

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 11, 2001

Mr. Ed Bell  
Vice President, Operations  
DRS Optronics, Inc.  
2330 Commerce Park Drive, N.E.  
Palm Bay, Florida 32905

Re: Facility No.: 0090202-001

Dear Mr. Bell:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on May 7, 2001.

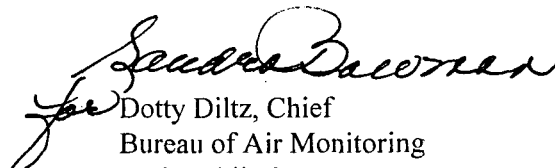
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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HALOGENATED SOLVENT DEGREASERS  
AIR GENERAL PERMIT NOTIFICATION FORM

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): <b>DRS OPTRONICS, INC</b>
2. Site Name (For example, plant name or number): <b>DRS OPTRONICS, INC</b>
3. Hazardous Waste Generator Identification Number: <b>FLR000011502</b>
4. Facility Location: Street Address: <b>2330 COMMERCE PARK DRIVE, N.E.</b> City: <b>PALM BAY</b> County: <b>BREVARD</b> Zip Code: <b>32905</b>
<b>RECEIVED</b> <b>MAY - 7 2001</b> Bureau of Air Monitoring & Mobile Sources
<b>0090203-001</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>ED BELL</b> Title: <b>VICE PRESIDENT, OPERATIONS</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>DRS OPTRONICS, INC</b> Street Address: <b>2330 COMMERCE PARK DRIVE, N.E.</b> City: <b>PALM BAY</b> County: <b>BREVARD</b> Zip Code: <b>32905</b>
8. Responsible Official Telephone Number: Telephone: <b>(321)-984-9030</b> - Fax: <b>(321)-984-8746</b>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <b>DRS OPTRONICS, INC</b>
10. Facility Contact Address: Street Address: <b>2330 COMMERCE PARK DRIVE, N.E.</b> City: <b>PALM BAY</b> County: <b>BREVARD</b> Zip Code: <b>32905</b>
11. Facility Contact Telephone Number: Telephone: <b>(321)-984-9030</b> Fax: <b>(321)-984-8746</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 Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21 \text{ m}^2$	<u>  N/A  </u>	NEW/EXISTING	<u>  10/97  </u>
$x > 1.21 \text{ m}^2$	_____	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?

    [   212   ] 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      [   X   ] 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 (choose one):

    [      ] complying with an alternative solvent emission limit

    [   X   ] 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 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 checked="" type="checkbox"/> |
| (b) Inspection records                                   | <input type="checkbox"/>            |
| (h) Remedial action log                                  | <input checked="" 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 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 checked="" 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:  
0090132-002-A0 \_\_\_\_\_
- 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.*

**ED BELL**

Print name of responsible official

  
Signature

4-25-01  
Date

## Instructions for Completing Part III of Notification Form

The Halogenated Solvent Degreasing Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the halogenated solvent degreasing facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

**Facility Information**

1. If the halogenated solvent cleaning machine was initially purchased from manufacturer prior to or on November 29, 1993, it is an **EXISTING** unit. If the machine was initially purchased from the manufacturer after November 29, 1993, it is **NEW** unit. For each machine located at the facility, select the appropriate machine type and enter the date the degreasing machine was initially purchased from the manufacturer in the dd-mm-yy format (for example, 04-JUL-95). If you do not know the exact date of purchase, but can confirm that it was before November 29, 1993, enter 29-NOV-93. Identify each machine as either new or existing. If control equipment has been installed on that machine, enter the date of installation in that column (or N/A if not applicable). You should also indicate which control equipment is present in Question 4. Complete the table for all machines located at the facility. Submit additional copies of this page of the form as needed to characterize all equipment.
2. (a) Enter the total amount, in gallons, of halogenated solvents purchased during the preceding twelve months.  
(b) If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent purchases and the reason for this discrepancy (for example, opening a new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. (a) Indicate with an "X" all halogenated solvents used at your facility.  
(b) In this statement, you must indicate with an "X" how you intend to comply with the requirements of this general permit. Only one option may be selected. If selecting the control device combination option, go to question No. 4. Otherwise, proceed directly to the Equipment Monitoring and Recordkeeping information section (question No. 5).
4. If implementing a control device combination option with work practice standards, indicate all control technology required on degreasing machines.
5. **Equipment Monitoring and Recordkeeping Information**  
Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".
6. **Surrender of Existing DEP Air Permit(s)**  
Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s), listing the DEP air permit numbers, or whether no such permit(s) exist with an "X".

**Responsible Official Certification**

This statement must be both printed and signed by the person named on page 19, Field 6, of this form.



DRS OPTRONICS, INC.  
2330 Commerce Park Drive, N.E.  
Palm Bay, FL 32905

<http://www.drs.com>  
321.984.9030  
FAX 321.984.8746

June 6, 2001

Mr. Rick Butler  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
State of Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

JUN 07 2001

RECEIVED

**RE: Halogenated Solvent Degreasers**

Dear Mr. Butler:

This letter is being provided as a response to the Department's recent questions regarding DRS Optronics' (DRSO) vapor degreasers located at DRSO's Palm Bay and Melbourne facilities. Due to the age of each of the units, we were unable to determine the specific initial date of purchase from the manufacturer, as these records are no longer available. However, we are certain based upon our own inquiry, that each degreaser's date of initial purchase from the manufacturer pre-dates November 29, 1993.

In addition, we also understand that according to the general permit conditions, that record keeping item numbers 5(b), (i), and (j) will also be applicable to each facility, as indicated in the general permit notice of intent. We hope this provides the necessary clarification on this issue. Thanks you again for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "G. Hickman".

George Hickman  
Director of Contracts Administration





DRS OPTRONICS, INC.

2330 Commerce Park Drive, N.E.  
Palm Bay, FL 32905

321.984.9030  
FAX 321.984.8746  
<http://www.drs.com>

RECEIVED  
MAR 03 2003  
Bureau of Air Monitoring  
& Mobile Sources

February 26, 2003

General Permits Section  
*Bureau of Air Monitoring and Mobile Sources, MS 5510*  
**Department of Environmental Protection**  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**RE: DEGREASER STATEMENT OF COMPLIANCE**  
**DRS Optronics- Palm Bay, Florida**

Dear Sir or Madam:

Pursuant to our general permit conditions, this letter serves as the Statement of Compliance for the Methylene Chloride vapor degreaser permit operated at the DRS Optronics facility located in Palm Bay, Florida.

Pursuant to condition 7(a)3, The following information is provided for the Statement of Compliance:

- All operators of the vapor degreaser have received operator training, pursuant to 40 CFR Part 63, Subpart T;
- Total solvent consumption is estimated at 3,534 Pounds;
- The vapor degreaser is a Branson vapor degreaser with a solvent-air interface area of less than or equal to 1.21 square meters. Average monthly consumption of Methylene Chloride is estimated at 186 pounds per month.
- The annual emissions of Methylene Chloride do not exceed 10 tons per year.

Thank you for your attention to this matter, should you require additional information regarding this issue, please feel free to contact me at 321-984-9030. We thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hickman".

George Hickman  
Director, Contract Administration

**Bowman, Sandy**

---

**From:** Thomas, Bruce X.

**Sent:** Friday, February 04, 2005 1:58 PM

**To:** Mulligan, Tom

**Cc:** Grant, Patricia; Bowman, Sandy

Tom,

DRS Optronics Inc. (AIRS ID#'s 0090202 and 0090203) has discontinued use of methyl chloride and surrendered their GP's. The status of both Facilities has been changed to inactive in the database. Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or [Bruce.X.Thomas@dep.state.fl.us](mailto:Bruce.X.Thomas@dep.state.fl.us)

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7003 2260 0003 5650 0070

ID# 90203

Se ED BELL

DRS OPTRONICS INC

2330 COMMERCE PARK DR

PALM BAY, FL 32905

PS See reverse for 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:

ID# 90203  
ED BELL  
DRS OPTRONICS INC  
2330 COMMERCE PARK DR  
PALM BAY, FL 32905

**RYAN**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) RYAN C. Date of Delivery 2/6

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

2 Article Number (Transfer from service label) 7003 2260 0003 5650 0070

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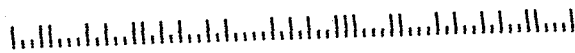
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USPS  
Permit No. G-10

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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

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To: AIRS ID# 90203 1stC  
 DRS OPTRONICS INC  
 2330 Commercial Drive NE  
 PALM BAY, FL 32905

PS Form 3800, June 2002 See Reverse for Instructions

7078 7078 0144 0144 0004 0004 0500 0500

**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:

AIRS ID# 90203 1stC  
 DRS OPTRONICS INC  
 2330 Commercial Drive NE  
 PALM BAY, FL 32905

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x   Agent  Addressee


B. Received by (Printed Name)  


C. Date of Delivery  

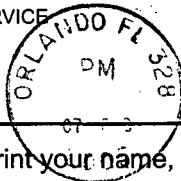

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number:  (Transfer from service label)

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USPS  
Permit No. 1310

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

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2000 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2005

RECEIVED

79400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436968 FEB26 2004

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

ID# 90203  
ED BELL  
DRS OPTRONICS INC  
2330 COMMERCE PARK DR  
PALM BAY, FL 32905

FOR GOVERNMENT USE ONLY  
Org.: 375501010005 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

~~Bureau of Air Medicine  
& Medical Services~~  
RECEIVED  
MAR 3 2005



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**

Do NOT Remove Label

AIRS ID#0090203
DRS OPTRONICS INC ED BELL 2330 COMMERCE PARK DR PALM BAY FL 32905

FOR GOVERNMENT USE ONLY Org.: 3755010100 EO: A1 Fund: 20-2-035001 Obj.: 002273
---

540103-950

DRS OPTRONICS, INC. 2330 Commerce Park Drive, N.E., Palm Bay, FL 32905

056982

VOUCHER NO.	INVOICE NO.	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
117389	120102	12/01/02		50.00		50.00
117393	120202	12/02/02		50.00		50.00
TOTALS:				100.00	0.00	100.00

PLEASE DETACH ▼ BEFORE DEPOSITING

2603 DEPARTMENT OF ENVIRONMENTAL





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413400 JAN22 2002

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 # 0090203  
DRS OPTRONICS INC  
ED BELL  
2330 COMMERCE PARK DR  
PALM BAY FL  
32905

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

DRS OPTRONICS, INC. 2330 Commerce Park Drive, N.E., Palm Bay, FL 32905

045943

VOUCHER NO.	INVOICE NO.	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
088729	AIR ID#009 0203	01/14/02		50.00	0.00	50.00
TOTALS:				50.00	0.00	50.00

PLEASE DETACH ▼ BEFORE DEPOSITING

1794 DEPT OF ENVIRONMENTAL