

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.: 0090203-001

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.

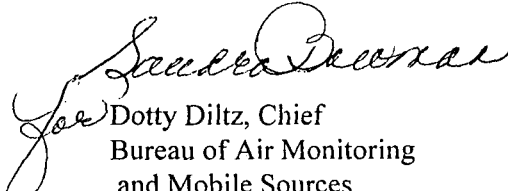
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

RECEIVED
MAY - 7 1999
Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DRS OPTRONICS, INC
2. Site Name (For example, plant name or number): DRS OPTRONICS, INC
3. Hazardous Waste Generator Identification Number: FLD0982169708
4. Facility Location: Street Address: 100 NORTH BABCOCK STREET City: MELBOURNE County: BREVARD Zip Code: 32935
<i>0090202-001</i>

Responsible Official

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

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): TODD STIRTZINGER x 1553
10. Facility Contact Address: Street Address: 100 NORTH BABCOCK STREET City: MELBOURNE County: BREVARD Zip Code: 32935
11. Facility Contact Telephone Number: Telephone: (321)-309-1500 Fax: (321)-309-1538

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)			
$x \leq 1.21 \text{ m}^2$	___ N/A ___	NEW/EXISTING	___ 2/01 ___
$x > 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
NOTE: MACHINE WAS IN STORAGE PRIOR TO INSTALLATION OF CONTROL DEVICE.			
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

2. (a) What was the total amount of halogenated solvents used in the latest 12 months?
 [__0__] gallons

(b) If less than 12 months, how many? [__] months

Check why it is less than 12 months: New owner: [__] New store: [__X__] 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:

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

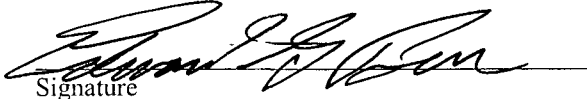
Responsible Official Certification

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

May 2, 2001

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

RECEIVED
MAY - 7 2001
Bureau of Air Monitoring
& Mobile Sources

RE: Halogenated Solvent Degreasing Facility Permit Notification

Dear Sir/ Madam:

Enclosed please find two (2) notification forms for the intent to use the General Permit for Halogenated Solvent Degreasing Facility for DRS Optronics's two facilities located in Palm Bay and Melbourne, Florida.

Copies of each general permit will be retained at each respective facility, pursuant to the permit requirements. Should you have any questions regarding this transmittal, please feel free to contact me at (321)-984-9030.

Sincerely,

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

George Hickman,
Director, Contracts Administration
DRS Optronics, Inc.

Brewer
0090202



DRS OPTRONICS, INC.

2330 Commerce Park Drive, N.E.
Palm Bay, FL 32905
321.984.9030
FAX 321.984.8746

100 N. Babcock Street
Melbourne, FL 32935
321.309.1500
FAX 321.309.1538

<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- Melbourne, 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 Melbourne 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 1,138 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 59 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,

George Hickman
Director, Contract Administration



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

RE: Halogenated Solvent Degreasers

Bureau of Air Monitoring
& Mobile Sources

JUN 07 2001

RECEIVED

Dear Mr. Butler:

This letter is being provided as a response to the Department's recent questions regarding DRS Optronic's (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

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



DRS OPTRONICS, INC.

2330 Commerce Park Dr., NE
Suite 2
Palm Bay, FL 32905

321.984.9030
Fax 321.984.8746
http://www.drs.com

FAX For Immediate Delivery

Number of pages including this cover: 2

If there are problems with this transmission, please call: 321-984-9030

To: Rick Butler
Dept: General Permits
Organization: DEP
Phone:
Fax: 850-922-6979
Comments:

From: George Hickman
Dept:
Date: June 6, 2001
Time:

Attached is our letter regarding the
Vapor-Degreasers

G. Hickman

Bureau of Air Monitoring
& Mobile Sources
JUN 05 2001
RECEIVED



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

RE: Halogenated Solvent Degreasers

Dear Mr. Butler:

This letter is being provided as a response to the Department's recent questions regarding DRS Optronic's (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.

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Sincerely,

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

George Hickman
Director of Contracts Administration

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Restricted Delivery Fee (Endorsement Required)	

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AIRS ID# 90202 1stC
 DRS OPTRONICS INC
 100 North Babcock Street
 MELBOURNE, FL 32935

PS Form 3800, June 2002

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:

AIRS ID# 90202 1stC
 DRS OPTRONICS INC
 100 North Babcock Street
 MELBOURNE, FL 32935

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kathy Busch* Agent Addressee

B. Received by (Printed Name) *Kathy Busch* C. Date of Delivery *2/7*

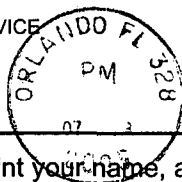
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

7003 0500 0004 0144 7610

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
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Permit No. 610
Orlando, FL 32801

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

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3+2430



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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark
Here

7003 2260 0003 5743 9928

ID# 90202

Sent to ED BELL

Street, or PO DRS OPTRONICS INC

City, State PALM BAY, FL 32905

PS Form 3811, August 2001

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# 90202
 ED BELL
 DRS OPTRONICS INC
 2330 COMMERCE PARK DR
 PALM BAY, FL 32905

2 Article Number
 (Transfer from service label)

7003 2260 0003 5743 9928

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

xx Ryan WR

- 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

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

FEB 17 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436970 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# 90202
ED BELL
DRS OPTRONICS INC
2330 COMMERCE PARK DR
PALM BAY, FL 32905

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

RECEIVED
MAR 2004
Bureau of Air Monitoring & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421160

421161 DEC27 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#0090202
DRS OPTRONICS INC
ED BELL
2330 COMMERCE PARK DR
PALM BAY FL
32905

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

RECEIVED
JAN 08 2003
Bureau of Air Monitoring & Mobile Sources

540103-951



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413391 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 # 0090202
DRS OPTRONICS INC
ED BELL
2330 COMMERCE PARK DR
PALM BAY FL
32905

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

DRS OPTRONICS, INC. 2330 Commerce Park Drive, N.E., Palm Bay, FL 32905						045942
VOUCHER NO.	INVOICE NO.	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
088730	AIR ID#009 0202	01/14/02		50.00	0.00	50.00
TOTALS:				50.00	0.00	50.00
PLEASE DETACH ▼ BEFORE DEPOSITING			1794 DEPT OF ENVIRONMENTAL			

RECEIVED
FEB 3 2005

ALL INFORMATION
FROM THESE SOURCES

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

445201 FEB 22 2005

TOTAL AMOUNT DUE: \$50.00 CD

Do NOT Remove Label

AIRS ID# 90202 11 DRS OPTRONICS INC 100 North Babcock Street MELBOURNE, FL 32935	✓
--	---

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# 90203 11 DRS OPTRONICS INC 2330 Commercial Drive NE PALM BAY, FL 32905	✓ COMMERCE PARK Drive NE.
---	---------------------------

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

Printed on recycled paper.



DRS OPTRONICS, INC.

2330 Commerce Park Drive, N.E.
Palm Bay, FL 32905
321.984.9030
Fax 321.984.8746

100 N. Babcock Street
Melbourne, FL 32935
321.309.1500
Fax 321.309.1538

<http://www.drs.com>

January 31, 2005

~~Title V Air General Permits~~

State of Florida Department of Environmental Protection

Post Office Box 3070
Tallahassee, Florida
32315-3070

RE: Annual Permit Fees - AIRS ID's #90202 and 90203

Dear Sir or Madam:

Please find enclosed a check for the amount of \$100.00 to cover the annual operation fees for DRS Optronics' (DRS) two (2) former methylene chloride vapor degreasers for calendar year 2004. Please be advised that DRS discontinued use of methylene chloride at the vapor degreasers during calendar year 2004. As such, we request that the Department rescind the two referenced general air permits. Please also update your records to accordingly reflect this change.

Thank you for your attention to this matter. Please feel free to contact me at 321-984-9030 should you have any questions regarding this transmittal.

Sincerely,

A handwritten signature in cursive script that reads "Roger Wiseman".

Roger Wiseman, Senior EHS Specialist