

KOOGLER & ASSOCIATES
ENVIRONMENTAL SERVICES

4014 NW THIRTEENTH STREET
GAINESVILLE, FLORIDA 32609
352/377-5822 • FAX/377-7158

KA 118-00-03

February 28, 2001

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Bureau of Air Monitoring
& Mobile Sources

Mr. Joseph Kahn, P.E.
Florida Department of
Environmental Protection
Twin Towers Office Building
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

Subject: Additional Information
Louis Dreyfus Citrus, Inc.
Permit No. 0950053-005-AC

Dear Mr. Kahn:

This is a follow up to your request for additional information on the pending permit revision request for the above referenced facility.

Enclosed are four copies of the permit application form (facility portion) with signatures of the Responsible Official (RO) and the Professional Engineer (PE) of record.

Also, to confirm your understanding, the test results previously submitted to FDEP as part of this request, indicate pounds of VOCs, measured as propane.

If you have any questions, please do not hesitate to call Pradeep Raval or me.

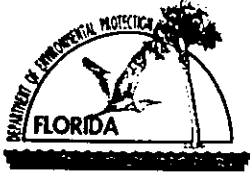
Very truly yours,

KOOGLER & ASSOCIATES

John B. Koogler, Ph.D., P.E.

JBK:par
Encl.

c: P. Ballentine, LDC
J. Koogler, CD



Department of Environmental Protection

Division of Air Resources Management

APPLICATION FOR AIR PERMIT - TITLE V SOURCE

See Instructions for Form No. 62-210.900(1)

I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: Louis Dreyfus Citrus, Inc.	
2. Site Name: Louis Dreyfus Citrus	
3. Facility Identification Number: 0950053 [] Unknown	
4. Facility Location: Street Address or Other Locator: 355 Ninth Street City: Winter Garden County: Orange Zip Code: 32787	
5. Relocatable Facility? [] Yes [X] No	6. Existing Permitted Facility? [X] Yes [] No

Application Contact

1. Name and Title of Application Contact: Pradeep Raval, Engineer	
2. Application Contact Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 NW 13th Street City: Gainesville State: FL Zip Code: 32609	
3. Application Contact Telephone Numbers: Telephone: (352) 377-5822 Fax: (352) 377-7158	

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	
3. PSD Number (if applicable):	
4. Siting Number (if applicable):	

Purpose of Application

Air Operation Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

- Initial Title V air operation permit for an existing facility which is classified as a Title V source.
- Initial Title V air operation permit for a facility which, upon start up of one or more newly constructed or modified emissions units addressed in this application, would become classified as a Title V source.

Current construction permit number: _____

- Title V air operation permit revision to address one or more newly constructed or modified emissions units addressed in this application.

Current construction permit number: _____

Operation permit number to be revised: _____

- Title V air operation permit revision or administrative correction to address one or more proposed new or modified emissions units and to be processed concurrently with the air construction permit application. (Also check Air Construction Permit Application below.)

Operation permit number to be revised/corrected: _____

- Title V air operation permit revision for reasons other than construction or modification of an emissions unit. Give reason for the revision; e.g., to comply with a new applicable requirement or to request approval of an "Early Reductions" proposal.

Operation permit number to be revised: _____

Reason for revision: _____

Air Construction Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

- Air construction permit to construct or modify one or more emissions units.
- Air construction permit to make federally enforceable an assumed restriction on the potential emissions of one or more existing, permitted emissions units.
- Air construction permit for one or more existing, but unpermitted, emissions units.

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Owner/Authorized Representative or Responsible Official

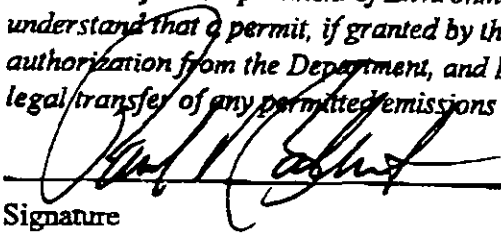
1. Name and Title of Owner/Authorized Representative or Responsible Official: Paul Ballentine, Plant Manager
2. Owner/Authorized Representative or Responsible Official Mailing Address: Organization/Firm: Louis Dreyfus Citrus, Inc. Street Address: P.O. Box 770399 City: Winter Garden State: FL Zip Code: 34777-0399
3. Owner/Authorized Representative or Responsible Official Telephone Numbers: Telephone: (407) 656-1000 Fax: (407) 656-1229
4. Owner/Authorized Representative or Responsible Official Statement: <i>I, the undersigned, am the owner or authorized representative*(check here [], if so) or the responsible official (check here [X], if so) of the Title V source addressed in this application, whichever is applicable. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  Signature </div> <div style="width: 35%; text-align: center;"> 2/28/01 Date 2/28/01 </div> </div>

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: John B. Koogler, Ph.D., P.E. Registration Number: 12925
2. Professional Engineer Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 NW 13th Street City: Gainesville State: FL Zip Code: 32609
3. Professional Engineer Telephone Numbers: Telephone: (352) 377 - 5822 Fax: (352) 377 - 7158

Owner/Authorized Representative or Responsible Official

1. Name and Title of Owner/Authorized Representative or Responsible Official: Paul Ballentine, Plant Manager
2. Owner/Authorized Representative or Responsible Official Mailing Address: Organization/Firm: Louis Dreyfus Citrus, Inc. Street Address: P.O. Box 770399 City: Winter Garden State: FL Zip Code: 34777-0399
3. Owner/Authorized Representative or Responsible Official Telephone Numbers: Telephone: (407) 656-1000 Fax: (407) 656-1229
4. Owner/Authorized Representative or Responsible Official Statement: <i>I, the undersigned, am the owner or authorized representative* (check here [] if so) or the responsible official (check here [X], if so) of the Title V source addressed in this application, whichever is applicable. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i>  Signature _____ Date <u>2/28/01</u>

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: John B. Koogler, Ph.D., P.E. Registration Number: 12925
2. Professional Engineer Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 NW 13th Street City: Gainenville State: FL Zip Code: 32609
3. Professional Engineer Telephone Numbers: Telephone: (352) 377 - 5822 Fax: (352) 377 - 7158

4. Professional Engineer Statement:

I, the undersigned, hereby certify, except as particularly noted herein, that:*

(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this Application for Air Permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in the Florida Statutes and rules of the Department of Environmental Protection; and

(2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for an emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.

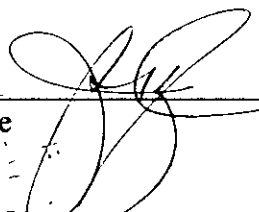
If the purpose of this application is to obtain a Title V source air operation permit (check here [], if so), I further certify that each emissions unit described in this Application for Air Permit, when properly operated and maintained, will comply with the applicable requirements identified in this application to which the unit is subject, except those emissions units for which a compliance schedule is submitted with this application.

If the purpose of this application is to obtain an air construction permit for one or more proposed new or modified emissions units (check here [], if so), I further certify that the engineering features of each such emissions unit described in this application have been designed or examined by me or individuals under my direct supervision and found to be in conformity with sound engineering principles applicable to the control of emissions of the air pollutants characterized in this application.

If the purpose of this application is to obtain an initial air operation permit or operation permit revision for one or more newly constructed or modified emissions units (check here [], if so), I further certify that, with the exception of any changes detailed as part of this application, each such emissions unit has been constructed or modified in substantial accordance with the information given in the corresponding application for air construction permit and with all provisions contained in such permit.

Signature

(seal)



Date

2/28/01

* Attach any exception to certification statement.

Construction/Modification Information

1. Description of Proposed Project or Alterations:

Amend permit to reconcile dryer VOC emissions and peel processing rate.

2. Projected or Actual Date of Commencement of Construction: NA

3. Projected Date of Completion of Construction: NA

Application Comment

The information is submitted in the format discussed with FDEP.

Facility Regulatory Classifications

Check all that apply:

1. <input type="checkbox"/> Small Business Stationary Source?	<input type="checkbox"/> Unknown
2. <input checked="" type="checkbox"/> Major Source of Pollutants Other than Hazardous Air Pollutants (HAPs)?	
3. <input type="checkbox"/> Synthetic Minor Source of Pollutants Other than HAPs?	
4. <input type="checkbox"/> Major Source of Hazardous Air Pollutants (HAPs)?	
5. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
6. <input type="checkbox"/> One or More Emissions Units Subject to NSPS?	
7. <input type="checkbox"/> One or More Emission Units Subject to NESHAP?	
8. <input type="checkbox"/> Title V Source by EPA Designation?	
9. Facility Regulatory Classifications Comment (limit to 200 characters):	

List of Applicable Regulations

FDEP CORE LIST	
FS 120, 403	
FAC 62-4, 204, 210, 213, 214, 252, 256, 257, 281, 296, 297.	
40 CFR 52, 55, 60, 63, 82.	

C. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Area Map Showing Facility Location: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
2. Facility Plot Plan: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
3. Process Flow Diagram(s): <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
5. Fugitive Emissions Identification: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
6. Supplemental Information for Construction Permit Application: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
7. Supplemental Requirements Comment: Information has been previously submitted to DEP.

Additional Supplemental Requirements for Title V Air Operation Permit Applications

8. List of Proposed Insignificant Activities: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
9. List of Equipment/Activities Regulated under Title VI: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Equipment/Activities On site but Not Required to be Individually Listed <input checked="" type="checkbox"/> Not Applicable
10. Alternative Methods of Operation: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
11. Alternative Modes of Operation (Emissions Trading): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Identification of Additional Applicable Requirements: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Risk Management Plan Verification: <input type="checkbox"/> Plan previously submitted to Chemical Emergency Preparedness and Prevention Office (CEPPO). Verification of submittal attached (Document ID: _____) or previously submitted to DEP (Date and DEP Office: _____) <input type="checkbox"/> Plan to be submitted to CEPPO (Date required: _____) <input checked="" type="checkbox"/> Not Applicable
14. Compliance Report and Plan: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Compliance Certification (Hard-copy Required): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable