



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

June 17, 2008

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

Re: Facility No.: 0990540-003

Dear Mr. Saraf:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreaser facility that you submitted on March 14, 2008.

Pursuant to Florida Statutes section 403.814(1), authority to operate under general permits commences thirty days after receipt of the notification form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

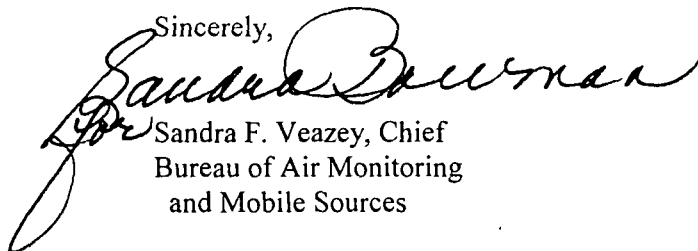
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Jeffery Dizek, Palm Beach County

INSP

CO

J Dizel

Palm Beach Co

NO ACTIVITY FOR FACILITY.....

EMISSION FEE DATES 197-2006.

SOAR

~~VER~~ REPORTS 5.....

COMP. STATUS - SNC MNC (IN)

INSP - INS2 - Compliance Inspection  
walk through

INSP - Palm Beach Co - J Dizel

HALOGENATED SOLVENT DEGREASERS  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAY 14 2008  
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):<br><b>SOLITRON DEVICES, INC</b>                                    |
| 2. Site Name (For example, plant name or number):<br><b>SOLITRON DEVICES, INC.</b>  |
| 3. Hazardous Waste Generator Identification Number:<br><b>FDL71866818</b>   |
| 4. Facility Location:<br>Street Address: <b>3301 ELECTRONICS WAY</b><br>City: <b>WEST PALM BEACH</b> County: <b>PALM BEACH</b> Zip Code: <b>33407</b> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in)<br><b>0990540-003</b>   |

Responsible Official

|  |
|--|
| 6. Name and Title of Responsible Official:<br>Name: <b>SHEVACH SARAF</b> Title: <b>CHAIRMAN, PRESIDENT, CEO</b>  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: <b>SOLITRON DEVICES, INC.</b><br>Street Address: <b>3301 ELECTRONICS WAY</b><br>City: <b>WEST PALM BEACH</b> County: <b>PALM BEACH</b> Zip Code: <b>33407</b> |
| 8. Responsible Official Telephone Number:<br>Telephone: <b>( 561 ) 848-4311, EXT. 255</b> - Fax: <b>( 561 ) 881-5652</b>   |

SOLITRON DEVICES, INC.

Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):<br><b>JESSE M. QUINN</b>  |
| 10. Facility Contact Address:<br>Street Address: <b>3301 ELECTRONICS WAY</b><br>City: <b>WEST PALM BEACH</b> County: <b>PALM BEACH</b> Zip Code: <b>33407</b> |
| 11. Facility Contact Telephone Number:<br>Telephone: <b>( 561 ) 848- 4311</b> Fax: <b>( 561 ) 881-5652</b>  |

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

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

66 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

X  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

X  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

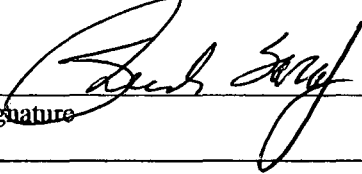
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

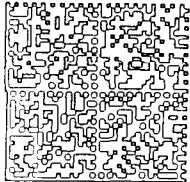
SHEVACH SARAF  
Print name of responsible official

  
Signature

5/9/08  
Date

**Solitron**  
Devices, Inc.

3301 ELECTRONICS WAY  
WEST PALM BEACH, FLORIDA 33407



HASLER

017H15526536

\$5.49

05/12/2008

Mailed From 33407

US POSTAGE

**CERTIFIED MAIL™**



7003 0500 0000 6671 3532

Title V Air General Permit Program  
Bureau of Air Monitoring and Mobile Sources,  
MS5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400