous complianc	e during the re	eporting	peliod3	tated al	ove:
Exact period of non-comple	iance: from		to_					
Action(s) taken to achieve	compliance:							
Method used to demonstra	te compliance:							
					•			

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

DESDONSIDI E OFFICIAL.

I II (A I TOKAMI

Signature

Data

*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.

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