



Department of Environmental Protection

Division of Air Resources Management



APPLICATION FOR NON-TITLE V AIR PERMIT RENEWAL

See Instructions for Form No. 62-210.900(4)

I. APPLICATION INFORMATION

Identification of Facility

| | |
|--|------------------------------------|
| 1. Facility Owner/Company Name: WestRock CP, LLC | |
| 2. Site Name: WestRock CP, LLC | |
| 3. Facility Identification Number: 0310323 | 4. Facility Status Code: A- Active |

Application Contact

| | |
|---|--|
| 1. Name and Title of Application Contact: 2. Mike Terry- Plant Manager | |
| 2. Application Contact Mailing Address: Organization/Firm: WestRock CP, LLC Street Address: 1400 West Tradeport Drive City: Jacksonville State: FL Zip Code: 32218 | |
| 3. Application Contact Telephone Numbers: Telephone: (904)-741-9112 Fax: (904)-741-9150 | |
| 4. Application Contact E-mail Address: | |

Application Processing Information (DEP Use)

| | |
|------------------------------------|--|
| 1. Date of Receipt of Application: | |
| 2. Permit Number: | |

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative:

Pete D'Angelo- Director of Operations

2. Owner/Authorized Representative Mailing Address:

Organization/Firm: WestRock CP, LLC

Street Address: 1400 West Tradeport Drive

City: Jacksonville

State: FL

Zip Code: 32218

3. Owner/Authorized Representative Telephone Numbers:

Telephone: (904)-741-9146

Fax: (904)-741-9150

4. Owner/Authorized Representative E-mail Address: pete.dangelo@westrock.com

5. Owner/Authorized Representative Statement:

I, the undersigned, am the owner or authorized representative of the facility addressed in this Application for Air Permit. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this application so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.*

Signature

Date

1-26-18

* Attach letter of authorization if not currently on file.

Scope of Application

| Emissions Unit ID | Description of Emissions Unit | Permit Type | Processing Fee |
|--------------------------|--------------------------------------|--------------------|-----------------------|
| 001 | VOC's: Volatile Organic Compounds | AIR | \$750.00 |
| | | | |
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Application Processing Fee

Check one: ☒ Attached - Amount: \$ \$750.00 ☐ Not Applicable

Application Comment

Plant was formally known as RockTenn. Current Air Permit was corrected to reflect new name of WestRock CP, LLC on 4/12/2016. Current records on file to show if needed. This form is called "Notice of administratively corrected air operations permit- # 9171-9690-0935-0123-4725-38, Permit # 0310323-005-AO.

II. FACILITY INFORMATION

Facility Contact

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|---|
| 1. Name and Title of Facility Contact: Mike Terry- Plant Manager |
| 2. Facility Contact Mailing Address: WestRock CP, LLC Organization/Firm: WestRock CP, LLC Street Address: 1400 West Tradeport Drive City: Jacksonville State: FL Zip Code: 32218 |
| 3. Facility Contact Telephone Numbers: Telephone: (904)741-9112 Fax: (904)741-9150 |
| 4. Facility Contact E-mail Address: mike.terry@westrock.com |

Facility Supplemental Requirements

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|---|
| 1. Area Map Showing Facility Location: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested |
| 2. Facility Plot Plan: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested |
| 3. Process Flow Diagram(s): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested |
| 4. Precautions to Prevent Emissions of Unconfined Particulate Matter: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested |

Facility Comment

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|---|
| No changes to facility supplemental requirements. Only name change. |
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III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

| | |
|---|--|
| 1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): Volatile Organic Compounds | |
| 2. Emissions Unit Status Code: A | 3. Long-Term Reserve Shutdown Date: NA |
| 4. Control Equipment Method/Description (limit to 200 characters per device or method): NA | |

Emissions Unit Operating Capacity and Schedule

| | |
|---|-----------------|
| 1. Maximum Heat Input Rate: NA | mmBtu/hr |
| 2. Maximum Incineration Rate: NA | lb/hr tons/day |
| 3. Maximum Process or Throughput Rate: NA | |
| 4. Maximum Production Rate: | |
| 5. Requested Maximum Operating Schedule: | |
| 24-hours/day | 7-days/week |
| 52-weeks/year | 8760-hours/year |

