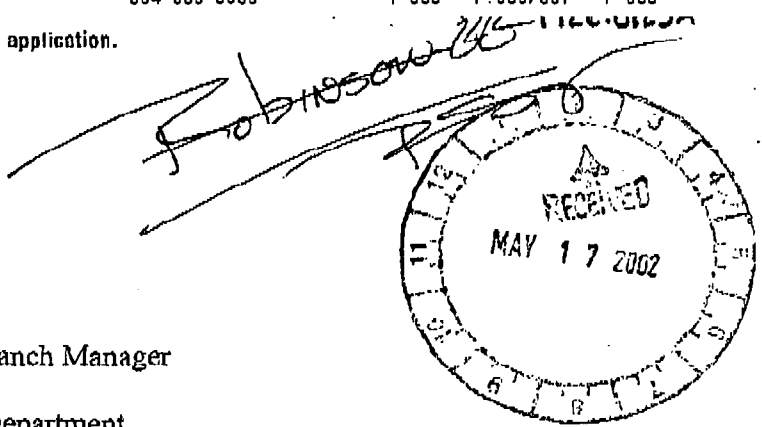




Creatively connecting knowledge and application.

A DIG GROUP COMPANY



May 13, 2002

Robert Steven Pace, P.E., Air Quality Branch Manager
City of Jacksonville
Regulatory & Environmental Services Department
Air & Water Quality Division
117 West Duval Street, Suite 225
Jacksonville, Florida 32202

**RE: Reichhold LLC – Jacksonville Facility
Air Permit Number: 031-0125-006-AO
Part I Section 112J
Notification that Facility is a Minor HAP Source**

Dear Mr. Pace:

Please find an enclosed Part I Section 112J form communicating that the Reichhold LLC Facility in Jacksonville, FL (Air Permit Number: 031-0125-006-AO) is a minor source of Hazardous Air Pollutants.

We are requesting that the City of Jacksonville Regulatory & Environmental Services Department conduct a applicability determination for the Jacksonville facility concerning the Miscellaneous Organic Chemical Manufacturing NESHAP, Subpart FFFF and Industrial, Commercial and Institutional Boilers and Process Heaters, Subpart DDDDD.

Per the requirements of 40 CFR §63.55(b), we are also providing copies of the Part 1 MACT application, and this cover letter to US EPA Region 4.

Please feel free to contact John Shepherd at (904) 695-7500 x7506 or Stan Ogrodnick at (919) 990-7556 if you have any questions regarding the enclosed information.

Sincerely,

Dennis Atchison
Director of Manufacturing NA – Composites

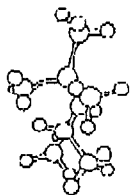
cc: John Shepherd, Reichhold, Jacksonville
Stan Ogrodnick, Reichhold, Raleigh
Lee Page, U.S. EPA Region IV

Enclosure

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Part I Section 112J - Initial Notification Form
National Emission Standards for 40 CFR Part 63 NESHAP

1a. Name of Facility Reichhold LLC - Jacksonville Facility
(40 CFR §63.53(a)(1))

b. Facility ID (for example State ID or Title V) 031-0125-006-AO

2a. Physical Location of Facility
(40 CFR §63.53(a)(1))

Address 54 Wamsley Road City Jacksonville
County _____ State FL Zip 32254

b. Mailing Address (if different than Physical Location)

Address _____ City _____
County _____ State _____ Zip _____

3. Is the facility a Major Source of Hazardous Air Pollutant (HAP) Emissions? (If no, then the remainder of this form need not be completed.)
Yes ___ No* x

Request Applicability Determination x

a. Do you currently have or are you in the process of obtaining a federally enforceable permit limit for HAPs? (If yes, please provide information below)
Yes* x No ___

A Synthetic Minor air permit application was submitted to the Florida Department of Environmental Protection and City of Jacksonville Regulatory & Environmental Services Department on May 1, 1996 requesting a HAP Emission Cap below the major threshold levels. A permit was issued.

*This assertion of non-applicability is based upon reasonable belief that the facility or respective emission units are exempt from MACT standards for the relevant source categories. Therefore, a Part 2 Application will not be submitted unless and until the State agency notifies the applicant to do so.

4. Do you own or operate a facility that maybe subject to any of the following 40 CFR Part 63 NESHAPs: (40 CFR §63.53(a)(2))

Miscellaneous Coating Manufacturing NESHAP, Subpart HHHHHH Yes ___ No x

Request Applicability Determination ___

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Miscellaneous Organic Chemical Manufacturing NESHAP, Subpart FFFF Yes ___ No x

Request Applicability Determination ___

Organic Liquid Distribution, Subpart EEEE Yes ___ No x

Request Applicability Determination ___

Site Remediation, Subpart GGGG Yes ___ No x

Request Applicability Determination ___

Industrial, Commercial and Institutional Boilers and Process Heaters, Subpart DDDDD Yes ___ No x

Request Applicability Determination ___

Other: _____ Yes ___ No ___

5. Brief description of the major source and the types of source(s) belonging to the relevant source category. (40 CFR §63.53(a)(2) and (3))

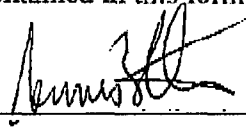
Not Applicable

6. Has a 112(g) determination been made for your facility? (40 CFR §63.53(a)(4)) Yes ___ No x

Request Applicability Determination ___

7. Signature

I certify that the information contained in this form to be accurate and true to the best of my knowledge.

Authorized Signature 

Title of Signatory ___ Director of Manufacturing NA - Composites _____

Typed or Printed Name of Signatory ___ Dennis Atchison _____

Contact Information (Phone Number/E-Mail Address) ___

Phone: (919) 990-7686

Email: Dennis.Atchison @Reichhold.com

Date _____

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