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BUREAU OF AIR REGULATION

033-7509

November 13, 2003

Florida Department of Environmental Protection  
Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619

D.E.P.  
NOV 20 2003  
Southwest District Tampa

Attention: Gerald J. Kissel, P.E., District Air Program Administrator

RE: TRANSFER OF AIR PERMIT; PERMIT NO. 1050019-008-AV;  
CARGILL CITRO PURE, L.P.; FROSTPROOF FACILITY

Dear Mr. Kissel:

*Project No.: 1050019-009-AV*

Enclosed please find an Application for Transfer of Air Permit for Cargill Juice North America, Inc. (formerly Cargill Citro Pure, L.P.; Permit No. 1050019-008-AV). Cargill Citro Pure, L.P. changed its legal name to Cargill Juice North America, Inc. on November 1, 2003. A signed Annual Statement of Compliance to cover the reporting period of January 1 through October 31, 2003 has also been included.

If you have any questions, please feel free to call David Buff of Golder Associates Inc. at (352) 336-5600 or Glenda Ellis of Cargill Juice North America, Inc. at (863) 635-8192.

Sincerely,

*Bryce Kelly*  
Bryce Kelly  
General Operations Manager

FWB

Enclosures

cc: D. Buff, Golder  
G. Ellis, Cargill Juice North America

P:\CCP Permit Transfers\FrostTVPermit.doc

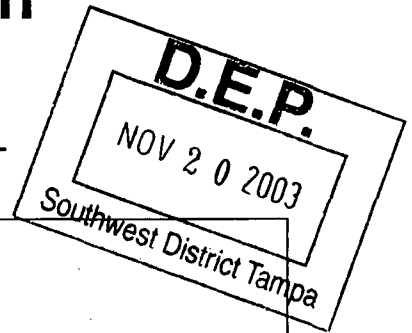
Cargill Juice North America, Inc Phone: 863-635-2211  
P. O. Box 2000 Fax: 863-635-8180  
100 East 6th Street  
Frostproof, Florida 33843-2000



# Department of Environmental Protection

## Division of Air Resources Management

### APPLICATION FOR TRANSFER OF AIR PERMIT



Title V Permit No.\*: 1050019-008-AV

Non-Title V Permit No(s): \_\_\_\_\_

#### Notification of Sale or Legal Transfer

Facility Owner/Company Name (As Currently Permitted): <b>Cargill Citro Pure, L.P.</b>	Facility ID No.: <b>1050019</b>
Site Name: <b>Frostproof</b>	County: <b>Polk</b>
Street Address or Other Locator: <b>100 East 6<sup>th</sup> Street</b>	
City: <b>Frostproof</b>	Zip Code: <b>33843</b>

I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.

Bryce Kelly  
(Signature)

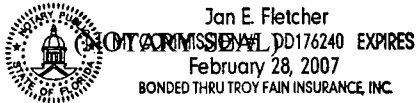
Name: **Bryce Kelly**

Title: **General Operations Manager**

Date: 11/19/03

STATE OF FLORIDA  
COUNTY OF Polk

Sworn to (or affirmed) and subscribed before me this 19<sup>th</sup> day of November 2003.



Jan E. Fletcher  
(Signature of Notary Public - State of Florida)

Jan E. Fletcher  
(Name of Notary Typed, Printed, or Stamped)

Personally Known  OR Produced Identification

Type of Identification Produced N/A

\* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. If there is a change in designated representative at an Acid Rain source, submit a copy of the Certificate of Representation submitted to EPA pursuant to 40 CFR 72, subpart B. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the date of transfer of responsibility shall be submitted to the Department after the date of transfer, as required by Rule 62-213.440(3)(a)2.b., F.A.C.

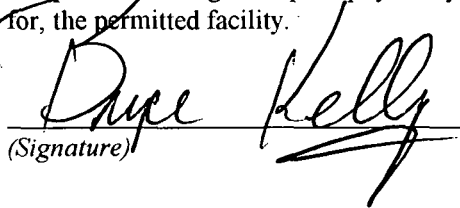
**Notification of New Ownership**

New Facility Owner/Company Name:  
**Cargill Juice North America, Inc.**

New Site Name:  
**Frostproof**

County:  
**Polk**

I, the undersigned, am or will be the new owner or authorized representative\* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility.

  
(Signature)

Name: **Bryce Kelly**

Title: **General Operations Manager** Date: 11/19/03

Mailing Address: **100 East 6<sup>th</sup> Street**

City: **Frostproof** Zip Code: **33843**

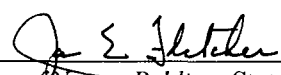
Telephone No.: **(863) 635-8142** Fax No.: **(863) 635-8040**

Effective Date of Sale or Legal Transfer: **November 1, 2003**  
(If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.)

STATE OF FLORIDA  
COUNTY OF Polk

Sworn to (or affirmed) and subscribed before me this 19<sup>th</sup> day of November 2003.

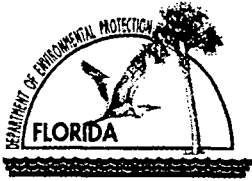


  
(Signature of Notary Public - State of Florida)  
JAN E. Fletcher  
(Name of Notary Typed, Printed, or Stamped)

Personally Known  OR Produced Identification

Type of Identification Produced N/A

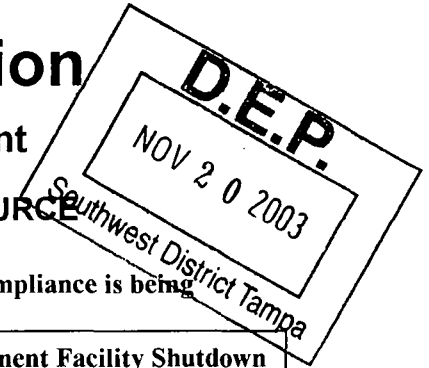
\* Attach letter of authorization if other than owner or corporate officer.



# Department of Environmental Protection

## Division of Air Resource Management

### STATEMENT OF COMPLIANCE - TITLE V SOURCE



REASON FOR SUBMISSION (Check one to indicate why this statement of compliance is being submitted)

Annual Requirement     
  Transfer of Permit     
  Permanent Facility Shutdown

REPORTING PERIOD*	REPORT DEADLINE**
January 1 through October 31 of 2003 (year)	

\*The statement of compliance must cover all conditions that were in effect during the indicated reporting period, including any conditions that were added, deleted, or changed through permit revision.

\*\*See Rule 62-213.440(3)(a)2., F.A.C.

Facility Owner/Company Name: Cargill Citro Pure, L.P.

Site Name: Frostproof Facility ID No. 1050019 County: Polk

#### COMPLIANCE STATEMENT (Check only one of the following three options)

**A.** This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, and there were no reportable incidents of deviations from applicable requirements associated with any malfunction or breakdown of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above.

**B.** This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part; however, there were one or more reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each incident of deviation, the following information is included:

1. Date of report previously submitted identifying the incident of deviation.
2. Description of the incident.

**C.** This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, EXCEPT those identified in the pages attached to this report and any reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each item of noncompliance, the following information is included:

1. Emissions unit identification number.
2. Specific permit condition number (note whether the permit condition has been added, deleted, or changed during certification period).
3. Description of the requirement of the permit condition.
4. Basis for the determination of noncompliance (for monitored parameters, indicate whether monitoring was continuous, i.e., recorded at least every 15 minutes, or intermittent).
5. Beginning and ending dates of periods of noncompliance.
6. Identification of the probable cause of noncompliance and description of corrective action or preventative measures implemented.
7. Dates of any reports previously submitted identifying this incident of noncompliance.

For each incident of deviation, as described in paragraph B. above, the following information is included:

1. Date of report previously submitted identifying the incident of deviation.
2. Description of the incident.

# STATEMENT OF COMPLIANCE - TITLE V SOURCE

## RESPONSIBLE OFFICIAL CERTIFICATION

I, the undersigned, am a responsible official (Title V air permit application or responsible official notification form on file with the Department) of the Title V source for which this document is being submitted. With respect to all matters other than Acid Rain program requirements, I hereby certify, based on the information and belief formed after reasonable inquiry, that the statements made and data contained in this document are true, accurate, and complete.

Bryce Kelly  
(Signature of Title V Source Responsible Official)

11/19/03  
(Date)

Name: Bryce Kelly

Title: General Operations Manager

## DESIGNATED REPRESENTATIVE CERTIFICATION (only applicable to Acid Rain source)

I, the undersigned, am authorized to make this submission on behalf of the owners and operators of the Acid Rain source or Acid Rain units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

\_\_\_\_\_  
(Signature of Acid Rain Source Designated Representative)

\_\_\_\_\_  
(Date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*{Note: Attachments, if required, are created by a responsible official or designated representative, as appropriate, and should consist of the information specified and any supporting records. Additional information may also be attached by a responsible official or designated representative when elaboration is required for clarity. This report is to be submitted to both the compliance authority (DEP district or local air program) and the U.S. Environmental Protection Agency(EPA) (U.S. EPA Region 4, Air and EPCRA Enforcement Branch, 61 Forsyth Street, Atlanta GA 30303).}*