

0112271



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.

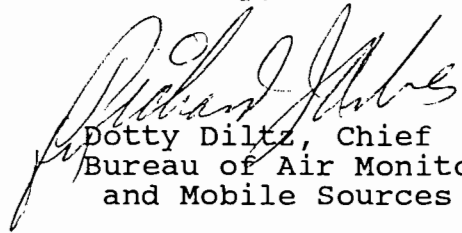
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

/DD

cc: Mr. Robert Wong, Broward County

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.

SEE
REF.
PAGE
ATTACHED

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor		11-29-93		RJ 9-13-96		
x < 1.21 m ²		 	11-29-93			
x > 1.21 m ²						
Batch Cold						
In-line						
New						
Existing						

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

025 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.

perchloroethylene



HCFC-141B

methylene chloride

GENESOLV 2004

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:

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

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 control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

- 1.0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

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 for halogenated solvent purchases
- (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
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

9-13-96
RT

Halogenated Solvent Degreasers Facility Notification

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: Street Address:	6801 NW 15TH AVE.		
City:	County:	Zip Code:	
FT. LAUD	BROWARD	33309	
5. Facility Identification Number (DEP Use):	0112271		

Responsible Official

6. Name and Title of Responsible Official:	MITCH MORHAIM		
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 JAMISON		
10. Facility Contact Address: Street Address:			
City:	SAME	County:	Zip Code:
11. Facility Contact Telephone Number:			
Telephone:	954-968-8526	Fax:	954-971-3895

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AUG 30 1996

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#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
x < 1.21 m ²	_____	1-90	_____	_____	_____	_____
x > 1.21 m ²	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	_____	_____	_____	_____
in-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

SEE REF. PAGE ATTACHED

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

gallons

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

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

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

perchloroethylene



HCFC-141B

methylene chloride

GENESOLV 2004

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:

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

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 control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

- 1.0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

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 for halogenated solvent purchases
- (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
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

MAILED MONDAY AUG 7TH 1995

2

A

VAPOR DEGREASERS

REF. ONLY

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

4. Facility Representative: RODNEY JAMISON Date of Report: 8-3-95

5. Telephone #: 305-968-8526 6. Cleaner Serial/Model #: HOLLIS ULTRA-CLEAN

7. Type of machine: (check as applicable) SERIAL # 1181 MODEL # 201796

[x] Batch vapor [] In-line

8. Solvent/air interface area: 784 square meters or square inches (circle one)

9. Existing controls: (check as applicable)

[x] Freeboard ratio of 1.0 [] Carbon adsorber [x] Reduced room draft [x] Freeboard refrigeration device [x] Dwell [] Super-heated vapor [x] Working-mode cover [] Other

10. Date of machine installation: JAN. 1990

11. Anticipated compliance approach: (check as applicable)

[x] 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 [x] 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.

**HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: JOLT TECHNOLOGY INC. DATE: 10-2-98

FACILITY LOCATION: 6801 NW 15 AVE. FT. LAUD. FL, 33309

Annual Reporting Period: OCT 3 1997 TO OCT 2 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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.

RESPONSIBLE OFFICIAL: MR MITCH MORHAM *[Signature]* 10/2/98
Name (Please Print) Signature Date

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

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112271 DATE: 10/2/98 TIME IN: 10:30 TIME OUT: 12:00
FACILITY NAME: JOLT TECHNOLOGY INC.
FACILITY LOCATION: 6801 NW 15 AVE. FT. LAUDERDALE, FL. 33309
RESPONSIBLE OFFICIAL: MITCH MORHAM PHONE: (954)968-8526
CONTACT NAME: ROONEY JAMISON PHONE: "

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 MSDS SHEET)
perchloroethylene methylene chloride
trichloroethylen 1,1,1-trichloroethane
carbon tetrachloride chloroform
4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.
Batch Vapor, $x \leq 1.21 \text{ m}^3$ New In-line Batch Cold
Batch Vapor, $x > 1.21 \text{ m}^3$ Existing In-line

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NOV 05 1998
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PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:
Batch Vapor, $x \leq 1.21 \text{ m}^3$ New In-line Batch Cold (immersion)
Batch Vapor, $x > 1.21 \text{ m}^3$ Existing In-line Batch Cold (remote reservoir)

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? Y N
2. Maintain a freeboard ratio of 0.75 or greater? Y N
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? Y N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11 ft/min) or less? Y N
6. 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. Y N N/A
7. Have each machine equipped with --
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N 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? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote 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. Y N N/A

Immersion 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. Y 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, $x \leq 1.21 \text{ m}^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / dwell	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- | | |
|---|---|
| 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 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. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Estimates of annual solvent consumption for each machine? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

FACILITY HAS SWITCHED TO GENESOLV DMS SOLVENT :
1,1,2 - TRICHLORO 1,2,2 - TRIFLUOROETHANE WITH METHANOL, ETHANOL,
ISOPROPANOL AND NITROMETHANE.

Art Pennetta
Inspector's Name

Art Pennetta
Inspector's Signature

10/2/98

Date of Inspection

OCT 1999

Approximate Date of Next Inspection

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>0112271</u>	DATE:	<u>11/3/99</u>	TIME IN:	<u>10:40</u>	TIME OUT:	<u>11:15</u>
FACILITY NAME:	<u>JOLT TECHNOLOGY</u>						
FACILITY LOCATION:	<u>6801 NW 15 AVE FT. LAUDERDALE FL</u>						
RESPONSIBLE OFFICIAL:	<u>MITCH MORHAIM</u>	PHONE:	<u>(954) 968-8526</u>				
CONTACT NAME:	<u>RODNEY JAMISON</u>	PHONE:	<u>SAME</u>				

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& Mobile Sources

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM 30 days prior to starting up
- Facility failed to notify DARM to use a general permit
- Halogenated solvent used at the facility:

perchloroethylene	<input type="checkbox"/>	methylene chloride	<input type="checkbox"/>	<u>GENESOLV DMS</u>
trichloroethylene	<input type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>	
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>	
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

- Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

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? Y N
2. Maintain a freeboard ratio of 0.75 or greater? Y N
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? Y 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 N
6. 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. Y N N/A
7. Have each machine equipped with --
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N 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? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote 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. Y N N/A

Immersion 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. Y 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, $x \leq 1.21 \text{ m}^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / working mode cover	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

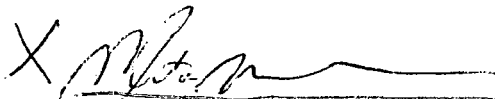
PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? Y N
- 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. Y N
- 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) Y N
- 4. Estimates of annual solvent consumption for each machine? Y N
- 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) Y N N/A
- 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) Y N N/A
- 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) Y N N/A
- 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? Y N N/A
- 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) Y N N/A
- 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) Y N N/A
- 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) Y N N/A

PART VI: ADDITIONAL SITE INFORMATION

RESPONSIBLE OFFICIAL IN COMPLIANCE

X 

SIGNATURE

Michel Morin per.

NAME

11/3/98

DATE

OCT 2 1998 TO NOV 3 1999

ART PENNETON

Inspector's Name



Inspector's Signature

NOV 3 1999

Date of Inspection

OCT 2000

Approximate Date of Next Inspection

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

RECEIVED
NOV - 7 2000
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0112271 DATE: 10/23/00 TIME IN: 10:50 TIME OUT: 11:20
FACILITY NAME: JOLT TECHNOLOGY
FACILITY LOCATION: 10801 NW 15 AVE. FT LAUD 33309
RESPONSIBLE OFFICIAL: MITCH MORNAIM PHONE: (954) 968-8526
CONTACT NAME: " PHONE: "

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:

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	<input type="checkbox"/>

4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

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? Y N
- 2. Maintain a freeboard ratio of 0.75 or greater? Y N
- 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? Y 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 N
- 6. 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. Y N N/A
- 7. Have each machine equipped with --
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
- 8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

- 1. Collect and store all waste solvent in closed containers? Y N
- 2. Use a flexible hose or flushing device only within the freeboard area? Y N
- 3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
- 4. Maintain the solvent level inside the machine at or below the fill line? Y N
- 5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
- 6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N 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? Y N
- 8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote 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. Y N N/A

Immersion 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. Y 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, $x \leq 1.21 \text{ m}^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / working mode cover	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? Y N
- 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. Y N
- 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) Y N
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- 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) Y N N/A
- 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) Y N N/A
- 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) Y N N/A
- 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? Y N N/A
- 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) Y N N/A
- 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) Y N N/A
- 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) Y N N/A

PART VI: ADDITIONAL SITE INFORMATION

165 GAL }
2100 lbs } GENE SOLV DMS.

ART PENNETTA

Inspector's Name

Art Pennetta

Inspector's Signature

10/23/00

Date of Inspection

Nov/2001

Approximate Date of Next Inspection

AIRS ID#: 0112271

Revised 10/10/96

** JMC*

**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 FT LAUD 33309

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 remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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.

RESPONSIBLE OFFICIAL: MITCH MORHAM *[Signature]* 10/23/00
Name (Please Print) Signature Date

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

Z 210 662 885

US Postal Service
Receipt for Certified Mail

11 AIRS ID # 0112271001AG
MITCH MORHAIM
JOLT TECHNOLOGY INC
6801 NW 15TH AVENUE
FT LAUDERDALE FL 33309

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date

SENDER'S ADDRESS (Print or type name and address of the return address in the right of the return address)

Fold at line over top of envelope to return address

LETE THIS SECTION ON DELIVERY

1. Article Addressed to:

11 AIRS ID # 0112271001AG
MITCH MORHAIM
JOLT TECHNOLOGY INC
6801 NW 15TH AVENUE
FT LAUDERDALE FL 33309

Z 210 662 885

2. Article Number (Copy from service label)

3. Service Type

Certified Mail Air Mail Monitoring
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
JUN 13 2001

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391251

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112271

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

Bureau of Air Monitoring
Mobile Sources

JAN 21 2000

RECEIVED

JAN 19 00

RECEIVED
MAIL ROOM

FOR GOVERNMENT USE ONLY
 Org.: 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	50.00	0.00	50.00
CHECK DATE	TOTALS	50.00	0.00	50.00
01/05/00				

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

Do **NOT** Remove Label

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

RECEIVED
MAIL ROOM
JAN 25 99

JOLT TECHNOLOGY INC.

CHECK NO. 01010253

TITLE V AIR GENERAL

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
01/18/99	1999-AIRS. ID#0112271	50.00	0.00	50.00
CHECK DATE 01/20/99	TOTALS	50.00	0.00	50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258400 ✓

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

RECEIVED
MAIL ROOM

JAN 17 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

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	50.00	0.00	50.00
01/15/97				

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404208

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

1-30-01 PL

RECEIVED
MAIL ROOM
JAN 30 01

Do NOT Remove Label

AIRS ID # 0112271
JOLT TECHNOLOGY INC
MITCH MORHAIM
6801 NW 15TH AVENUE
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY
Org.: 3750101000 EO: A1
Fund: 20-2-035001
Obj.: 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 01/25/01	TOTALS	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

Do **NOT** Remove Label

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

AIRS ID#: _____

all

Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FEB 3 1998

RECEIVED

AIRS ID#0112271 JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309
--

Do **NOT** Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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.

RESPONSIBLE OFFICIAL: MITCH MORHAIM *[Signature]* 1/17/98
 Name (Please Print) Signature Date

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

AIRS ID#: _____

Revised 01/13/98

all
**HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

Bureau of Air Monitoring
& Mobile Sources

FEB 3 1998

RECEIVED



AIRS ID#0112271 JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309
--

Do NOT Remove Label

Annual Reporting Period: JAN 17 1997 TO JAN 17 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

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

RESPONSIBLE OFFICIAL: _____

MITCH MORHAIM
Name (Please Print)

[Signature]
Signature

1/17/98
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.