

RECEIVED

MAY 12 2011

Bureau of Air Monitoring & Mobile Sources

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	JOLT TECHNOLOGY INC.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 984208348		
4. Facility Location:	6801 NW 15TH AVENUE		
Street Address:			
City:	County:	Zip Code:	
	FORT LAUDERDALE	FLORIDA	33309-1506
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112271-004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MITCH MORHAIM	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	SAME		
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(954) 968-8526	Fax:	(954) 971-3895

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	RODNEY M. JAMISON		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
	SAME		
11. Facility Contact Telephone Number:			
Telephone:	(954) 968-8526	Fax:	954 971-3895

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 <u>JULY 1997</u> Initially Purchased From Manufacturer	Machine Classification (circle one)	Date <u>JULY 1997</u> Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	NEW <u>EXISTING</u>	
$x > 1.21 \text{ m}^2$		NEW/EXISTING	
Batch Cold		NEW/EXISTING	
In-line		NEW/EXISTING	

BRANSON LED 1620
MODEL SPC-306-213
SERIAL 6-0169-97

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

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

- | | |
|---|--|
| <input type="checkbox"/> perchloroethylene | <input type="checkbox"/> methylene chloride |
| <input type="checkbox"/> trichloroethylene | <input type="checkbox"/> 1,1,1-trichloroethane |
| <input type="checkbox"/> carbon tetrachloride | <input type="checkbox"/> chloroform |

ASAHIKLIN
AK 225T
HCFC

(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 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 type="checkbox"/> |
| (b) Inspection records | <input type="checkbox"/> |
| (h) Remedial action log | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (g) Solvent content records | <input type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

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

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|---|--------------------------|
| (j) Log of solvent additions and removals | <input 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:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:
_____. |
| <input type="checkbox"/> | No DEP air permits currently exist for the operation of the facility indicated in this notification form. |

N/A

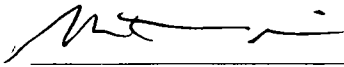
Responsible Official Certification

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.

MITCH MORHAIM

Print name of responsible official



Signature

MAY 10 2011

Date



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

May 5, 2011

RECEIVED

MAY 12 2011

**Bureau of Air Monitoring
& Mobile Sources**

Mr. Mitch Morhaim
Jolt Technology Inc
6801 Nw 15th Avenue
Ft Lauderdale, FL 33309

Re: Facility No. 0112271

Dear Mitch Morhaim:

Our records indicate your Halogenated Solvent Degreasing Facility Air General Permit (AGP) entitlement is set to expire on 7/29/2011.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the Owner/ Authorized Representative shall submit a new registration form containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

We have enclosed an AGP registration form checklist to assist you with the continuation of your five (5) year entitlement. Also, you may obtain a copy of the appropriate registration form from the FDEP Division of Air Resource Management webpage at http://www.dep.state.fl.us/air/emission/air_gp.htm.

If you need additional information, please contact Stephen McKeough at 850/717-9027 or by email at Stephen.McKeough@dep.state.fl.us.

Enclosure

URGENT!

IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit-(AGP) entitlement to operate, please submit a new, completed registration form to the following address:

**Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400**

- I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.
- My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.



SURRENDERING YOUR AIR GENERAL PERMIT REGISTRATION

- By checking this box, I wish to surrender my AGP entitlement to operate and I am notifying the Department of the pending action by signing and dating this form below and returning it to the mail address above.

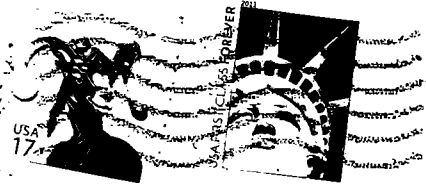
My ARMS ID number is: _____ - _____ - AG _____
(9999999-999-AG) (PRINT YOUR NAME HERE)

Date: _____ / _____ / _____
(mm/dd/yyyy) (SIGN YOUR NAME HERE)



Jolt Technology, Inc.
 6801 N.W. 15th Avenue
 Fort Lauderdale, Florida 33309-1506

FT. LAUDERDALE
 FL 333
 10 MAY 2011 PM 4 1



Air General Permit Program
 Bureau of Air Monitoring & Mobile Services,
 MS 5510
 Dept. of Environmental Protection
 2600 Blair Stone Rd.

33309/8542

Tallahassee, FL 32309-2400