Indiantown Cogeneration, L.P.

PO Box 1799 13303 SW Silver Fox Lane Indiantown, FL 34956 P: (772) 597-6500 F: (772) 597-6210

August 13, 2012

Mr. Jeff Koerner Administrator Office of Permitting and Compliance 2600 Blair Stone Road, MS 5500 Tallahassee, FL 32399-24009 RECEIVED

AUG 14 2012

DIVISION OF AIR
RESOURCE MANAGEMENT

VIA FEDERAL EXPRESS

Re: <u>INDIANTOWN COGENERATION PLANT (FACILITY ID # 0850102)</u> <u>EPA MERCURY AND AIR TOXICS STANDARDS INITIAL NOTIFICATION</u>

Dear Mr. Koerner:

In fulfillment of the initial notification requirement of the utility MATs rule (40 CFR 63 .9), Indiantown Cogeneration Plant is submitting the attached form to that effect.

Please contact Nicholas Laryea at 772-597-6500 extension 19, if you have any questions.

Sincerely,

Todd Shirley

Projects General Manager

Enclosure

cc: EPA Region IV

Lennon Anderson-Southeast District

File #2.1.7

Example Initial Notification Report

National Emission Standards for Hazardous Air Pollutants for Coal and Oil-Fired Electric Utility Steam Generating Units

SECTION I: GENERAL INFORMATION

Operating Permit Number (IF AVAILABLE)	Facility ID Number				
0850102-019-AV	019-AV 0850102					
Owner or Operator's Name INDIANTOWN COGENERATION L.P		Title (TODD SHIRLEY) PROJECTS GENERAL MANAGER				
Street Address 13303 S.W. SILVER FOX LAN	E (P.O. BOX 1799)					
City INDIANTOWN	State FL	ZIP Code 34956				
a (e.g., Title V permit number	er) AFS) facility ID)					
b (e.g., Air Facility System (a of facility ib)					
b (e.g., Air Facility System (ar of facility ID)					
^o (e.g., Air Facility System (
© (e.g., Air Facility System (a) Facility Name INDIANTOWN COGENERATI	ON LIMITED PARTNERSHIP	al's Street Address listed above)				
Ce.g., Air Facility System (A) Facility Name INDIANTOWN COGENERATI Facility Street Address (if di	ON LIMITED PARTNERSHIP fferent than Responsible Offici	al's Street Address listed above)				
e.g., Air Facility System (A) Facility Name INDIANTOWN COGENERATI Facility Street Address (if di	ON LIMITED PARTNERSHIP fferent than Responsible Offici	al's Street Address listed above)				
Ce.g., Air Facility System (A) Facility Name INDIANTOWN COGENERATI Facility Street Address (if di 13303 S.W. SILVER FOX LAN Street Address	ON LIMITED PARTNERSHIP fferent than Responsible Offici	al's Street Address listed above)				
Facility Name INDIANTOWN COGENERATI Facility Street Address (if di 13303 S.W. SILVER FOX LAN Street Address 13303 S.W. SILVER FOX LAN	ON LIMITED PARTNERSHIP fferent than Responsible Offici	al's Street Address listed above) ZIP Code				
City	ON LIMITED PARTNERSHIP fferent than Responsible Offici IE					
City INDIANTOWN Ce.g., Air Facility System (Andrews System (Andrews System) INDIANTOWN Cogenerati Facility Street Address (if di 13303 S.W. SILVER FOX LAN Street Address City INDIANTOWN	ON LIMITED PARTNERSHIP fferent than Responsible Offici IE State	ZIP Code 34956				

SECTION II: SOURCE DESCRIPTION

1. Compliance Date:	\boxtimes	Existing source: April 16, 2015		
		New/reconstructed source:	Upon initial startup	
Original/Anticip	ated	Startup Date(s) (mm/dd/yy):	07/01/1995	

2. Please complete the table below for each affected EGU.

Emission Unit ID ^a	Emission Unit Name (design and manufacturer name)	Size: Rated Heat Input Capacity (mmBtu/hr) ^b	Fuels Used ^c	HAPs Emitted from EGU
No. 001	FOSTER WHEELER PULVERIZED COAL (PC) BOILER	3422	BITUMINOUS COAL, NATURAL GAS AND PROPANE	BERYLLIUM MERCURY LEAD FLUORIDE, HCL AND ARSENIC

[Add rows to the table for additional EGUS, as necessary.]

4. Optional: Additional notes

^a If the source has an operating permit, use the IDs that are consistent with those reported in the permit.

^b mmBtu/hr refers to million British thermal units per hour. EGUs often have a nameplate listing the rated heat input capacity on the unit. This rated capacity may have also been reported to the entity insuring the unit or the state labor and safety inspector.

^c Report all fuels used in each of the units subject to the standard (e.g., bituminous coal, #6 fuel oil, #2 fuel oil, natural gas, bark, lumber, etc.).

SECTION III: CERTIFICATION

I hereby certify that the information presented herein is correct to the best of my knowledge.

TODD SHIRLEY/PROJECTS GENERAL MANAGER

Name/title

Signature

(704)-815-8022 Telephone Number

tshirley@ppmsllc.com

Email Address