



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

August 7, 2000

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. M. A. Daigle, General Manager
IMC Phosphates Company
P.O. Box 2000
Mulberry, FL 33860-1100

Re: Extension Request/DEP File No. 1050059-024-AC (PSD-FL-244)

Dear Mr. Daigle:

The Department reviewed your request dated July 21, 2000 to extend the expiration date of the construction permit from September 30, 2000 to September 30, 2001. The reasons given for the extension request are that "the initial startup has been problematic and normal operating conditions have not been achieved. Efforts to reach these levels continue."

Per Rule 62-4.080(3), F.A.C., an extension for a construction permit shall be granted if the applicant can demonstrate reasonable assurances that upon completion, the extended permit will comply with the standards and conditions required by applicable regulation.

We already have fairly extensive information about the facility and the control equipment. To complete the reasonable assurance requirement allowing extension of the permit, please submit the following information:

1. List the tasks to be performed to achieve "normal operating conditions" and the approximate dates for completing those tasks.
2. Identify additional production and emission testing that needs to be conducted and provide estimated dates for completion of those tasks.
3. Provide a statement (and basis for believing) that the facility will comply with applicable regulation.

According to Rule 62-4-080(3), the permit will remain in effect until final action is taken by the Department. Permit applicants are advised that Rule 62-4.055(1), F.A.C. now requires applicants to respond to requests for information within 90 days. If you have any questions regarding this matter, please call John Reynolds at 850/921-9536.

Sincerely,

A handwritten signature in dark ink, appearing to read "A. A. Linero", is written over a light-colored background. To the right of the signature, the date "8/7" is written.

A. A. Linero, P.E. Administrator
New Source Review Section

Cc: Bill Thomas, DEP SWD
Jeff Spence, Polk County ESD

"More Protection, Less Process"

Printed on recycled paper.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>Rel fyx</i></p> <p>B. Date of Delivery <i>8-9-00</i></p> <p>C. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Mr. M. A. Daigle, Gen. Mgr. IMC Phosphates Co. PO Box 2000 Mulberry, FL 33860-1100</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 7099 3400 0000 1453 2870</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)												
<p>Article Sent To:</p> <p><i>M.A. Daigle, Imc Phosphate</i></p>	<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="5"> <i>8/7/00</i> Postmark Here </td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	<i>8/7/00</i> Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$
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Certified Fee												
Return Receipt Fee (Endorsement Required)												
Restricted Delivery Fee (Endorsement Required)												
Total Postage & Fees	\$											
<p>Name (Please Print Clearly) (to be completed by mailer) <i>M.A. Daigle, Gen Mgr</i></p> <p>Street, Apt. No., or PO Box No. <i>P.O. Box 2000</i></p> <p>City, State, ZIP+4 <i>Mulberry FL 33860-1100</i></p>												
<p>PS Form 3800, July 1999 See Reverse for Instructions</p>												

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