

PUBLIC NOTICE OF INTENT TO ISSUE AIR CONSTRUCTION PERMIT

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRAFT Permit No.: AC27-274892(A), PSD-FL-227(A)
Florida Crushed Stone
Brooksville Cement Manufacturing Facility
Hernando County

The Department of Environmental Protection (Department) gives notice of its intent to issue an air construction permit to Florida Crushed Stone Company (FCS). The permit will provide for a change in kiln technology and a production increase for the previously proposed and permitted Portland Cement Plant No. 2 to be located at 10311 Cement Plant Road in Brooksville, Hernando County, Florida. A Best Available Control Technology (BACT) determination was required for particulate matter (PM/PM₁₀), sulfur dioxide (SO₂), nitrogen oxides (NO_x), and carbon monoxide (CO) pursuant to Rule 62-212.400, F.A.C. and 40 CFR 52.21, Prevention of Significant Deterioration (PSD). The applicant's name and address are: Florida Crushed Stone Company, 10311 Cement Plant Road, Brooksville, Florida 34601.

The project changes consist of adding a precalcining vessel and a different preheater prior to the kiln in lieu of the previously approved Gepol preheater. The capacity of the plan will increase from 83 to 104 tons per hour of clinker. The revised project, therefore, will consist of a dry process kiln with a preheater/precalciner, clinker cooler, crushers, raw mill, finish mill, material and fuel handling equipment, silos, and shipping facilities. Pollution control equipment includes a common fabric filter system (baghouse) for particulate emissions from the kiln and cooler; absorption of sulfur compounds and metals into the product; combustion controls for volatile organic compounds (VOC) and CO; indirect firing, multiple burn points and other combustion controls for NO_x; and baghouses for particulate emissions from other process emission units.

Total emissions of PSD-Significant pollutants for the revised Portland Cement Plant No. 2 project will be greater than those predicted for the original project due to the production increase:

Pollutant	Revised Project Tons Per Year	Original Project Tons Per Year
PM/PM ₁₀	300	250
SO ₂	105	98
NO _x	1278	909
CO	913	727

An air quality impact analysis was conducted. SO₂ and NO₂ emissions will not have a significant impact in the PSD Class II area; therefore, no PSD Class II increment consumption for SO₂ and NO₂ was calculated. The maximum predicted PSD Class II PM₁₀ increments consumed by this project will be as follows:

PSD Class II Increment Consumed (ug/m ³)	Allowable Increment (ug/m ³)	Percent Increment Consumed
PM ₁₀		
24-hour 28	30	93
Annual 3	17	18

The project will not have a significant impact on the Chassahowitzka PSD Class I area with respect to SO₂, PM₁₀ and visibility; therefore, no increment consumption for SO₂ and PM₁₀ was calculated. The maximum predicted PSD Class I NO₂ increment consumed by this project is as follows:

PSD Class I Increment Consumed (ug/m ³)	Allowable Increment (ug/m ³)	Percent Increment Consumed
NO ₂ Annual 0.99	2.5	40

Coal and tires will be the primary fuels consumed. A blend of fuel oil and on-spec used oil will be burned during startup with occasional use of natural gas. No RCRA hazardous waste will be burned. Cement Kiln Dust (CKD) collected in the kiln/cooler baghouse will be returned to the process. Any CKD not returned to the process will be stored in silos for sale and ultimately handled in accordance with Subtitle C rules under development by EPA.

The Department will issue the FINAL Permit, in accordance with the conditions of the DRAFT Permit unless a response received in accordance with the following procedures results in a different decision or significant change of terms or conditions.

The Department will accept written comments and requests for public meetings concerning the proposed DRAFT Permit issuance action for a period of 30 (thirty) days from the date of publication of this Notice. Written comments and requests for public meetings should be provided to the Department's Bureau of Air Regulation, 2600 Blair Stone Road, Mail Station #5505, Tallahassee, Florida 32399-2400. Any written comments filed shall be made available for public inspection. If written comments received result in a significant change in this DRAFT Permit, the Department shall issue a Revised DRAFT Permit and require, if applicable, another Public Notice.

The Department will issue FINAL Permit with the conditions of the DRAFT Permit unless a timely petition for an administrative hearing is filed pursuant to Sections 120.569 and 120.57 F.S. or a party requests mediation as an alternative remedy under Section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for petitioning for a hearing are set forth below followed by the procedures for requesting mediation.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative hearing in accordance with Sections 120.569 and 120.57 F.S. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000, telephone: 904/488-9370, fax: 904/487-4938. Petitions must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57 F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information: (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Permit File Number and the county in which the project is proposed; (b) A statement of how and when each petitioner received notice of the Department's action or proposed action; (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of the facts that the petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) A statement identifying the rules or statutes that the petitioner contends require reversal or modification of the Department's action or proposed action; and (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take with respect to the Department's action or proposed action addressed in this notice of intent.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice of intent. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

A person whose substantial interests are affected by the Department's proposed permitting decision, may elect to pursue mediation by asking all parties to the proceeding to agree to such mediation and by filing with the Department a request for mediation and the written agreement of all such parties to mediate the dispute. The request and agreement must be filed in (received by) the Office of General Counsel of the Department, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

A request for mediation must contain the following information: (a) The name, address, and telephone number of the person requesting mediation and that person's representative, if any; (b) A statement of the preliminary agency action; (c) A statement of the relief sought; and (d) Either an explanation of how the requester's substantial interests will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that the requester has already filed, and incorporating it by reference.

The agreement to mediate must include the following: (a) The names, addresses, and telephone numbers of any persons who may attend the mediation; (b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time; (c) The agreed allocation of the costs and fees associated with the mediation; (d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation; (e) The date, time and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen; (f) The name of each party's representative who shall have authority to settle or recommend settlement; and (g) The signature of all parties or their authorized representatives.

As provided in Section 120.573 F.S., the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57 F.S. for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57 F.S. remain available for disposition of the dispute and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

The complete project file is available for public inspection during normal business hours, 9:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at:

Department of Environmental Protection
Bureau of Air Regulation
111 S. Magnolia Drive, Suite 4
Tallahassee, Florida, 32301
Telephone: 904/488-1344
Fax: 904/922-6979

Department of Environmental Protection
Southwest District Office
3804 Coconut Palm Drive
Tampa, Florida 33619
Telephone: 813/744-6100
Fax: 813/744-6458

Hernando County Planning Department
20 North Main Street, Room 262
Brooksville, Florida 34601-2807
Telephone: 352/754-4057
Fax: 352/754-4420

The complete project file includes the application, technical evaluations, Draft Permit, and the information submitted by the responsible official, exclusive of confidential records under Section 403.111, F.S. Interested persons may contact the Administrator, New Resource Review Section at 111 south Magnolia Drive, Suite 4, Tallahassee, Florida 32301, or call 904/488-1344, for additional information.

Check Sheet

Company Name: Florida Crushed Stone
Permit Number: AC 27-274892
PSD Number: _____
Permit Engineer: Teresa Heron

Application:

- Initial Application
- Incompleteness Letters
- Responses
- Waiver of Department Action
- Department Response
- Other

Cross References:

-
-
-

Intent:

- Intent to Issue
- Notice of Intent to Issue
- Technical Evaluation
- BACT Determination
- Unsigned Permit

Correspondence with:

- EPA
- Park Services
- Other

- Proof of Publication

- Petitions - (Related to extensions, hearings, etc.)
- Waiver of Department Action
- Other

Final Determination:

- Final Determination
- Signed Permit
- BACT Determination
- Other

Post Permit Correspondence:

- Extensions/Amendments/Modifications *Jan 9, 1997*
- Other

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery 5/4/00</p>
<p>1. Article Addressed to:</p> <p><i>Mr. C. David Brown II</i> <i>Broad + Cassell</i> <i>3907 Orange Ave.</i> <i>Ste 1100</i> <i>Orlando, FL 32801</i></p>	<p>C. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>2. Article Number (Copy from service label) 2 341 355 277</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999	Domestic Return Receipt
102595-99-M-1789	

Z 341 355 277

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	
<i>C. David Brown II</i>	
Street & Number	
<i>3907 Orange Ave. Ste 1100</i>	
Post Office, State, & ZIP Code	
<i>Orlando FL 32801</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
<i>5/2/00</i>	
<i>Permit AC 27-274892(A)</i>	

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

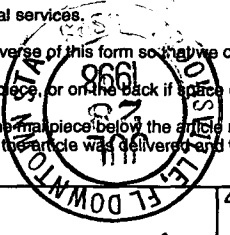
SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.



3. Article Addressed to:

Mr. Ron Aliff
Fla. Crushed Stone Co
10311 Cement Plant Rd
Brooksville, FL
34101

4a. Article Number

P 265 659 392

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

7-28-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Ron Aliff*

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

P 265 659 392

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

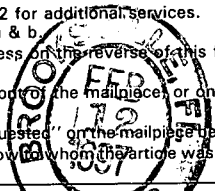
Sent to	<i>Ron Aliff</i>	
Service & Number	<i>Fla. Crushed Stone</i>	
Post Office, State, & ZIP Code	<i>Brooksville FL</i>	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees	\$	
Postmark or Date	<i>7-23-98</i>	
	<i>PSD-FI-227(A)</i>	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.



I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MR. JOSEPH T. PIERMATEO
Sr. VICE PRESIDENT
FLORIDA CRUSHED STONE COMPANY
10311 CEMENT PLANT ROAD
Brooksville, FL 34601

4a. Article Number
P 265 659 162

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
2-12-97

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

[Handwritten Signature]

PS Form 3800, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

P 265 659 162

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to MR. JOSEPH T. PIERMATEO	
Street & Number 10311 CEMENT PLANT ROAD	
Post Office, State, & ZIP Code Brooksville, FL 34601	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 2-10-97 FCS PSD-FL-227(A)	

PS Form 3800, April 1995

Thank

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed (to) <i>Joseph J. Piermatteo, Sr. VP. Fla Crushed Stone Co. 10311 Cement Plant Rd Brooksville, FL 34601</i>		4a. Article Number <i>P 339 251 177</i>	
5. Signature (Addressee) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>[Signature]</i>		7. Date of Delivery <i>11/14/96</i>	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

P 339 251 177

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	
<i>Joe Piermatteo</i>	
Street/Number	
<i>Fla. Crushed St</i>	
Post Office, State, & ZIP Code	
<i>Brooksville FL</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
<i>11-12-96</i>	
<i>AC 27-274892 (A)</i>	
<i>PSD-FI-227(A)</i>	
<i>PA 82-17</i>	

PS Form 3800, April 1995