

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 4, 2003

Mr. Shevach Saraf
Solitron Devices, Inc.
3301 Electronics Way
West Palm Beach, Florida 33407

Re: Facility No.: 0990540-002

Dear Mr. Saraf:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on April 21, 2003.

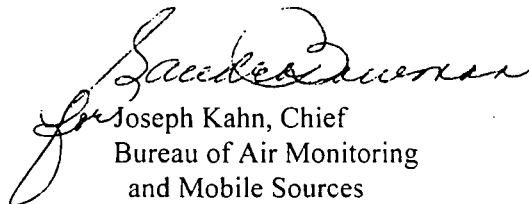
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

Fees 97-02

SOC ①

Comp In

RECEIVED

APR 21 2003

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

APR 21 2003
Bureau of Air Monitoring
& Mobile Sources

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
SOLITRON DEVICES, Inc.	
2. Site Name (For example, plant name or number):	
SOLITRON DEVICES, Inc.	
3. Hazardous Waste Generator Identification Number:	
FLD071866818	
4. Facility Location:	
Street Address:	3301 Electronics Way
City:	West Palm Beach County: Palm Beach Zip Code: 33407
5. Facility Identification Number (DEP Use ONLY)	
0990540-002	

Responsible Official

6. Name and Title of Responsible Official:	
Name:	Title:
Shevach Saraf	Chairman, President & CEO
7. Responsible Official Mailing Address:	
Organization/Firm:	Solitron Devices, Inc.
Street Address:	3301 Electronics Way
City:	West Palm Beach County: Palm Beach Zip Code: 33407
8. Responsible Official Telephone Number:	
Telephone:	(561) 848 -4311, ext. 255 Fax: (561) 881- 5652

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
Jesse M. Quinn	
10. Facility Contact Address:	
Street Address:	3301 Electronics Way
City:	West Palm Beach County: Palm Beach Zip Code: 33407
11. Facility Contact Telephone Number:	
Telephone:	(561) 848- 4311 Fax: (561) 881- 5652

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.

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21 \text{ m}^2$	#51869 11/29/93	NEW/EXISTING	_____
$x > 1.21 \text{ m}^2$	#58270 11/29/93	NEW/EXISTING	_____
Batch Cold	#51964 11/29/93	NEW/EXISTING	_____
In-line	N/A	NEW/EXISTING	_____

2. (a) What was the total amount of halogenated solvents used in the latest 12 months?

gallons

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

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

3. (a) Please indicate which of the following halogenated solvents are used at your facility.

- perchloroethylene methylene chloride
 trichloroethylene 1,1,1-trichloroethane
 carbon tetrachloride chloroform

(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by (choose one):

- complying with an alternative solvent emission limit
 implementing a control device combination/work practice standards
 meeting an idling emission limit/work practice standards

OR

meeting the requirements for batch cold cleaning machines

4. If you choose to implement a control device combination, please select the appropriate controls from the list provided below. Indicate with an "X" all controls that apply to your facility. (Refer to paragraph (5)(c)1.-4.).

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1.0 freeboard ratio | <input type="checkbox"/> carbon adsorber |
| <input checked="" type="checkbox"/> dwell time | <input checked="" type="checkbox"/> reduced room draft |
| <input checked="" type="checkbox"/> working mode cover | <input type="checkbox"/> super-heated vapor |
| <input checked="" type="checkbox"/> freeboard refrigeration device | |

5. 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:

ALL FACILITIES

- | | |
|--|-------------------------------------|
| (a) Estimates of monthly halogenated solvent consumption | <input checked="" type="checkbox"/> |
| (b) Inspection records | <input checked="" type="checkbox"/> |
| (h) Remedial action log | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (g) Solvent content records | <input checked="" type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

- | | |
|-------------------------------|-------------------------------------|
| (c) Temperature monitoring | <input checked="" type="checkbox"/> |
| (f) Dwell time records | <input checked="" type="checkbox"/> |
| (i) Control device monitoring | <input checked="" type="checkbox"/> |

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|---|-------------------------------------|
| (j) Log of solvent additions and removals | <input checked="" type="checkbox"/> |
| (d) Idling emission concentration monitoring | <input type="checkbox"/> |
| (k) Monthly emissions calculations | <input type="checkbox"/> |
| (l) Rolling 3-month average emissions calculations* | <input type="checkbox"/> |
| (m) Cleaning capacity calculations* | <input type="checkbox"/> |

* Only for facilities meeting the alternative emission limitation standards*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:
0990540
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

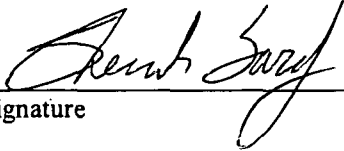
Responsible Official Certification

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

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

Shevach Saraf

Print name of responsible official


Signature

4/16/03
Date

CHECK
NUMBER 204136

Solitron Devices, Inc.
3301 Electronics Way
West Palm Beach, Florida 33407-4697
(561) 848-4311

VENDOR
NUMBER 4380

VOUCHER NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
135247	AIRS ID 0990540		50.00	0.00	50.00

THE ATTACHED CHECK IS PAYMENT FOR THE INVOICE LISTED.
PLEASE DETACH FOR YOUR RECORDS.

50.00 .00 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

468507 DEC 26 2006

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

TOTAL AMOUNT DUE: \$50.00

H.S.
DREGREASE

Do NOT Remove Label

AIRS ID 0990540
SOLITRON DEVICES INC
3301 Electronics Way
WEST PALM BEACH, FLORIDA 33407

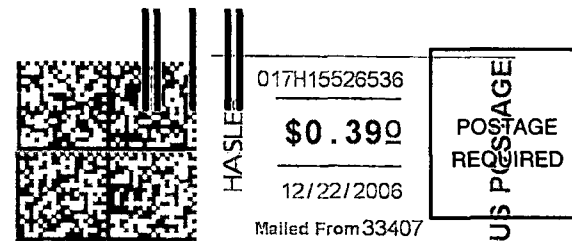


Bureau of Air Monitoring
& Mobile Sources
DEC 23 2006

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

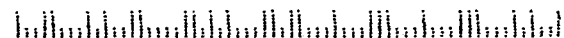
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

SOLITRON DEVICES, INC.
3301 Electronics Way
West Palm Beach, FL 33407



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

32315+3070 8099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456574 DEC 13 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

990540 11
SOLITRON DEVICES
3301 Electronics Way
WEST PALM BEACH, FL 33407

Bureau of All
& Mobile Sources

DEC 21 2005

RECEIVED

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

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443504 DEC20 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990540 11 ✓
SOLITRON DEVICES
3301 Electronics Way
WEST PALM BEACH, FL 33407

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435578 JAN22 2004

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

990540
SHEVACHI SARAF
SOLITRON DEVICES
3301 ELECTRONICS WAY
WEST PALM BEACH FL 33407

FOR GOVERNMENT USE ONLY
Org.: 3755001000 EO: AI
Fund: 20-2-035001
Obj.: 002273

*Bureau of Air Month
& Mobile Support*
JAN 26 2004
RECEIVED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 6010

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Receipt
Postmark
Here

Total Po: 11 AIRS ID# 0990540001AG

Sent To SOLITRON DEVICES
SHEVACH SARAF
Street, Apt 3301 ELECTRONICS WAY
or PO Box WEST PALM BEACH FL 33407
City, State

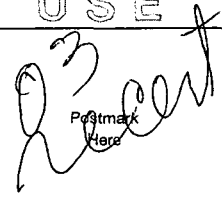
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 6027

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

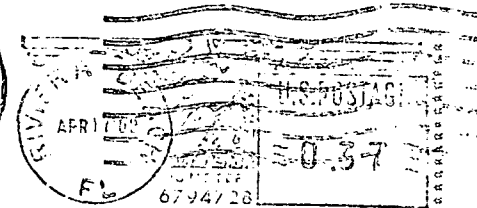


Total Po: 10 AIRS ID# 0571199001AG

Sent To	BAYSIDE CLEANERS
	SHAFKAT ALI
Street, Apt or PO Box	3032 JODI LANE
City, State	PALM HARBOR FL 34684



3301 ELECTRONICS WAY
WEST PALM BEACH, FLORIDA 33407



General Permits Section
Bureau of Air Monitoring and
Mobile Sources, M/S 5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+2400 01

