



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 16, 1998

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

Re: Facility No. 0990540

Dear Mr. Saraf:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on March 18, 1998.

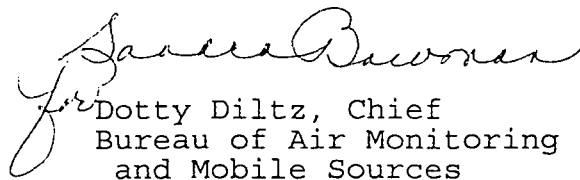
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

cc: Mr. Al Grasso, Palm Beach County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

0990540

p19

(b) Required. Should be marked.

(c) Required.

(f) Required.

(g) Required.

(h) Required.

(i) Required.

p20

Responsible official sign and date  
for changes.

RECEIVED 1998

MAR 18 1998

Bureau of Air Monitoring  
& Mobile Sources

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Solitron Devices, Inc.
2. Site Name (For example, plant name or number): Solitron Devices, Inc.
3. Hazardous Waste Generator Identification Number: FLD071866818
4. Facility Location: Street Address: 3301 Electronics Way City: West Palm Beach                      County: Palm Beach                      Zip Code: 33407
5. Facility Identification Number (DEP Use): 0990540

Responsible Official

6. Name and Title of Responsible Official: Shevach Saraf, President and Chief Executive Officer
7. Responsible Official Mailing Address: Organization/Firm: Solitron Devices, Inc. Street Address: 3301 Electronics Way City: West Palm Beach                      County: Palm Beach                      Zip Code: 33407
8. Responsible Official Telephone Number: Telephone: (561) 848-4311 Ext. 255                      Fax: (561) 881-5652

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Larry Rowe
10. Facility Contact Address: Street Address: 3301 Electronics Way City: West Palm Beach                      County: Palm Beach                      Zip Code: 33407
11. Facility Contact Telephone Number: Telephone: (561) 848-4311 Ext. 199                      Fax: (561) 863-5946

**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 <sup>2</sup>	Not	Applicable	_____	_____	_____	_____
x > 1.21 m <sup>2</sup>	_____	_____	_____	_____	_____	_____
Batch Cold	51964	29 Nov 93	_____	57270	29 Nov 93	_____
	51869	29 Nov 93	_____	_____	_____	_____
In-line	Not	Applicable	_____	_____	_____	_____
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

[ 27.5 ] gallons

(b) If less than 12 months, how many? [ ] months Not Applicable

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

[  ] 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

**Surrender of Existing Air Permit(s)**

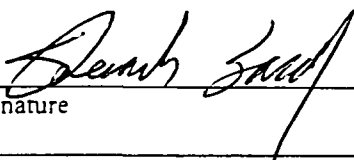
Please indicate with an "X" the appropriate selection:

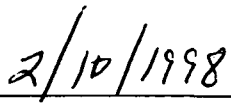
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

RECEIVED

MAR 18 1998

DIVISION OF AIR  
RESOURCES MANAGEMENT

March 9, 1998

Department of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
MS 5510  
2600 Blair Stone Road  
Tallahassee, FL 32399

Dear Lorraine:

Enclosed is a copy of the original Halogenated Solvent Degreasers Facility Notification form filed in 1996 by Solitron Devices, Inc., West Palm Beach. Also enclosed is a current copy for 1998 that you had sent to Jesse Quinn in February 1998, which is signed.

Please contact me if more information is needed.

Thank you,

A handwritten signature in cursive script that reads "Wayne Sahlbach". The signature is written in dark ink and is positioned above the printed name.

Wayne Sahlbach  
Environmental Coordinator

WE:ame  
Enclosures

✓

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3:30 TIME OUT: 4:30 AIRS ID#: 0990540  
 TYPE OF FACILITY: HALOGENATED SOLVENT DEGREASERS  
 FACILITY NAME: Soliton Devices DATE: 9-8-98  
 FACILITY LOCATION: 3301 Electronics Way  
W.P.B., FL 33407  
 RESPONSIBLE OFFICIAL: WAYNE SAHLBACH PHONE NUMBER: 848-4311

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED  
 OCT 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Sept 1999  
 (Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi  
 (Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070



HALOGENATED SOLVENT DEGREASERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990540 DATE: 9-8-98 TIME IN: 3:30 TIME OUT: 4:30  
FACILITY NAME: Soliton Devices  
FACILITY LOCATION: 3301 Electronics Way  
W.P.B., FL 33407  
Bill Niemy or Wayne Sahlbach 848-4311

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by 9/1/96

2. Facility notified DARM 30 days prior to starting up

3. Facility failed to notify DARM to use a general permit

4. Halogenated solvent used at the facility:

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

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

*All Three*

Batch Vapor, x<1.21 m <sup>2</sup>	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch-Cold	<input type="checkbox"/>
Batch Vapor, x>1.21 m <sup>2</sup>	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility: *See Part VI*

Batch Vapor, x<1.21 m <sup>2</sup>	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, x>1.21 m <sup>2</sup>	<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 less than 0.9 m/min (3 ft/sec)?  Y  N
- 4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?  Y  N  N/A
- 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  N/A
- 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/sec (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

*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

**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,  $x \leq 1.21m^2$**

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 checked="" type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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,  $x > 1.21m^2$**

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**

MLR-120 — two of these Degreasers.  
BRANION 250 — one Degreaser

WAYNE W. SAHLBACH Wayne W. Sahlbach  
Name of Responsible Official

R.V. Chokshi  
Inspector's Name

9-8-98  
Date of Inspection

R.V. Chokshi  
Inspector's Signature

Sept 1999  
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0990540  
 TYPE OF FACILITY: Halo generated Solvent Degreaser  
 FACILITY NAME: Solihoud Devices DATE: 10/12/00  
 FACILITY LOCATION: 3301 Electronics Way West Palm Beach 33407  
 RESPONSIBLE OFFICIAL: Wayne Schibach PHONE NUMBER: 848 - 4321

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED  
 NOV 13 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 10/01  
(Approximate)

INSPECTION CONDUCTED BY: km Liebler  
(Please Print)

INSPECTOR'S SIGNATURE: km Liebler PHONE NUMBER: 355 3070

# HALOGENATED SOLVENT DEGREASERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>0990540</u>	DATE:	_____	TIME IN:	_____	TIME OUT:	_____
FACILITY NAME:	<u>Solitead Devices</u>						
FACILITY LOCATION:	<u>3301 Electronics Way</u> <u>West Palm Beach, FL 33407</u>						
RESPONSIBLE OFFICIAL:	<u>Wayne Sahlbach</u>	PHONE:	<u>848 - 4311</u>				
CONTACT NAME:	_____	PHONE:	_____				

### 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"/>
trichloroethylene	<input checked="" 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"/>

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**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  N/A
- 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  N/A
- 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 checked="" type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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**

[Empty box for additional site information]

Mr. Lieblor  
~~Jeffrey Ditzel~~

Inspector's Name

Jeffrey Duzick  
Inspector's Signature

10/12/00

Date of Inspection

10/01

Approximate Date of Next Inspection



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389872

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 # 0990540

SOLITRON DEVICES  
SHEVACH SARAF  
3301 ELECTRONICS WAY  
WEST PALM BEACH FL 33407

FOR GOVERNMENT USE ONLY  
Org.: 3755010100 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
DEC 20 99

CHECK NUMBER 153579

Solitron Devices, Inc.  
3301 Electronics Way  
West Palm Beach, Florida 33407-4697  
(561) 848-4311

VENDOR NUMBER 4380

VOUCHER NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
110222	AIRS ID#0990540		50.00	0.00	50.00
THE ATTACHED CHECK IS PAYMENT FOR THE INVOICE LISTED. PLEASE DETACH FOR YOUR RECORDS.			50.00	.00	50.00

CHECK  
NUMBER 161662

Solitron Devices, Inc.  
3301 Electronics Way  
West Palm Beach, Florida 33407-4697  
(561) 848-4311

VENDOR  
NUMBER 4380

VOUCHER NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
122584			50.00	0.00	50.00
THE ATTACHED CHECK IS PAYMENT FOR THE INVOICE LISTED. PLEASE DETACH FOR YOUR RECORDS.			50.00	.00	50.00

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

428517 APR21 2003

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<sup>3</sup>**

Do **NOT** Remove Label

AIRS ID # 0990540

SOLITRON DEVICES  
SHEVACH SARAF  
3301 ELECTRONICS WAY  
WEST PALM BEACH FL  
33407

*pd 112903  
DDN#  
#21311*

*#9774*  
Bureau of Air Mail  
& Mobile Services  
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Org.: 37550101000 EO 3.1  
Fund: 20-2-035001  
Obj.: 002273

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

7000 1670 0013 3109 2336

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

*AS RECEIVED*

Postmark  
Here

Sent To: Solitron Devices, Inc. #0990540  
 Street: ATTN: Jesse Quinn  
 City, St: 3301 Electronics Way  
 West Palm Beach, Florida 33407

PS Form

Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1 Article Addressed to:

Solitron Devices, Inc.  
 ATTN: Jesse Quinn  
 3301 Electronics Way  
 West Palm Beach, Florida 33407

2 Article Number  
 (Transfer from service label)

7000 1670 0013 3109 2336

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jesse Quinn*  Agent  
 Addressee

B. Received by (Printed Name) *Jesse Quinn* C. Date of Delivery *4/10/03*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

fied  
-llir

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10-

• Sender: Please print your name, address, and ZIP+4 in this box

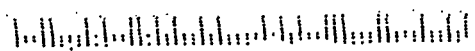
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

APR 15 2003

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32399-2400



CHECK  
NUMBER 160973

Solitron Devices, Inc.  
3301 Electronics Way  
West Palm Beach, Florida 33407-4697  
(561) 848-4311

VENDOR  
NUMBER 4380

VOUCHER NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
121334	AIRS ID#0990540		50.00	0.00	50.00
THE ATTACHED CHECK IS PAYMENT FOR THE INVOICE LISTED. PLEASE DETACH FOR YOUR RECORDS.			50.00	.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.

**TOTAL AMOUNT DUE: \$50.00**

421311 JAN 2 2003

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AIRS ID#0990540

SOLITRON DEVICES  
SHEVACH SARAF  
3301 ELECTRONICS WAY  
WEST PALM BEACH FL  
33407

Bureau of Air Monitoring  
& Mobile Sources

JAN 08 2003

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Fund: 20-2-035001  
Obj.: 002273

CHECK 159547  
NUMBER

Solitron Devices, Inc.  
3301 Electronics Way  
West Palm Beach, Florida 33407-4697  
(561) 848-4311

VENDOR 4380  
NUMBER

VOUCHER NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
	AIRS ID# 0990540		Title V Air General permits		50.00
THE ATTACHED CHECK IS PAYMENT FOR THE INVOICE LISTED. PLEASE DETACH FOR YOUR RECORDS.					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.

412358 DEC28 2001

**TOTAL AMOUNT DUE: \$50.00**

X

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AIRS ID # 0990540  
SOLITRON DEVICES  
SHEVACH SARAF  
3301 ELECTRONICS WAY  
WEST PALM BEACH FL  
33407

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Fund: 20-2-035001  
Obj.: 002273

CHECK  
NUMBER 151052

Solitron Devices, Inc.  
3301 Electronics Way  
West Palm Beach, Florida 33407-4697  
(561) 848-4311

VENDOR  
NUMBER 4380

VOUCHER NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
106444	AIRSA ID#0990540		50.00	0.00	50.00
THE ATTACHED CHECK IS PAYMENT FOR THE INVOICE LISTED. PLEASE DETACH FOR YOUR RECORDS.			50.00	.00	50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357519

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**TOTAL AMOUNT DUE: \$50.00** ✓

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AIRS ID # 0990540  
SOLITRON DEVICES  
SHEVACH SARAF  
3301 ELECTRONICS WAY  
WEST PALM BEACH FL 33407

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CHECK NUMBER 155899

Solitron Devices, Inc.  
3301 Electronics Way  
West Palm Beach, Florida 33407-4697  
(561) 848-4311

VENDOR NUMBER 4316

VOUCHER-NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
114194	AIRS ID#0990540		50.00	0.00	50.00
THE ATTACHED CHECK IS PAYMENT FOR THE INVOICE LISTED. PLEASE DETACH FOR YOUR RECORDS.			50.00	.00	50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400102

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**

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AIRS ID # 0990540

SOLITRON DEVICES  
SHEVACH SARAF  
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WEST PALM BEACH FL 33407

Bureau of Air Monitoring  
& Mobile Sources

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