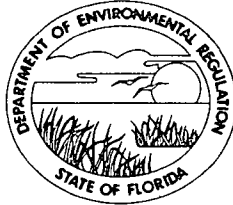


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

July 29, 1986

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Eric Sundquist
Vice President
General Portland Cement
1111 NW Shore Boulevard
Tampa, Florida 33622

Dear Mr. Sundquist:

The referenced application (Permit No. AC 29-122068) has been received at the Bureau of Air Quality Management office in Tallahassee for processing.

The application has been determined incomplete. Processing of the application will resume when the questions outlined below have been answered.

1. According to your calculation, the total emission for dust collector No. 27 is 2.3 (TPY) based on 1013 hours of operation per year. Please specify the operational hours/year (permit limit) for No. 26, 27, and 28.
2. According to the attachment "Clinker Project Phase I" the total emission for dust collector 26, 27, and 28 is not the same as attachment "Project Modified Emission...please furnish the figures for limits on proposed operation.
3. Information received by the bureau, indicates the vacuum hose in the hold will have enough suction to cause a negative pressure at the opening of the hold. Please verify this in writing; otherwise, General Portland needs to estimate maximum hourly and yearly particulate emissions from the hold.
4. Emission calculations show the average unloading time is 1733 hrs/year. Is this the maximum permitted value which General Portland wants reflected in the permit? Do you want to be permitted at 520 TPH unloading rate? This was reported as just an average value.

Mr. Eric Sundquist
Page Two
July 29, 1986

If you have any questions please write to me at the above address
or call Maher Tanbouz, Review Engineer at (904)488-1344.

Sincerely,

for Bill Thomas

Clair Fancy, P.E.
Deputy Chief
Bureau of Air Quality
Management

CHF/MT/s

cc: Bill Thomas, SW District
Jerry Campbell, HCEPC

P 408 532 111

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

Sent to Mr. Eric Sundquist	
Street and No.	
P.O., State and ZIP Code	
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 7/30/86	

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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.

1. Show to whom, date and address of delivery.
2. Restricted Delivery. **DER**

3. Article Addressed to:
Mr. Eric Sundquist 51096
General Portland Cement
1111 NW Shore Blvd.
Tampa, FL 33622

4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number P 408 532 111
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *Betty M. Herald*

7. Date of Delivery
8/1/86

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

MPA CARRIER
USPS