

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 28, 2006

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

Re: Facility No.: 0112271-003

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 26, 2006.

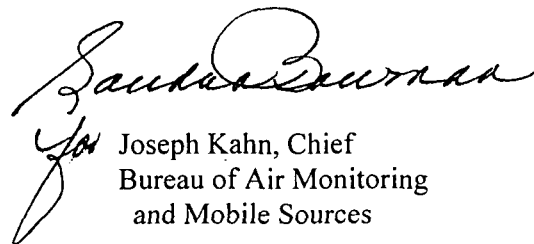
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES ¹⁹⁶⁻²⁰⁰⁵.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS ⁵.....
^{12/23/2006}
COMP. STATUS - SNC MNC ^{IN}

*Insp - INS 2 - compliance
Inspection walkthrough*
Insp - Broward - CB

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 26 2006
Bureau of Air Management
& 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):	JOLT TECHNOLOGY INC.
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	FLD984208348
4. Facility Location: Street Address: City: Fort LAUDERDALE County: BROWARD Zip Code: 33309 FLORIDA	6801 NW 15TH AVENUE BROWARD FLORIDA
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112271-003

Responsible Official

6. Name and Title of Responsible Official: Name: MITCH MORHAIM Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME 6801 NW 15th Avenue City: FORT LAUDERDALE County: BROWARD 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: SAME County: Zip Code:	
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>	Date	<u>JULY 1997</u>
	Initially Purchased From Manufacturer		Machine Classification (circle one)	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?
 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
- trichloroethylene
- carbon tetrachloride
- methylene chloride
- 1,1,1-trichloroethane
- 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:

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.

N/A

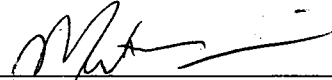
Responsible Official Certification

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

JUNE 20, 2006

Date

JOLT TECHNOLOGY, INC.

3882

TRAN#	RECEIVER	VENDOR-INVOICE	AMOUNT PAID	CHECK AMOUNT
020048	A15531	12/06 - TITLE V	50.00	50.00

CHECK NUMBER: 3882
 CHECK DATE : 12/20/2006
 VENDOR ACCT#: TITLE
 VENDOR NAME : TITLE V - GENERAL PERMIT
 COMMENT : AIRS ID # 0112271

TOTAL: 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466509 DEC26 2006

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

HS
DECEASER

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0112271
 JOLT TECHNOLOGY INC
 6801 NW 15th AVE
 FT LAUDERDALE, FLORIDA 33309

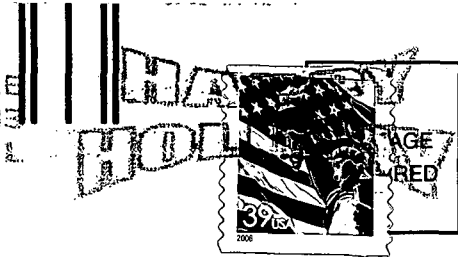
DEC 23 2006
Bureau of
& Mobile

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

Jolt Technology, Inc.
6801 N. W. 15 Avenue
Fort Lauderdale, FL 33309

FT LAUDERDALE
FL 333
21 DEC 2006 PM 4 L



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

32315+3070-70 8099

