

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 25, 2001

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

Re: Facility No.: 0112271-002

Dear Mr. Morhaim:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on June 20, 2001.

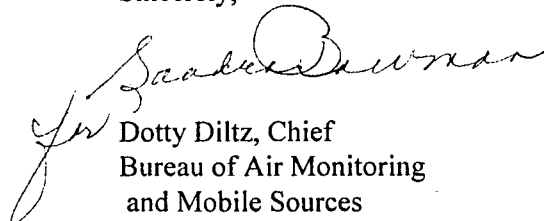
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOAR 2
Compliance IN

0112271-002

p18

1. Transfer dates (July 1997) to appropriate spaces.

p19

5. (a)

(b)

(c)

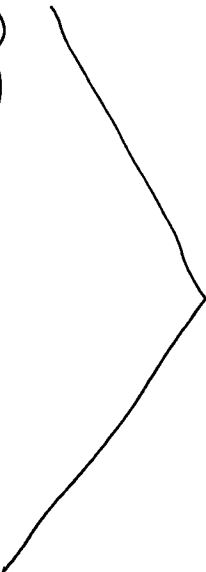
(e)

(f)

(g)

(h)

(i)



Required Recordkeeping
Should be marked.

p20

Responsible official sign and date
for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due _____

Reply Required
Date Due: _____

Info Only

Comments:

From:

Tel:

Soel

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 20 2001
Bureau of Air Monitoring
& Mobile Sources
corrected date

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: FLD984208348
4. Facility Location: Street Address: 6801 NW 15TH AVE City: FORT LAUDERDALE County: FL Zip Code: 33309
5. Facility Identification Number (DEP Use ONLY - do not fill in): 011227H002

Responsible Official

6. Name and Title of Responsible Official: Name: MITCH MORHAIM Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: JOLT TECHNOLOGY INC Street Address: 6801 NW 15TH AVE City: FORT LAUDERDALE County: FL Zip Code: 33309
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: 6801 NW 15TH AVE City: FORT LAUDERDALE County: FL Zip Code: 33309
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 Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> NEW <input type="radio"/> EXISTING	_____
$x > 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	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

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

FREON 113

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 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:

N/A

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

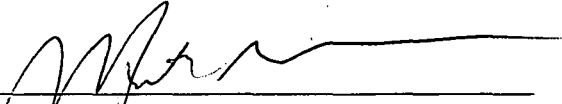
Responsible Official Certification

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.

MITCH MORHAIM

Print name of responsible official


Signature

6/18/01
Date

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

7000 2870 0000 7027 4886

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 0112271		
Total Post JOLT TECHNOLOGY INC		
Sent To MITCH MORHAIM		
6801 NW 15TH AVENUE		
Street, Apt FT LAUDERDALE FL		
33309		
City, State,		

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 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. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td>K. Hammond</td> <td>2/11/02</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2">x K. Hammond</td> </tr> <tr> <td><input type="checkbox"/> Agent</td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1?</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	K. Hammond	2/11/02	C. Signature		x K. Hammond		<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1?		<input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery																
K. Hammond	2/11/02																
C. Signature																	
x K. Hammond																	
<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee																
D. Is delivery address different from item 1?																	
<input type="checkbox"/> Yes																	
If YES, enter delivery address below: <input type="checkbox"/> No																	
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0112271</p> <p>JOLT TECHNOLOGY INC MITCH MORHAIM 6801 NW 15TH AVENUE FT LAUDERDALE FL 33309</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>																
<p>2. Article Number (Copy from service label)</p> <p>70002870000070274886</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>																
PS Form 3811, July 1999	Domestic Return Receipt																
102595-00-M-0952																	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444302 JAN 10 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

AIRS ID# 112271 11 JOLT TECHNOLOGY INC 6801 NW 15th AVE FT LAUDERDALE, FL 33309

Printed on recycled paper.

RECEIVED
JAN 11 2005
Bureau of Air Monitoring
& Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457255 DEC 23 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

112271 11 JOLT TECHNOLOGY INC 6801 NW 15th AVE FT LAUDERDALE, FL 33309

Printed on recycled paper.

RECEIVED
DEC 28 2005
Bureau of Air Monitoring
& Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434558 DEC222003

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

X

Do **NOT** Remove Label

112271
MITCH MORHAIM
JOLT TECHNOLOGY INC
6801 NW 15TH AVENUE
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413962 FEB11 2002 *4*

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: A1
Fund: 20-2-035001
Obj.: 002273

JOLT TECHNOLOGY INC.

CHECK NO. 07001315

TITLE V AIR GENERAL

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
02/06/02	AIRS. ID#0112271-2002	50.00	0.00	50.00
CHECK DATE 02/06/02	TOTALS	50.00	0.00	50.00



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

421439 JAN 7 2003

RECEIVED

TOTAL AMOUNT DUE: \$50.00

JAN 09 2003

Bureau of Air Monitoring
& Mobile Sources

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: A1 Fund: 20-2-035001 Obj.: 002273
--

JOLT TECHNOLOGY INC.

CHECK NO. 07002291

TITLE V AIR GENERAL PERMITS

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
12/06/02 120602		50.00	0.00	50.00
CHECK DATE 01/03/03	TOTALS	50.00	0.00	50.00