



KOUGLER & ASSOCIATES

ENVIRONMENTAL SERVICES

4014 NW THIRTEENTH STREET
GAINESVILLE, FLORIDA 32609
352/377-5822 • FAX/377-7158

KA 102-03-05

MEMORANDUM

RECEIVED

JAN 26 2005

BUREAU OF AIR REGULATION

TO: Bobby Bull, FDEP

FROM: Pradeep Raval

DATE: January 21, 2005

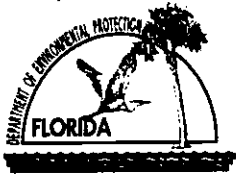
SUBJECT: AC-AV Application
White Springs Agricultural Chemicals, Inc.

Enclosed is an application for an AC-AV permit change, as discussed.

The application is being sent to you by email as well as regular mail.

If you have any questions, please call me.

C: C. Pults, WSA



Department of Environmental Protection

RECEIVED

JAN 26 2005

Division of Air Resource Management APPLICATION FOR AIR PERMIT - LONG FORM

BUREAU OF AIR REGULATION

I. APPLICATION INFORMATION

Air Construction Permit – Use this form to apply for an air construction permit for a proposed project:

- subject to prevention of significant deterioration (PSD) review, nonattainment area (NAA) new source review, or maximum achievable control technology (MACT) review; or
- where the applicant proposes to assume a restriction on the potential emissions of one or more pollutants to escape a federal program requirement such as PSD review, NAA new source review, Title V, or MACT; or
- at an existing federally enforceable state air operation permit (FESOP) or Title V permitted facility.

Air Operation Permit – Use this form to apply for:

- an initial federally enforceable state air operation permit (FESOP); or
- an initial/revised/renewal Title V air operation permit.

Air Construction Permit & Revised/Renewal Title V Air Operation Permit (Concurrent Processing Option)
– Use this form to apply for both an air construction permit and a revised or renewal Title V air operation permit incorporating the proposed project.

To ensure accuracy, please see form instructions.

Identification of Facility

1. Facility Owner/Company Name: White Springs Agricultural Chemicals, Inc.	
2. Site Name: Suwannee River and Swift Creek Complex	
3. Facility Identification Number: 0470002	
4. Facility Location...: Street Address or Other Locator: E of SR 137, E of US 41, N of White Springs City: White Springs County: Hamilton Zip Code: 32096	
5. Relocatable Facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Existing Title V Permitted Facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Application Contact

1. Application Contact Name: Pradeep Raval, Consultant
2. Application Contact Mailing Address... Organization/Firm: Koogler & Associates Street Address: 4014 N.W. 13th Street City: Gainesville State: FL Zip Code: 32609
3. Application Contact Telephone Numbers... Telephone: (352) 377-5822 Fax: (352) 377-7158
4. Application Contact Email Address: praval@kooglerassociates.com

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	1-26-05
2. Project Number(s):	0470002-053-AC
3. PSD Number (if applicable):	
4. Siting Number (if applicable):	

APPLICATION INFORMATION

Purpose of Application

This application for air permit is submitted to obtain: (Check one)

Air Construction Permit

Air construction permit.

Air Operation Permit

- Initial Title V air operation permit.
 Title V air operation permit revision.
 Title V air operation permit renewal.
 Initial federally enforceable state air operation permit (FESOP) where professional engineer (PE) certification is required.
 Initial federally enforceable state air operation permit (FESOP) where professional engineer (PE) certification is not required.

Air Construction Permit and Revised/Renewal Title V Air Operation Permit (Concurrent Processing)

- Air construction permit and Title V permit revision, incorporating the proposed project.
 Air construction permit and Title V permit renewal, incorporating the proposed project.

Note: By checking one of the above two boxes, you, the applicant, are requesting concurrent processing pursuant to Rule 62-213.405, F.A.C. In such case, you must also check the following box:

- I hereby request that the department waive the processing time requirements of the air construction permit to accommodate the processing time frames of the Title V air operation permit.

Application Comment

This application is submitted for documenting the removal of emission units previously identified in the TV permit renewal application for the existing chemical plant at White Springs Agricultural Chemicals. Only the information being changed is submitted herein. The following emission units should be deleted from the Title V permit as they will no longer be used at the facility:

<u>EU#</u>	<u>Description</u>
006	SRM Silos
009	SRM East Rock Dryer
013	SRM Rock Grinder
016	#1 SRCC Phosphate Rock Grinder
017	SRM Rock Dryer
041	Dical Acid Prep

The permit to operate the above emissions units has been surrendered to FDEP.

APPLICATION INFORMATION

Scope of Application

Emissions Unit ID Number	Description of Emissions Unit	Air Permit Type	Air Permit Proc. Fee
NA	Removal of units	AC1F	0

Application Processing Fee

Check one: Attached - Amount: \$ _____ Not Applicable

APPLICATION INFORMATION

Owner/Authorized Representative Statement

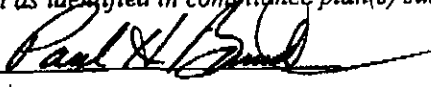
Complete if applying for an air construction permit or an initial FESOP.

1. Owner/Authorized Representative Name :
2. Owner/Authorized Representative Mailing Address... Organization/Firm: Street Address: City: State: Zip Code:
3. Owner/Authorized Representative Telephone Numbers... Telephone: Fax:
4. Owner/Authorized Representative Email Address:
<p>5. Owner/Authorized Representative Statement:</p> <p><i>I, the undersigned, am the owner or authorized representative of the facility addressed in this air permit application. 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. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained 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 and all other requirements identified in this application to which the facility is subject. 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 the facility or any permitted emissions unit.</i></p> <p style="text-align: center;"> </p> <p style="text-align: center;"> Signature Date </p>

APPLICATION INFORMATION

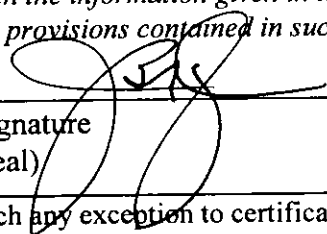
Application Responsible Official Certification

Complete if applying for an initial/revised/renewal Title V permit or concurrent processing of an air construction permit and a revised/renewal Title V permit. If there are multiple responsible officials, the "application responsible official" need not be the "primary responsible official."

1. Application Responsible Official Name: Paul H. Barrett, General Manager
2. Application Responsible Official Qualification (Check one or more of the following options, as applicable): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.
3. Application Responsible Official Mailing Address... Organization/Firm: White Springs Agricultural Chemicals, Inc. Street Address: P.O. Box 300 City: White Springs State: FL Zip Code: 32096
4. Application Responsible Official Telephone Numbers... Telephone: (386) 397-8101 Fax: (386) 397-1026
5. Application Responsible Official Email Address: pbarrett@pcsphosphate.com
6. Application Responsible Official Certification: <i>I, the undersigned, am a responsible official of the Title V source addressed in this air permit application. 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. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained 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 and all other applicable requirements identified in this application to which the Title V source is subject. 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 the facility or any permitted emissions unit. Finally, I certify that the facility and each emissions unit are in compliance with all applicable requirements to which they are subject, except as identified in compliance plan(s) submitted with this application.</i>  Signature _____ Date <u>1-21-05</u>

APPLICATION INFORMATION

Professional Engineer Certification

1. Professional Engineer Name: John B. Koogler, Ph.D., P.E. Registration Number: 12925
2. Professional Engineer Mailing Address... Organization/Firm: Koogler and Associates, Inc. Street Address: 4014 N.W. 13th Street City: Gainesville State: FL Zip Code: 32609
3. Professional Engineer Telephone Numbers... Telephone: (352) 377-5822 Fax: (352) 377-7158
4. Professional Engineer Email Address: jkoogler@kooglerassociates.com
5. Professional Engineer Statement: <i>I, the undersigned, hereby certify, except as particularly noted herein*, that:</i> <i>(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this application for air permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in the Florida Statutes and rules of the Department of Environmental Protection; and</i> <i>(2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for an emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.</i> <i>(3) If the purpose of this application is to obtain a Title V air operation permit (check here <input type="checkbox"/>, if so), I further certify that each emissions unit described in this application for air permit, when properly operated and maintained, will comply with the applicable requirements identified in this application to which the unit is subject, except those emissions units for which a compliance plan and schedule is submitted with this application.</i> <i>(4) If the purpose of this application is to obtain an air construction permit (check here <input type="checkbox"/>, if so) or concurrently process and obtain an air construction permit and a Title V air operation permit revision or renewal for one or more proposed new or modified emissions units (check here <input checked="" type="checkbox"/>, if so), I further certify that the engineering features of each such emissions unit described in this application have been designed or examined by me or individuals under my direct supervision and found to be in conformity with sound engineering principles applicable to the control of emissions of the air pollutants characterized in this application.</i> <i>(5) If the purpose of this application is to obtain an initial air operation permit or operation permit revision or renewal for one or more newly constructed or modified emissions units (check here <input type="checkbox"/>, if so), I further certify that, with the exception of any changes detailed as part of this application, each such emissions unit has been constructed or modified in substantial accordance with the information given in the corresponding application for air construction permit and with all provisions contained in such permit.</i> Signature (seal)  Date <u>1/21/05</u>

* Attach any exception to certification statement.

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1. Facility UTM Coordinates... Zone 17 East (km) 328.3 North (km) 3368.8		2. Facility Latitude/Longitude... Latitude (DD/MM/SS) Longitude (DD/MM/SS)	
3. Governmental Facility Code: 0	4. Facility Status Code: A	5. Facility Major Group SIC Code: 28	6. Facility SIC(s): 2874
7. Facility Comment : Title V facility			

Facility Contact

1. Facility Contact Name: Charles B. Pults, Senior Environmental Engineer
2. Facility Contact Mailing Address... Organization/Firm: White Springs Agricultural Chemicals, Inc. Street Address: P.O. Box 300 City: White Springs State: FL Zip Code: 32096
3. Facility Contact Telephone Numbers: Telephone: (386) 397-8442 Fax: (386) 397-8390
4. Facility Contact Email Address: cpults@pcsphosphate.com

Facility Primary Responsible Official

Complete if an "application responsible official" is identified in Section I. that is not the facility "primary responsible official."

1. Facility Primary Responsible Official Name:
2. Facility Primary Responsible Official Mailing Address... Organization/Firm: Street Address: City: State: Zip Code:
3. Facility Primary Responsible Official Telephone Numbers... Telephone: () - ext. Fax: () -
4. Facility Primary Responsible Official Email Address:

FACILITY INFORMATION

Facility Regulatory Classifications

Check all that would apply *following* completion of all projects and implementation of all other changes proposed in this application for air permit. Refer to instructions to distinguish between a "major source" and a "synthetic minor source."

1. <input type="checkbox"/> Small Business Stationary Source	<input type="checkbox"/> Unknown
2. <input type="checkbox"/> Synthetic Non-Title V Source	
3. <input checked="" type="checkbox"/> Title V Source	
4. <input checked="" type="checkbox"/> Major Source of Air Pollutants, Other than Hazardous Air Pollutants (HAPs)	
5. <input type="checkbox"/> Synthetic Minor Source of Air Pollutants, Other than HAPs	
6. <input checked="" type="checkbox"/> Major Source of Hazardous Air Pollutants (HAPs)	
7. <input type="checkbox"/> Synthetic Minor Source of HAPs	
8. <input checked="" type="checkbox"/> One or More Emissions Units Subject to NSPS (40 CFR Part 60)	
9. <input checked="" type="checkbox"/> One or More Emissions Units Subject to Emission Guidelines (40 CFR Part 60)	
10. <input checked="" type="checkbox"/> One or More Emissions Units Subject to NESHAP (40 CFR Part 61 or Part 63)	
11. <input type="checkbox"/> Title V Source Solely by EPA Designation (40 CFR 70.3(a)(5))	
12. Facility Regulatory Classifications Comment: The Department has determined that the facility is a major source of HAPs and is subject to NESHAPS.	

FACILITY INFORMATION

List of Pollutants Emitted by Facility

1. Pollutant Emitted	2. Pollutant Classification	3. Emissions Cap [Y or N]?
PM	A	N
PM10	A	N
NOX	A	N
SO2	A	N
FL	B	N
SAM	A	N
CO	A	N
VOC	B	N

FACILITY INFORMATION

B. EMISSIONS CAPS

Facility-Wide or Multi-Unit Emissions Caps

1. Pollutant Subject to Emissions Cap	2. Facility Wide Cap [Y or N]? (all units)	3. Emissions Unit ID No.s Under Cap (if not all units)	4. Hourly Cap (lb/hr)	5. Annual Cap (ton/yr)	6. Basis for Emissions Cap
NA					
7. Facility-Wide or Multi-Unit Emissions Cap Comment:					

FACILITY INFORMATION

C. FACILITY ADDITIONAL INFORMATION

Additional Requirements for All Applications, Except as Otherwise Stated

1. Facility Plot Plan: (Required for all permit applications, except Title V air operation permit revision applications if this information was submitted to the department within the previous five years and would not be altered as a result of the revision being sought) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Previously Submitted, Date: _____
2. Process Flow Diagram(s): (Required for all permit applications, except Title V air operation permit revision applications if this information was submitted to the department within the previous five years and would not be altered as a result of the revision being sought) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Previously Submitted, Date: _____
3. Precautions to Prevent Emissions of Unconfined Particulate Matter: (Required for all permit applications, except Title V air operation permit revision applications if this information was submitted to the department within the previous five years and would not be altered as a result of the revision being sought) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Previously Submitted, Date: _____

Additional Requirements for Air Construction Permit Applications

1. Area Map Showing Facility Location: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable (existing permitted facility)
2. Description of Proposed Construction or Modification: <input checked="" type="checkbox"/> Attached, Document ID: Application
3. Rule Applicability Analysis: <input checked="" type="checkbox"/> Attached, Document ID: Application
4. List of Exempt Emissions Units (Rule 62-210.300(3)(a) or (b)1., F.A.C.): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
5. Fugitive Emissions Identification (Rule 62-212.400(2), F.A.C.): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
6. Preconstruction Air Quality Monitoring and Analysis (Rule 62-212.400(5)(f), F.A.C.): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
7. Ambient Impact Analysis (Rule 62-212.400(5)(d), F.A.C.): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
8. Air Quality Impact since 1977 (Rule 62-212.400(5)(h)5., F.A.C.): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
9. Additional Impact Analyses (Rules 62-212.400(5)(e)1. and 62-212.500(4)(e), F.A.C.): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
10. Alternative Analysis Requirement (Rule 62-212.500(4)(g), F.A.C.): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

FACILITY INFORMATION

Additional Requirements for FESOP Applications

- | |
|---|
| 1. List of Exempt Emissions Units (Rule 62-210.300(3)(a) or (b)1., F.A.C.):
<input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable (no exempt units at facility) |
|---|

Additional Requirements for Title V Air Operation Permit Applications NA

- | |
|--|
| 1. List of Insignificant Activities (Required for initial/renewal applications only):
<input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable (revision application) |
| 2. Identification of Applicable Requirements (Required for initial/renewal applications, and for revision applications if this information would be changed as a result of the revision being sought):
<input type="checkbox"/> Attached, Document ID: _____
<input type="checkbox"/> Not Applicable (revision application with no change in applicable requirements) |
| 3. Compliance Report and Plan (Required for all initial/revision/renewal applications):
<input type="checkbox"/> Attached, Document ID: _____
Note: A compliance plan must be submitted for each emissions unit that is not in compliance with all applicable requirements at the time of application and/or at any time during application processing. The department must be notified of any changes in compliance status during application processing. |
| 4. List of Equipment/Activities Regulated under Title VI (If applicable, required for initial/renewal applications only):
<input type="checkbox"/> Attached, Document ID: _____
<input type="checkbox"/> Equipment/Activities On site but Not Required to be Individually Listed
<input type="checkbox"/> Not Applicable |
| 5. Verification of Risk Management Plan Submission to EPA (If applicable, required for initial/renewal applications only) :
<input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable |
| 6. Requested Changes to Current Title V Air Operation Permit:
<input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable |

Additional Requirements Comment

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