

Florida Department of Environmental Regulation

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

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

April 16, 1990

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. F. W. Cheesman, President
Consolidated Minerals, Inc.
Post Office Box 790
Plant City, Florida 34289

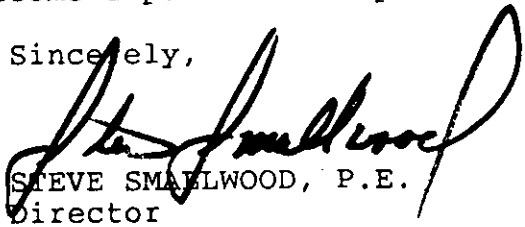
Dear Mr. Cheesman:

Re: Amendment of Permit No. AC 29-167251

The Department is in receipt of Mr. Robert Harrison's April 2, 1990, letter requesting your permit to construct a Potassium Fluoborate Product Preparation Plant be extended. The purpose of the extension is to allow time to correct problems with the process equipment so that the plant can operate at its permitted capacity. This request is acceptable and the expiration date of permit No. AC 29-167251 is changed from June 1, 1990, to December 2, 1990.

A copy of this letter must be filed with the referenced construction permit and shall become a part of the permit.

Sincerely,


STEVE SMALLWOOD, P.E.
Director
Division of Air Resources
Management

SS/WH/plm

Attachment:

CMI April 2, 1990 letter

c: Bill Thomas, SW District
Jerry Campbell, EPCHC

CMI

CONSOLIDATED MINERALS, INC.
FEED SUPPLEMENT DIVISION

RECEIVED

APR 05 1990

April 2, 1990

DER-BAQM

Mr. C. H. Fancy, P.E.
Deputy Chief Bureau of Air Quality Management
Florida Department of Environmental Regulation
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Permit AC29-167251

Dear Mr. Fancy:

Consolidated Minerals, Inc. is requesting that this construction permit, AC29-167251, be extended to December 2, 1990. The reason for this extension is that a rate of 2500 lbs/hr has yet to be achieved through the dryer. We believe that this rate will be achieved in the very near future.

I am enclosing a Method 9, V.E. test which was conducted on March 30, 1990. The operating rate was 1500 lbs/hr at that time.

Should you have any questions concerning this matter, please contact me.

Sincerely,

Robert L. Harrison Jr.

Robert L. Harrison, Jr.
Environmental Supervisor

RLH:cr

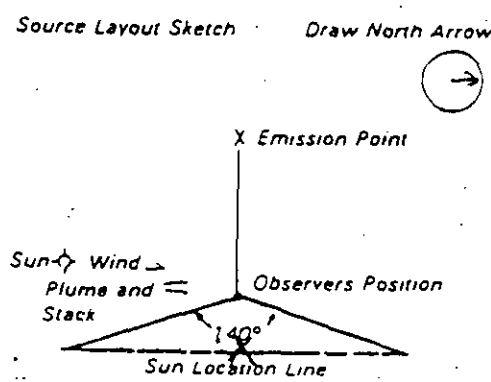
Enclosure

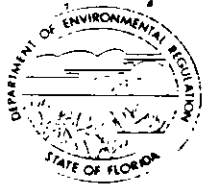
cc: F. W. Cheesman
Bill Thomas/SW District
Jerry Campbell/HCEPC

Sh. [unclear]
SPF [unclear]

CONSOLIDATED MINERALS INC. E I V E D

APR 05 1990

SOURCE NAME <i>Potassium Fluorate Prod. Ph</i>			OBSERVATION DATE <i>3/30/90</i>				START TIME <i>8:30</i>		STOP TIME <i>9:00</i>			
ADDRESS <i>Consolidated Minerals, Inc</i>			SEC				MIN		BAQM			
P.O. Box 780			MIN	0	15	30	45	MIN	0	15	30	45
CITY <i>Plant City</i>	STATE <i>FL</i>	ZIP <i>33564</i>	1	0	0	0	0	31				
PHONE <i>813-752-1161</i>	SOURCE ID NUMBER <i>AC29-167251</i>		2	0	0	0	0	32				
PROCESS EQUIPMENT <i>Fluid Bed Dryer</i>	OPERATING MODE <i>Normal</i>		3	0	0	0	0	33				
CONTROL EQUIPMENT <i>Flex Kleen Dust Collector</i>	OPERATING MODE <i>Normal</i>		4	0	0	0	0	34				
DESCRIBE EMISSION POINT			5	0	0	0	0	35				
START <i>Stack</i> STOP			6	0	0	0	0	36				
HEIGHT ABOVE GROUND LEVEL			7	0	0	0	0	37				
START <i>30 ft</i> STOP			8	0	0	0	0	38				
HEIGHT RELATIVE TO OBSERVER			9	0	0	0	0	39				
START <i>30</i> STOP			10	0	0	0	0	40				
DISTANCE FROM OBSERVER			11	0	0	0	0	41				
START <i>50</i> STOP			12	0	0	0	0	42				
DIRECTION FROM OBSERVER			13	0	0	0	0	43				
START <i>W</i> STOP			14	0	0	0	0	44				
DESCRIBE EMISSIONS			15	0	0	0	0	45				
START <i>None</i> STOP			16	0	0	0	0	46				
EMISSION COLOR			17	0	0	0	0	47				
START STOP			18	0	0	0	0	48				
PLUME TYPE: CONTINUOUS <input type="checkbox"/>			19	0	0	0	0	49				
FUGITIVE <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>			20	0	0	0	0	50				
WATER DROPLETS PRESENT: NO <input type="checkbox"/> YES <input type="checkbox"/>			21	0	0	0	0	51				
IF WATER DROPLET PLUME: ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>			22	0	0	0	0	52				
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED			23	0	0	0	0	53				
START <i>At Exit</i> STOP			24	0	0	0	0	54				
DESCRIBE BACKGROUND			25	0	0	0	0	55				
START <i>Sky</i> STOP			26	0	0	0	0	56				
BACKGROUND COLOR			27	0	0	0	0	57				
START <i>Blue</i> STOP			28	0	0	0	0	58				
SKY CONDITIONS			29	0	0	0	0	59				
START <i>Pt Cl</i> STOP			30	0	0	0	0	60				
WIND SPEED			AVERAGE OPACITY FOR HIGHEST PERIOD <i>0</i> RANGE OF OPACITY READINGS MINIMUM <i>0</i> MAXIMUM <i>0</i> OBSERVER'S NAME (PRINT) <i>Robert L. Harrison Jr</i> OBSERVER'S SIGNATURE <i>Robert L. Harrison Jr</i> DATE <i>3/30/90</i>									
START <i>0-3</i> STOP												
WIND DIRECTION			NUMBER OF READINGS ABOVE HIGHEST PERIOD <i>25</i> % WERE <i>0</i>									
START <i>W-NW</i> STOP			RANGE OF OPACITY READINGS MINIMUM <i>0</i> MAXIMUM <i>0</i>									
AMBIENT TEMP.			OBSERVER'S NAME (PRINT) <i>Robert L. Harrison Jr</i>									
START <i>75</i> STOP			OBSERVER'S SIGNATURE <i>Robert L. Harrison Jr</i> DATE <i>3/30/90</i>									
WET BULB TEMP			DATE <i>3/30/90</i>									
RH. percent			OBSERVER'S SIGNATURE <i>Robert L. Harrison Jr</i> DATE <i>3/30/90</i>									
Source Layout Sketch Draw North Arrow 			COMMENTS									



State of Florida
DEPARTMENT OF ENVIRONMENTAL REGULATION

For Routing To Other Than The Addressee	
To: _____	Location: _____
To: _____	Location: _____
To: _____	Location: _____
From: _____	Date: _____

Interoffice Memorandum

TO: Steve Smallwood
FROM: Clair Fancy *Clair Fancy*
DATE: April 16, 1990
SUBJ: Amendment of Permit No. AC 29-167251

Attached for your approval and signature is a letter that will extend the expiration date of a permit to construct a KBF4 unit at CMI's Plant City, Hillsborough County, Facility. The extension is needed so that the permittee can correct a problem with a screw conveyor.

The request is not controversial.

I recommend your approval and signature.

CF/WH/plm

Attachment

P 938 762 874

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to F.W. Cheesman	
Street and No. CMI - P.O. Box 790	
P.O., State and ZIP Code Plant City, FL	
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 4-17-90	

PS Form 3800, June 1985

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 Consolidated Minerals, Inc. P.O. Box 790 Plant City, FL 34289	4. Article Number P938 762 874
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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X <i>T. B. [Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 4-23-90	

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