



**U.S. FISH & WILDLIFE SERVICE**  
**AIR QUALITY BRANCH**

P.O. BOX 25287, Denver, CO 80225-0287

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**FACSIMILE COVER SHEET**

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*Date: Wednesday, April 25, 2001.*

*Telephone: (303) 969-2153*

*Fax: (303) 969-2822*

*To: Cleve Holliday*

*From: Kirsten King*

*Subject: Cargill Fertilizer BACT. Please let me know if you have any questions!*  
*Thanks!*

*Number of Pages: 2*  
*(Including this cover sheet)*

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*Office Location: 7333 West Jefferson Ave, Suite 450, Lakewood, CO 80235*

March 29, 2001

Memorandum

To: Ellen Porter  
From: Kirsten King  
Subject: Cargill Fertilizer

Background

Cargill fertilizer is proposing to modify several existing emissions units at the phosphate fertilizer facility in Riverview, Florida. The changes will increase molten sulfur throughput, and additional digestion capacity. The proposed changes will result in an increase of 1,163 tpy of SO<sub>2</sub>, 93 tpy NO<sub>x</sub>, 178 tpy PM, and 105 tpy sulfuric acid mist.

Best Available Control Technology (BACT) analysis

In general we agree with the BACT determinations proposed by Cargill. We would like to suggest that the limit of 0.12 lb sulfuric acid mist/ton provides more operating flexibility than seems necessary. Based on the stack test data provided by Cargill a limit of 0.09 lb/ton should provide an adequate margin of operating flexibility for the source.

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Mr. E. O. Morris  
 Vice President of Environment,  
 Health and Safety  
 Cargill Fertilizer, inc.  
 8813 Highway 41 South  
 Riverview, Florida 33569

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
 X *Betty Rees*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

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PS Form 3811, July 1999

Domestic Return Receipt

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Article Sent To:

Mr. E. O. Morris

4492 2692 0541 0000 004E 6607

Postage	\$	Cargill  Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Name (Please Print Clearly) (to be completed by mailer)

Mr. E.O. Morris

Street, Apt. No., or PO Box No.  
 8813 Highway 41 South

City, State, ZIP+4  
 Riverview, FL 33569

PS Form 3800, July 1999

See Reverse for Instructions