



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

November 28, 1989

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Mr. F. W. Cheesman, President
Consolidated Minerals, Inc.
P. O. Box 790
Plant City, Florida 33564

Re: File No. AC 29-172279, Borax Bulk Tank

The Department has made a preliminary review of your application for permit to construct a borax bulk tank. Before this application can be processed, we need the following information:

1. Please clarify what air pollution source(s) you are requesting a permit for. Indicate which process of the flow diagram (Attach. C) this application is for. What is the current permit number(s) for reactor tanks No. 1 and 2, HF holding tanks Nos. 3, 4, 5, 6, 7, 8, 9, 10, and the finished product holding tank? If these vessels are not covered by a Department permit(s), they should be included with this application or on separate applications. The applications should include information showing a more detailed process flow sheet, size of vessels, control equipment/practices to minimize air pollution, and emissions of all pollutants - including fluorides.
2. The estimated particulate matter (PM) emissions from the proposed dust collector of 0.09 grains/CF seems high. Your facility is in the area of influence of the Hillsborough County nonattainment area for particulate matter. We request you either accept the PM RACT standard of 0.03 gr/dscf (0.21 lbs/hr and 0.05 TPY) or calculate the impact this source will have on the nonattainment area for particulate matter. Also, for your information, all of Hillsborough County is currently designated nonattainment for ozone. This does not affect this application.

We will resume processing the application after we receive the requested information. If you have any questions on this matter,

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please call Willard Hanks at (904) 488-1344 or write to me at the Department's Tallahassee address.

Sincerely,

A handwritten signature in black ink, appearing to read "C. H. Fancy". The signature is stylized and cursive, with a long vertical stroke at the end.

C. H. Fancy, P.E.
Chief
Bureau of Air Regulation

CHF/WH/plm

c: Bill Thomas, SW District
Jerry Campbell, EPCHC

P 938 762 765

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

| | |
|---|----|
| Sent to Mr. F. W. Cheesman, CMI | |
| Street and No. P.O. Box 790 | |
| P.O. State and ZIP Code Plant City, FL 33564 | |
| 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 Permit: AC 29-172279 Mailed: 11-30-89 | |

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
|---|---|
| 3. Article Addressed to: Mr. F. W. Cheesman, President Consolidated Minerals, Inc. P. O. Box 790 Plant City, FL 33564 | 4. Article Number P. 938 762 765 |
| 5. Signature - Address X <i>M. W. Cheesman</i> | 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 <input type="checkbox"/> Return Receipt for Merchandise |
| 6. Signature - Agent X | Always obtain signature of addressee or agent and DATE DELIVERED. |
| 7. Date of Delivery 12-4-89 | 8. Addressee's Address (ONLY if requested and fee paid) |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT