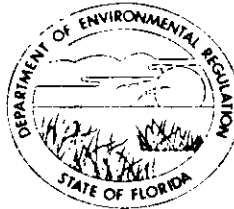


File copy

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



BOB MARTINEZ
GOVERNOR
DALE TWACHTMANN
SECRETARY

May 14, 1987

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Marvin Miller
Occidental Chemical Agricultural
Products, Inc.
P. O. Box 300
White Springs, Florida 32096

Dear Mr. Miller:

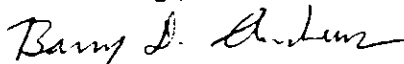
Re: Completeness Review for Application to Construct/Modify
Air Pollution Sources, Sulfuric Acid Plants A, B, C, and D
Permit Nos. AC 24-131270 and -131271

The Department has received and reviewed your application packages dated April 15, 1987, and April 17, 1987, and have deemed them incomplete. Please submit the following information to help further process your application.

1. What emission limiting standards do you propose for SO₂ and acid mist for sulfuric acid plants A and B?
2. How many days/year or hours/year do you intend to operate the sulfuric acid plants A and B?
3. State the start-up procedures you intend to use to minimize ambient impacts of SO₂ and acid mist, for sulfuric acid plants A, B, C, and D. Will there be a specific sequence in start-up of the various plants relative to each other?

If you have any questions, please call Pradeep Raval at (904)488-1344 or write to me at the above address.

Sincerely,

for 
C. H. Fancy, P.E.
Deputy Chief
Bureau of Air Quality
Management

CHF/PR/s

cc: J. Koogler
B. Stewart

P 408 531 185

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Marvin Miller	
Occidental Chem. Agri. Pro., P.O. Box 300 Inc.	
P.O., State and ZIP Code White Springs, FL 32096	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date AC 24-131270 -131271 5/15/87	

PS Form 3800, Feb. 1982

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.
- Article Addressed to:
Marvin Miller
Occidental Chemical Agri. Pro., Inc.
P.O. Box 300
White Springs, FL 32096
- Type of Service: Article Number
 Registered Insured
 Certified COD P 408 531 185
 Express Mail
- Always obtain signature of addressee or agent and **DATE DELIVERED.**
- Signature - Addressee
X
- Signature - Agent
X-2 Clarence Rogers
- Date of Delivery
5-18-87
- Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT