

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

John Koogler, Ph.D., P.E.  
 Koogler and Associates  
 Environmental Services  
 4014 NW 13 St.  
 Gainesville, FL 32609

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Elena E. Hill* B. Date of Delivery *12/30/12*

C. Signature *Elena Hill*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. A 7001 0320 0001 3692 7300

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

**OFFICIAL USE**

7001 0320 0001 3692 7300

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
 Here

Total **John Koogler, Ph.D., P.E.**  
 Sent To **Koogler and Associates**  
**Environmental Services**  
 Street, or PO Box **4014 NW 13 St.**  
 City, State **Gainesville, FL 32609**

PS Form 3800, January 2001

See Reverse for Instructions

COPIES

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

John Koogler, Ph.D., P.E.  
 Koogler and Associates  
 Environmental Services  
 4014 NW 13 St.  
 Gainesville, FL 32609

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

D. Miller 9/12/02

C. Signature *[Signature]*  Agent  Addressee

X

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. 7001 0320 0001 3692 7966

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

**OFFICIAL USE**

7001 0320 0001 3692 7966

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Po John Koogler, Ph.D., P.E.  
 Sent To Koogler and Associates  
 Environmental Services  
 Street, Apt or PO Box 4014 NW 13 St.  
 City, State Gainesville, FL 32609

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <i>Elena Hill</i>	B. Date of Delivery <i>5/24/99</i>
	C. Signature <i>Elena Hill</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	<input checked="" type="checkbox"/> D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Koogler, Ph.D., P Koogler & Associates Environmental Services 4014 NW 13th Street Gainesville, FL 32609	3. Service Type	
	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0001 3692 8772		
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
OFFICIAL USE		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	
Sent To: <b>John B. Koogler</b>		
Street, Apt. No., or PO Box: <b>4014 NW 13th St.</b>		
City, State, ZIP+4: <b>Gainesville, FL 32609</b>		
PS Form 3800, January 2001	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>Elena Hill</i>      B. Date of Delivery <i>3/29</i></p>
<p>1. Article Addressed to:</p> <p>John Koogler, Ph.D., P.E.          Koogler and Associates          Environmental Services          4014 NW 13 St.          Gainesville, FL 32609</p>	<p>C. Signature <i>Elena Hill</i>      <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>2. <u>7001 0320 0001 3692 9083</u></p>	<p>D. Is delivery address different from item 1?      <input type="checkbox"/> Yes          If YES, enter delivery address below:      <input type="checkbox"/> No</p>
<p>PS Form 3811, July 1999</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt      102595-00-M-0952</p>

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
<b>OFFICIAL USE</b>									
<table border="1"> <tr> <td>Postage</td> <td>\$</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> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p>Postmark Here</p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<p>Total Paid</p> <p>Sent To: John Koogler, Ph.D., P.E.          Koogler and Associates          Environmental Services          4014 NW 13 St.          Gainesville, FL 32609</p> <p>Street, Apt. or PO Box          City, State</p>									
<p>PS Form 3800, January 2001      See Reverse for Instructions</p>									

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <i>Jul A Miller</i>	B. Date of Delivery 12/12/99
1. Article Addressed to:  Mr. John B. Koogler, Ph.D., P.E. Koogler & Associates Environmental Services 4014 N.W. 13th St. Gainesville, FL 32609	C. Signature X <i>Jul A Miller</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label) 7000 2870 0000 7028 3253	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
OFFICIAL USE		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	
<b>Sent To</b> John B. Koogler Street, Apt. No.; or PO Box No. 4014 NW 13th Street City, State, ZIP+4 Gainesville, FL 32609		
PS Form 3800, May 2000		See Reverse for Instructions

7000 2870 0000 7028 3253

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

John Koogler, Ph.D., P.E.  
 Koogler and Associates  
 Environmental Services  
 4014 NW 13 St.  
 Gainesville, FL 32609

2. Article Number (Copy from service label)

7000 0600 0026 4129 9037

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

9/19/01

C. Signature *Elena Hui*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4129 9037

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)  
 Koogler & Associates  
 Street, Apt. No., or PO Box No.  
 4014 NW 13 St.  
 Gainesville, FL 32609

PS Form 3800, February 2000 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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.

Article Addressed to:

M.A. Daigle, General Mgr.  
Phosphates Company  
Box 2000  
Mulberry, FL 33860-1100

USE ZIP CODE

Article Number (Copy from service label)  
00 0600 0026 4129 9228

**COMPLETE THIS SECTION ON DELIVERY**

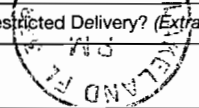
A. Received by (Please Print Clearly) *B. Daigle* B. Date of Delivery *7-30-01*

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below.

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4129 9228

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Recipient's Name (Please Print Clearly) (to be completed by mailer)  
Mr. M.A. Daigle, Gen. Mgr.

Street, Apt. No., or P.O. Box No.  
PO Box 2000

City, State, ZIP+4  
Mulberry, FL 33860-1100

PS Form 3800, February 2000 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

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

2. Article No. 709

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

4-9-01

C. Signature

*X* *Belpzi Ferruz*

- Agent
- Addressee
- Yes
- No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

PS Form 3800-M-0952

7099 3400 0000 1450 3245

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

[Empty field for Article Sent To]

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

*IMC Phosphates*  
 Postmark Here

Name (Please Print Clearly) (to be completed by mailer)

Mr. M.A. Daigle, Gen. Mgr.

Street, Apt. No. or P.O. Box No.

PO Box 2000

City, State, ZIP+4

Mulberry, FL 33860-1100

PS Form 3800, July 1999

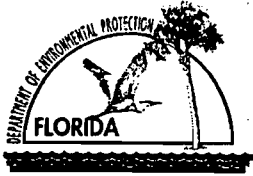
See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1"> <tr> <td data-bbox="826 329 1181 393">A. Received by (Please Print Clearly) <i>Linda Rochester</i></td> <td data-bbox="1181 329 1362 393">B. Date of Delivery <i>3/19/01</i></td> </tr> <tr> <td colspan="2" data-bbox="826 393 1362 489">C. Signature <i>Linda Rochester</i>      <input type="checkbox"/> Agent                                                                                          <input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2" data-bbox="826 489 1362 659">D. Is delivery address different from item 1?      <input type="checkbox"/> Yes If YES, enter delivery address below:                              <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) <i>Linda Rochester</i>	B. Date of Delivery <i>3/19/01</i>	C. Signature <i>Linda Rochester</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly) <i>Linda Rochester</i>	B. Date of Delivery <i>3/19/01</i>						
C. Signature <i>Linda Rochester</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee							
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to:  Mr. M.A. Daigle, Gen. Mgr. New Wales Plant IMC Phosphates Company PO Box 2000 Mulberry, FL 33860-1100	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.						
2. Article Number (Copy from service label) 7099 3400 0000 1449 2327	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						
PS Form 3811, July 1999      Domestic Return Receipt      102595-99-M-1789							

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: Mr. M.A. Daigle	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>
Name (Please Print Clearly) (to be completed by mailer) Mr. M.A. Daigle	
Street, Apt. No., or PO Box No. PO Box 2000	
City, State, ZIP+4 Mulberry, FL 33860-1100	
PS Form 3800, July 1999      See Reverse for Instructions	

7099 3400 0000 1449 2327



# 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

RECEIVED

JAN 31 2001

BUREAU OF AIR REGULATION

#### Identification of Facility

1. Facility Owner/Company Name: <b>IMC Phosphates MP Inc.</b>	
2. Site Name: <b>IMC New Wales</b>	
3. Facility Identification Number: <b>1050059</b> [ ] Unknown	
4. Facility Location: Street Address or Other Locator: <b>3095 Highway 640</b> City: <b>Mulberry</b> County: <b>Polk</b> Zip Code: <b>33860</b>	
5. Relocatable Facility? [ ] Yes [X] No	6. Existing Permitted Facility? [X] Yes [ ] No

#### Application Contact

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

#### Application Processing Information (DEP Use)

1. Date of Receipt of Application:	<b>1-31-01</b>
2. Permit Number:	<b>1050059-033-AC</b>
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.

**Owner/Authorized Representative or Responsible Official**

1. Name and Title of Owner/Authorized Representative or Responsible Official: <b>Mike Daigle, General Manager</b>
2. Owner/Authorized Representative or Responsible Official Mailing Address: Organization/Firm: <b>IMC Phosphates MP Inc.</b> Street Address: <b>P.O. Box 2000</b> City: <b>Mulberry</b> State: <b>FL</b> Zip Code: <b>33860</b>
3. Owner/Authorized Representative or Responsible Official Telephone Numbers: Telephone: <b>(863) 428-2500</b> Fax: ( ) -
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 <u>Michael Daigle</u> Date <u>1/30/01</u>

\* Attach letter of authorization if not currently on file.

**Professional Engineer Certification**

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

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 [ X ], 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

1/30/01

\* Attach any exception to certification statement.

**Scope of Application**

<b>Emissions Unit ID</b>	<b>Description of Emissions Unit</b>	<b>Permit Type</b>	<b>Processing Fee</b>
036	Multifos A&B Kilns, Dryer and Blending Operation	AC1F	0
074	Multifos C Kiln	AC1F	0

**Application Processing Fee**

Check one:  Attached - Amount: \$ \_\_\_\_\_  Not Applicable

**Construction/Modification Information**

1. Description of Proposed Project or Alterations:

**It is requested that the construction permit expiration date be extended for a period of 12 months in order to provide time for the review of the application for this permit revision.**

**Multifos Kiln C is undergoing initial startup. The new kiln has experienced startup problems and has yet to achieve normal operations. The initial test data indicate that the new scrubber is satisfactorily controlling sulfur dioxide and gaseous fluoride. However, emissions of particulate matter and total fluoride are higher than expected. A revision is requested to the current total fluoride emission limit. This request may be revised to include a change in the particulate matter emission limits and also changes to the Multifos Plant scrubbing systems, if warranted by the on going plant evaluations.**

**IMC would also like to request, as an alternate method of operation, the use of one of any three kilns at a time as an additional dryer for the kiln feed. This method of operation will result in reduced emissions as less fuel is consumed when a kiln is operated at lower temperatures as a dryer.**

**The information submitted herein is limited to the requested changes.**

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

3. Projected Date of Completion of Construction: NA

**Application Comment**

**The application is presented in the format previously discussed with FDEP. The information submitted herein is limited to the requested changes.**

## II. FACILITY INFORMATION

### A. GENERAL FACILITY INFORMATION

#### Facility Location and Type

1. Facility UTM Coordinates: Zone: <b>17</b> East (km): <b>396.6</b> North (km): <b>3078.9</b>			
2. Facility Latitude/Longitude: NA Latitude (DD/MM/SS): Longitude (DD/MM/SS):			
3. Governmental Facility Code: <b>0</b>	4. Facility Status Code: <b>A</b>	5. Facility Major Group SIC Code: <b>28</b>	6. Facility SIC(s): <b>2874</b>
7. Facility Comment (limit to 500 characters):			

#### Facility Contact

1. Name and Title of Facility Contact: <b>P.A. Steadham, Manager Environmental Services – Florida Concentrates</b>
2. Facility Contact Mailing Address: Organization/Firm: <b>IMC Phosphates MP Inc.</b> Street Address: <b>P.O. Box 2000</b> City: <b>Mulberry</b> State: <b>FL</b> Zip Code: <b>33860</b>
3. Facility Contact Telephone Numbers: Telephone: Telephone: <b>(863) 428- 2500</b> Fax: ( ) -



**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 checked="" type="checkbox"/> Major Source of Hazardous Air Pollutants (HAPs)?	
5. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
6. <input checked="" type="checkbox"/> One or More Emissions Units Subject to NSPS?	
7. <input checked="" 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**

<b>See Attachment 1.</b>	

## B. FACILITY POLLUTANTS

### List of Pollutants Emitted

1. Pollutant Emitted	2. Pollutant Classif.	3. <u>Requested Emissions Cap</u>		4. Basis for Emissions Cap	5. Pollutant Comment
		lb/hour	tons/year		
PM/PM10	A				
SO2	A				
NOX	A				
SAM	A				
FL	A				

### 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 checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1</b> <input type="checkbox"/> Not Applicable
7. Supplemental Requirements Comment: <b>There are no changes from the information previously submitted to FDEP as part of the construction permit application.</b>

**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

**III. EMISSIONS UNIT INFORMATION**

A separate Emissions Unit Information Section (including subsections A through J as required) must be completed for each emissions unit addressed in this Application for Air Permit. If submitting the application form in hard copy, indicate, in the space provided at the top of each page, the number of this Emissions Unit Information Section and the total number of Emissions Unit Information Sections submitted as part of this application.

**A. GENERAL EMISSIONS UNIT INFORMATION  
(All Emissions Units)**

**Emissions Unit Description and Status**

<p>1. Type of Emissions Unit Addressed in This Section: (Check one)</p> <p><input checked="" type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a single process or production unit, or activity, which produces one or more air pollutants and which has at least one definable emission point (stack or vent).</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a group of process or production units and activities which has at least one definable emission point (stack or vent) but may also produce fugitive emissions.</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, one or more process or production units and activities which produce fugitive emissions only.</p>			
<p>2. Regulated or Unregulated Emissions Unit? (Check one)</p> <p><input checked="" type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is a regulated emissions unit.</p> <p><input type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is an unregulated emissions unit.</p>			
<p>3. Description of Emissions Unit Addressed in This Section (limit to 60 characters): <b>Multifos Kiln C</b></p>			
<p>4. Emissions Unit Identification Number: ID: <b>074</b></p>		<p><input type="checkbox"/> No ID <input type="checkbox"/> ID Unknown</p>	
<p>5. Emissions Unit Status Code: <b>C</b></p>	<p>6. Initial Startup Date: <b>1999</b></p>	<p>7. Emissions Unit Major Group SIC Code: <b>28</b></p>	<p>8. Acid Rain Unit? <input type="checkbox"/></p>
<p>9. Emissions Unit Comment: (Limit to 500 Characters)</p>			

**Emissions Unit Control Equipment**

1. Control Equipment/Method Description (Limit to 200 characters per device or method):  
**Packed scrubbers**

2. Control Device or Method Code(s): **013**

**Emissions Unit Details**

1. Package Unit: **NA**

Manufacturer:

Model Number:

2. Generator Nameplate Rating:

**MW**

3. Incinerator Information:

Dwell Temperature:

°F

Dwell Time:

seconds

Incinerator Afterburner Temperature:

°F

**B. EMISSIONS UNIT CAPACITY INFORMATION**  
**(Regulated Emissions Units Only)**

**Emissions Unit Operating Capacity and Schedule**

1. Maximum Heat Input Rate:	<b>56</b>	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate:	<b>25 tph feed input (new kiln alone)</b>	
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:	24 hours/day	7 days/week
	52 weeks/year	8760 hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):		

**C. EMISSIONS UNIT REGULATIONS**  
**(Regulated Emissions Units Only)**

**List of Applicable Regulations**

See Attachment 1.	



**D. EMISSION POINT (STACK/VENT) INFORMATION**  
(Regulated Emissions Units Only)

**Emission Point Description and Type**

1. Identification of Point on Plot Plan or Flow Diagram?		2. Emission Point Type Code:	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):			
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common:			
5. Discharge Type Code:	6. Stack Height: feet	7. Exit Diameter: feet	
8. Exit Temperature: °F	9. Actual Volumetric Flow Rate: acfm	10. Water Vapor: %	
11. Maximum Dry Standard Flow Rate: dscfm		12. Nonstack Emission Point Height: feet	
13. Emission Point UTM Coordinates: Zone:                      East (km):                      North (km):			
14. Emission Point Comment (limit to 200 characters):  <b>No changes proposed.</b>			

**E. SEGMENT (PROCESS/FUEL) INFORMATION  
(All Emissions Units)**

**Segment Description and Rate:** Segment  1  of  1

1. Segment Description (Process/Fuel Type) (limit to 500 characters):  <b>Drying - General</b>		
2. Source Classification Code (SCC): <b>3-05-999-99</b>		3. SCC Units: <b>Tons Product</b>
4. Maximum Hourly Rate: <b>40 tph</b>	5. Maximum Annual Rate: <b>350,400</b>	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):  <b>Add alternate method of operation for any one kiln at a time (A or B or C) to operate as a dryer (operation at a lower temperature). The emissions sections are not re-submitted as the heat input would be less than the currently permitted rates.</b>		

**Segment Description and Rate:** Segment   of

1. Segment Description (Process/Fuel Type ) (limit to 500 characters):		
2. Source Classification Code (SCC):		3. SCC Units:
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

**F. EMISSIONS UNIT POLLUTANTS**  
**(All Emissions Units)**

1. Pollutant Emitted	2. Primary Control Device Code	3. Secondary Control Device Code	4. Pollutant Regulatory Code
<b>FL</b>	<b>013</b>		<b>EL</b>

**G. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION  
(Regulated Emissions Units -  
Emissions-Limited and Preconstruction Review Pollutants Only)**

**Potential/Fugitive Emissions**

1. Pollutant Emitted: <b>FL</b>		2. Total Percent Efficiency of Control: <b>NA</b>	
3. Potential Emissions: <b>1.0 lb/hour</b>		4. Synthetically Limited? [ ]	
		<b>4.4 tons/year</b>	
5. Range of Estimated Fugitive Emissions: [ ] 1 [ ] 2 [ ] 3 _____ to _____ tons/year			
6. Emission Factor: <b>1.0 lb/hr</b> Reference: <b>Test</b>		7. Emissions Method Code: <b>1</b>	
8. Calculation of Emissions (limit to 600 characters):  <b>FL = 1.0 lb/hr x 8760 hrs/yr x 1/2000 lb/ton = 4.4 tpy</b>			
9. Pollutant Potential/Fugitive Emissions Comment (limit to 200 characters):			

**Allowable Emissions** Allowable Emissions  1  of  1

1. Basis for Allowable Emissions Code:		2. Future Effective Date of Allowable Emissions:	
3. Requested Allowable Emissions and Units: <b>1.0 lb/hr</b>		4. Equivalent Allowable Emissions: <b>1.0 lb/hour</b> <b>4.4 tons/year</b>	
5. Method of Compliance (limit to 60 characters): <b>EPA Method 13A, 13B</b>			
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters): <b>Based on test data.</b>			

Emissions Unit Information Section   1   of   1  

**H. VISIBLE EMISSIONS INFORMATION**  
**(Only Regulated Emissions Units Subject to a VE Limitation)**

**Visible Emissions Limitation:** Visible Emissions Limitation \_\_\_\_\_ of \_\_\_\_\_

1. Visible Emissions Subtype: VE	2. Basis for Allowable Opacity: <input checked="" type="checkbox"/> Rule <input type="checkbox"/> Other
3. Requested Allowable Opacity: Normal Conditions: <b>15</b> %                  Exceptional Conditions:                    % Maximum Period of Excess Opacity Allowed:                                                                  min/hour	
4. Method of Compliance: <b>EPA Method 9</b>	
5. Visible Emissions Comment (limit to 200 characters): <b>BACT</b>	

**I. CONTINUOUS MONITOR INFORMATION**  
**(Only Regulated Emissions Units Subject to Continuous Monitoring)**

**Continuous Monitoring System:** Continuous Monitor \_\_\_\_\_ of \_\_\_\_\_

1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement:	<input type="checkbox"/> Rule <input type="checkbox"/> Other
4. Monitor Information: Manufacturer: Model Number:                                                                  Serial Number:	
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters): <b>No changes proposed.</b>	

**J. EMISSIONS UNIT SUPPLEMENTAL INFORMATION  
(Regulated Emissions Units Only)**

**Supplemental Requirements**

<p>1. Process Flow Diagram  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>2. Fuel Analysis or Specification  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>3. Detailed Description of Control Equipment  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>4. Description of Stack Sampling Facilities  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>5. Compliance Test Report  <input type="checkbox"/> Attached, Document ID: _____  <input type="checkbox"/> Previously submitted, Date: _____  <input type="checkbox"/> Not Applicable</p>
<p>6. Procedures for Startup and Shutdown  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested</p>
<p>7. Operation and Maintenance Plan  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested</p>
<p>8. Supplemental Information for Construction Permit Application  <input checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1.</b> <input type="checkbox"/> Not Applicable</p>
<p>9. Other Information Required by Rule or Statute  <input checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1.</b> <input type="checkbox"/> Not Applicable</p>
<p>10. Supplemental Requirements Comment: <b>See Attachment 1.</b></p>

**Additional Supplemental Requirements for Title V Air Operation Permit Applications**

11. Alternative Methods of Operation <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Alternative Modes of Operation (Emissions Trading) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Identification of Additional Applicable Requirements <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
14. Compliance Assurance Monitoring Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Acid Rain Part Application (Hard-copy Required) <input type="checkbox"/> Acid Rain Part - Phase II (Form No. 62-210.900(1)(a)) Attached, Document ID: _____ <input type="checkbox"/> Repowering Extension Plan (Form No. 62-210.900(1)(a)1.) Attached, Document ID: _____ <input type="checkbox"/> New Unit Exemption (Form No. 62-210.900(1)(a)2.) Attached, Document ID: _____ <input type="checkbox"/> Retired Unit Exemption (Form No. 62-210.900(1)(a)3.) Attached, Document ID: _____ <input type="checkbox"/> Phase II NOx Compliance Plan (Form No. 62-210.900(1)(a)4.) Attached, Document ID: _____ <input type="checkbox"/> Phase NOx Averaging Plan (Form No. 62-210.900(1)(a)5.) Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

## ATTACHMENT 1

### REVISION OF MULTIFOS KILN C FLUORIDE EMISSION LIMIT

As previously discussed with FDEP, the Multifos Kiln C has been constructed and is undergoing initial testing and plant operation evaluation.

Based on the preliminary testing information available on the kiln, using EPA Method 13B, it appears that the current emission limitation will not be met for total fluorides. The gaseous fluoride emissions, however, seem to be adequately controlled.

It is our understanding that the BACT determination for this project aimed at a high degree of HF emission control from the process. The emission limitation was prescribed for fluorides, typically regulated as a surrogate for HF. Based on the test information to date, it appears that the scrubbing system is effective in control of gaseous fluorides.

To address the particulate matter carryover issue, it is requested that the total fluoride emission limitation be revised to reflect the scrubber performance level. It should be noted that the low emission limitations imposed on IMC's kiln were based on similar limitations imposed on a PCS kiln located in Saltville, Virginia. Based on discussions with the Virginia DEQ staff, the plant was not able to operate in compliance with those emission limitations and has since been shut down along with the entire chemical complex.

FDEP staff suggested that installation of a venturi scrubber be considered in order to resolve the fluoride emissions issue. The information summarized below indicates that such a measure would not be economically feasible. Instead, it is suggested that the fluorides emission limitation be revised to reflect the operation of the current scrubber, previously determined by FDEP to reflect BACT. It should be noted that there is no change in rule applicability as a result of this request.

**OPTION 1: Install new venturi scrubber after the packed scrubber.**

The costs associated with installation and operation of such a venturi scrubber are well above BACT criteria, as indicated below.

<b>Equipment Cost</b>	
Medium Energy Venturi	= 80,000
Fan	= 50,000
Instrumentation	= 65,000
Total Equipment Cost	= 195,000
Concrete, duct, piping, etc.	= 115,000
Engineering	= 52,000
Tax & Contingency	= 85,000
Total Installed Cost	= 447,000
 <b>Operation &amp; Maintenance Costs</b>	
Electricity	= 150 BHP x 0.746 kw/hp x 8760 hrs x \$0.08/kw = \$78,400
Water	= 32 gpm x 60 min x 8760 hrs x \$0.20/1000 gals = \$3,400



Operating Labor	= 2 hrs/shift x shift/8 hr x 8760 hrs x \$15/hr = \$33,000
Supervisory Labor (0.15OL)	= 0.15 x \$33,000 = \$5,000
Maintenance Labor	= 1 hrs/shift x shift/8 hr x 8760 hrs x \$15/hr = \$16,000
Maintenance Materials (1.0ML)	= \$16,000
TOTAL O&M Costs	= \$151,800
Indirect Costs	
Overhead (0.6Maint.Cost)	= 0.6 x (33,000 + 5,000 + 16,000 + 16,000) = \$42,000
Administrative (1.91PEC x 0.02)	= 1.91 x 195,000 x 0.02 = \$7,400
Insurance (1.91PEC x 0.01)	= 1.91 x 195,000 x 0.01 = \$3,700
Taxes (1.91PEC x 0.01)	= 1.91 x 195,000 x 0.01 = \$3,700
Cap. Recovery (1.91PEC x 0.1628)	= 1.91 x 195,000 x 0.1628 = \$60,600
TOTAL (Indirect)	= 42,000 + 7,400 + 3,700 + 3,700 + 60,600 = \$117,400
TOTAL Annual	= 117,400 + 151,800 = \$269,200
TOTAL Cost of Control	= \$ 269,200 / ( 4.4 - 1.58) tpy = \$ 95,500 per ton fluoride removed

OPTION 2: Install a new venturi nozzle in the quench tower.

As the temperatures and pollutant concentrations in this section of the system are higher than those encountered in the above arrangement, custom construction materials would have to be used, resulting in costs that would be even higher than those estimated above. Also, the structural integrity of the packed scrubber may be compromised with the additional pressure drop resulting from operating a venturi scrubber upstream. Consequently, this option is not evaluated in greater detail.

Based on the cost analysis of the above options, the installation of a venturi scrubber is rejected as a revised BACT.

ATTACHMENT 2

PERFORMANCE TEST DATA  
IN SUPPORT OF  
REQUEST FOR REVISED FLUORIDES EMISSION LIMIT

TEST SUMMARY TABLE

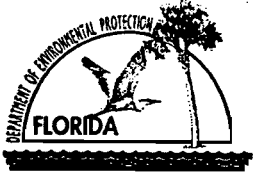
Source Sampling Summarys for Particulate and Fluoride Testing done on C Kiln									
Test condition or discription:		Initial compliance test				Second Compliance Test			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		07/11/00	07/12/00	07/13/00		08/04/00	08/04/00	08/04/00	
Time Start:		844	853	1020		1224	1430	1555	
Time End:		948	1009	1125		1330	1537	1700	
Barometric Pressure:	Inch Hg	30.10	30.10	30.10		30.11	30.11	30.11	
Static Pressure:	Inch H2O	0.32	0.32	0.32		0.31	0.31	0.31	
Stack Pressure:	Inch Hg	30.124	30.124	30.124		30.133	30.133	30.133	
Average Sqrt Delta P:	Inch HOH 1/2	0.747	0.650	0.635		0.646	0.682	0.690	
Average Delta H:	Inch HOH	1.821	1.413	1.358	1.530	1.363	1.517	1.533	1.471
Maximum Run Vacuum:	Inch Hg	10.0	11.0	10.0		15.0	12.0	10.0	
Meter Box Number:	Unity	3187	3187	3187		3187	3187	3187	
Average Meter Temp:	Degrees F	84.8	81.2	91.7		82.9	83.8	82.2	
Average Stack Temp:	Degrees F	113.8	111.5	110.7	112.0	111.8	112.0	112.7	112.2
Metered Sample Volume:	Cubic Feet	46.51	41.03	40.99		40.02	42.61	43.30	
Standard Meter Volume:	Cubic Feet	45.39	40.27	39.46		39.16	41.65	42.44	
Moisture Measured:	%	0.0894	0.0897	0.0787		0.0886	0.0824	0.0808	
Moisture Saturation:	%	0.0962	0.0900	0.0880		0.0908	0.0912	0.0931	
Moisture, for Calculations:	%	0.0894	0.0897	0.0787	0.0860	0.0886	0.0824	0.0808	0.0839
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.25	0.25	0.25		0.250	0.250	0.250	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	27.988	27.985	28.106		27.997	28.066	28.083	
Actual Stack Velocity:	Feet/sec	44.285	38.404	37.416	40.035	38.220	40.275	40.786	39.760
Actual Stack Gas Flow:	ACFM	18772	16279	15861	16971	16201	17072	17289	16854
Dry Standard Stack Gas Flow:	DSCFM	15835	13784	13610	14409	13730	14565	14756	14350
Isokinetic Rate:	%	99.10	101.00	100.23		98.61	98.87	99.44	
Feed Rate	tph				5.80				7.50
Input P2O5 rate	P2O5 tph				2.05				2.59
Heat input	mmBtu/hr				32.10				40.00
Fluoride allowable	lb/hr				0.078				0.098
Average Fluoride	lb/hr				0.45				0.58
PM allowable	lb/hr				3.08				3.89
Average PM	lb/hr				2.23				4.50
Fluoride collected	mg probe	1.48	1.33	4.2		0.63	0.51	2.08	
	mg filter		0.45	4.5		15	13	5.8	
	mg impinger	5.52	11.16	0.95		0.15	0.14	0.19	
Fluoride	prb lb/hr	0.07	0.06	0.19	0.11	0.03	0.02	0.10	0.05
	filter lb/hr		0.02	0.21	0.11	0.69	0.60	0.27	0.52
	imp lb/hr	0.25	0.50	0.04	0.27	0.01	0.01	0.01	0.01

TEST SUMMARY TABLE....continued

Source Sampling Summarys									
Test condition or discription:		Compliance test for authorization for the use of A or B as dryer for mixed feed. C Kiln was using dried feed.				Test for comparison of results with caustic flow on or off in SO2 scrubber. Samples analyzed by Pixe. This test with caustic ON.			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		10/31/00	10/31/00	10/31/00		11/30/00	11/30/00	11/30/00	
Time Start:		1130	1307	1430		1100	1241	1438	
Time End:		1244	1412	1536		1216	1400	1544	
Barometric Pressure:	Inch Hg	30.13	30.13	30.13		30.21	30.21	30.21	
Static Pressure:	Inch H2O	0.35	0.35	0.35		0.46	0.46	0.46	
Stack Pressure:	Inch Hg	30.156	30.156	30.156		30.244	30.244	30.244	
Average Sqrt Delta P:	Inch HOH 1/2	0.568	0.570	0.582		0.594	0.604	0.605	
Average Delta H:	Inch HOH	1.088	1.126	1.118	1.111	1.213	1.260	1.319	1.264
Maximum Run Vacuum:	Inch Hg	9.0	7.0	7.0		10.0	7.0	10.0	
Meter Box Number:	Unity	3187	3187	3187		3187	3187	3187	
Average Meter Temp:	Degrees F	84.2	88.6	79.6		75.9	81.8	82.0	
Average Stack Temp:	Degrees F	102.5	103.8	102.6	103.0	92.8	94.1	92.2	93.0
Metered Sample Volume:	Cubic Feet	35.84	36.65	37.12		37.80	38.93	39.29	
Standard Meter Volume:	Cubic Feet	34.99	35.49	36.55		37.58	38.29	38.64	
Moisture Measured:	%	0.0717	0.0525	0.0583		0.0570	0.0525	0.0525	
Moisture Saturation:	%	0.0692	0.0717	0.0693		0.0513	0.0534	0.0504	
Moisture, for Calculations:	%	0.0692	0.0525	0.0583	0.0600	0.0513	0.0525	0.0504	0.0514
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.248	0.248	0.248		0.248	0.248	0.248	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	28.210	28.393	28.329		28.406	28.393	28.416	
Actual Stack Velocity:	Feet/sec	33.175	33.224	33.931	33.443	34.229	34.822	34.841	34.631
Actual Stack Gas Flow:	ACFM	14063	14084	14383	14177	14510	14761	14769	14680
Dry Standard Stack Gas Flow:	DSCFM	12382	12596	12810	12596	13290	13471	13555	13439
Isokinetic Rate:	%	99.28	99.00	100.23		99.35	99.87	100.14	
Feed Rate	tph				10.50				7.00
Input P2O5 rate	P2O5 tph				3.73				2.43
Heat input	mmBtu/hr				45.20				48.89
Fluoride allowable	lb/hr				0.142				0.092
Average Fluoride	lb/hr				0.62				0.56
PM allowable	lb/hr				5.60				3.65
Average PM	lb/hr				3.04				4.00
Fluoride collected	mg probe	2.92	2.58	1.27		4.08	2.24	2.2	
	mg filter	3	10	15		8.60	1.7	7.2	
	mg impinger	1.89	0.69	2.75		1.82	4.59	3.71	
Fluoride	prb lb/hr	0.14	0.12	0.06	0.11	0.19	0.10	0.10	0.13
	filter lb/hr	0.14	0.47	0.69	0.43	0.40	0.08	0.33	0.27
	imp lb/hr	0.09	0.03	0.13	0.08	0.09	0.21	0.17	0.16

TEST SUMMARY TABLE....continued

Source Sampling Summarys									
Test condition or discription:		Test for comparison of results with caustic flow on or off in SO2 scrubber. Samples analyzed by Pixe. This test with caustic OFF.				Test done with fresh water supplied to demist section of packed scrubber before SO2 scrubber.			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		12/01/00	12/01/00	12/01/00		12/08/00	12/08/00	12/08/00	
Time Start:		824	1003	1130		905	1037	1155	
Time End:		930	1107	1234		1011	1149	1305	
Barometric Pressure:	Inch Hg	30.11	30.11	30.11		30.15	30.15	30.15	
Static Pressure:	Inch H2O	0.31	0.31	0.31		0.38	0.38	0.38	
Stack Pressure:	Inch Hg	30.133	30.133	30.133		30.178	30.178	30.178	
Average Sqrt Delta P:	Inch HOH 1/2	0.616	0.616	0.607		0.620	0.632	0.615	
Average Delta H:	Inch HOH	1.355	1.378	1.303	1.345	1.273	1.347	1.275	1.298
Maximum Run Vacuum:	Inch Hg	10.0	7.0	6.0		9.0	10.0	9.0	
Meter Box Number:	Unity	3187	3187	3187		3188	3188	3188	
Average Meter Temp:	Degrees F	66.1	77.8	80.1		73.5	80.8	86.5	
Average Stack Temp:	Degrees F	87.4	88.6	89.9	88.6	86.4	87.9	88.4	87.6
Metered Sample Volume:	Cubic Feet	39.58	39.95	39.70		39.04	40.35	39.95	
Standard Meter Volume:	Cubic Feet	39.97	39.47	39.05		39.90	40.69	39.86	
Moisture Measured:	%	0.0504	0.0552	0.0545		0.0541	0.0498	0.0514	
Moisture Saturation:	%	0.0435	0.0451	0.0470		0.0420	0.0441	0.0448	
Moisture, for Calculations:	%	0.0435	0.0451	0.0470	0.0452	0.0420	0.0441	0.0448	0.0436
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.248	0.248	0.248		0.248	0.248	0.248	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	28.492	28.474	28.453		28.508	28.486	28.477	
Actual Stack Velocity:	Feet/sec	35.325	35.392	34.935	35.217	35.470	36.213	35.305	35.663
Actual Stack Gas Flow:	ACFM	14974	15003	14809	14929	15036	15351	14966	15118
Dry Standard Stack Gas Flow:	DSCFM	13912	13885	13647	13815	14039	14263	13881	14061
Isokinetic Rate:	%	100.94	99.86	100.52		99.84	100.23	100.88	
Feed Rate	tph				7.00				10.00
Input P2O5 rate	P2O5 tph				2.39				3.45
Heat input	mmBtu/hr				48.89				32.10
Fluoride allowable	lb/hr				0.091				0.131
Average Fluoride	lb/hr				0.50				1.37
PM allowable	lb/hr				3.59				5.18
Average PM	lb/hr				2.47				7.21
Fluoride collected	mg probe	1.92	2	1.84		2.88	2.66	2.94	
	mg filter	11.00	2.6	0.037		7.9	28	33	
	mg impinger	3.72	4.54	4.67		1.65	5.55	4.46	
Fluoride	prb lb/hr	0.09	0.09	0.09	0.09	0.13	0.12	0.14	0.13
	filter lb/hr	0.51	0.12	0.00	0.21	0.37	1.30	1.52	1.06
	imp lb/hr	0.17	0.21	0.22	0.20	0.08	0.26	0.21	0.18



# 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

RECEIVED

JAN 31 2001

BUREAU OF AIR REGULATION

**Identification of Facility**

1. Facility Owner/Company Name: <b>IMC Phosphates MP Inc.</b>	
2. Site Name: <b>IMC New Wales</b>	
3. Facility Identification Number: <b>1050059</b> [ ] Unknown	
4. Facility Location: Street Address or Other Locator: <b>3095 Highway 640</b> City: <b>Mulberry</b> County: <b>Polk</b> Zip Code: <b>33860</b>	
5. Relocatable Facility? [ ] Yes [X] No	6. Existing Permitted Facility? [X] Yes [ ] No

**Application Contact**

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

**Application Processing Information (DEP Use)**

1. Date of Receipt of Application:	1-31-01
2. Permit Number:	1050059-033-AC
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)

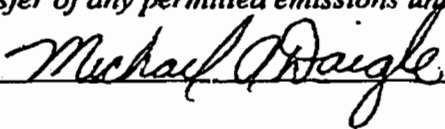
- Initial Title V air operation permit for an existing facility which is classified as a Title V source.
- Initial Title V air operation permit for a facility which, upon start up of one or more newly constructed or modified emissions units addressed in this application, would become classified as a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

**Owner/Authorized Representative or Responsible Official**

1. Name and Title of Owner/Authorized Representative or Responsible Official: <b>Mike Daigle, General Manager</b>
2. Owner/Authorized Representative or Responsible Official Mailing Address: Organization/Firm: <b>IMC Phosphates MP Inc.</b> Street Address: <b>P.O. Box 2000</b> City: <b>Mulberry</b> State: <b>FL</b> Zip Code: <b>33860</b>
3. Owner/Authorized Representative or Responsible Official Telephone Numbers: Telephone: <b>(863) 428-2500</b> Fax: ( ) -
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>1/30/01</u>

\* Attach letter of authorization if not currently on file.

**Professional Engineer Certification**

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



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 [ X ] , 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

1/30/01

\* Attach any exception to certification statement.

**Scope of Application**

<b>Emissions Unit ID</b>	<b>Description of Emissions Unit</b>	<b>Permit Type</b>	<b>Processing Fee</b>
036	Multifos A&B Kilns, Dryer and Blending Operation	AC1F	0
074	Multifos C Kiln	AC1F	0

**Application Processing Fee**

Check one: [ ] Attached - Amount: \$ \_\_\_\_\_ [X] Not Applicable

**Construction/Modification Information**

1. Description of Proposed Project or Alterations:

**It is requested that the construction permit expiration date be extended for a period of 12 months in order to provide time for the review of the application for this permit revision.**

**Multifos Kiln C is undergoing initial startup. The new kiln has experienced startup problems and has yet to achieve normal operations. The initial test data indicate that the new scrubber is satisfactorily controlling sulfur dioxide and gaseous fluoride. However, emissions of particulate matter and total fluoride are higher than expected. A revision is requested to the current total fluoride emission limit. This request may be revised to include a change in the particulate matter emission limits and also changes to the Multifos Plant scrubbing systems, if warranted by the on going plant evaluations.**

**IMC would also like to request, as an alternate method of operation, the use of one of any three kilns at a time as an additional dryer for the kiln feed. This method of operation will result in reduced emissions as less fuel is consumed when a kiln is operated at lower temperatures as a dryer.**

**The information submitted herein is limited to the requested changes.**

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

3. Projected Date of Completion of Construction: NA

**Application Comment**

**The application is presented in the format previously discussed with FDEP. The information submitted herein is limited to the requested changes.**

## II. FACILITY INFORMATION

### A. GENERAL FACILITY INFORMATION

#### Facility Location and Type

1. Facility UTM Coordinates: Zone: <b>17</b> East (km): <b>396.6</b> North (km): <b>3078.9</b>			
2. Facility Latitude/Longitude: NA Latitude (DD/MM/SS): Longitude (DD/MM/SS):			
3. Governmental Facility Code: <b>0</b>	4. Facility Status Code: <b>A</b>	5. Facility Major Group SIC Code: <b>28</b>	6. Facility SIC(s): <b>2874</b>
7. Facility Comment (limit to 500 characters):			

#### Facility Contact

1. Name and Title of Facility Contact: <b>P.A. Steadham, Manager Environmental Services – Florida Concentrates</b>
2. Facility Contact Mailing Address: Organization/Firm: <b>IMC Phosphates MP Inc.</b> Street Address: <b>P.O. Box 2000</b> City: <b>Mulberry</b> State: <b>FL</b> Zip Code: <b>33860</b>
3. Facility Contact Telephone Numbers: Telephone: Telephone: <b>(863) 428- 2500</b> Fax: ( ) -

**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 checked="" type="checkbox"/> Major Source of Hazardous Air Pollutants (HAPs)?	
5. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
6. <input checked="" type="checkbox"/> One or More Emissions Units Subject to NSPS?	
7. <input checked="" 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**

<b>See Attachment 1.</b>	

## B. FACILITY POLLUTANTS

### List of Pollutants Emitted

1. Pollutant Emitted	2. Pollutant Classif.	3. Requested Emissions Cap		4. Basis for Emissions Cap	5. Pollutant Comment
		lb/hour	tons/year		
PM/PM10	A				
SO2	A				
NOX	A				
SAM	A				
FL	A				

### 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 checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1</b> <input type="checkbox"/> Not Applicable
7. Supplemental Requirements Comment: <b>There are no changes from the information previously submitted to FDEP as part of the construction permit application.</b>

**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



### III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section (including subsections A through J as required) must be completed for each emissions unit addressed in this Application for Air Permit. If submitting the application form in hard copy, indicate, in the space provided at the top of each page, the number of this Emissions Unit Information Section and the total number of Emissions Unit Information Sections submitted as part of this application.

#### A. GENERAL EMISSIONS UNIT INFORMATION (All Emissions Units)

**Emissions Unit Description and Status**

1. Type of Emissions Unit Addressed in This Section: (Check one) <input checked="" type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a single process or production unit, or activity, which produces one or more air pollutants and which has at least one definable emission point (stack or vent). <input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a group of process or production units and activities which has at least one definable emission point (stack or vent) but may also produce fugitive emissions. <input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, one or more process or production units and activities which produce fugitive emissions only.			
2. Regulated or Unregulated Emissions Unit? (Check one) <input checked="" type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is a regulated emissions unit. <input type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is an unregulated emissions unit.			
3. Description of Emissions Unit Addressed in This Section (limit to 60 characters): <b>Multifos Kiln C</b>			
4. Emissions Unit Identification Number: <span style="float: right;">[    ] No ID</span> ID: 074 <span style="float: right;">[    ] ID Unknown</span>			
5. Emissions Unit Status Code: <b>C</b>	6. Initial Startup Date: <b>1999</b>	7. Emissions Unit Major Group SIC Code: <b>28</b>	8. Acid Rain Unit? [    ]
9. Emissions Unit Comment: (Limit to 500 Characters)			

**Emissions Unit Control Equipment**

1. Control Equipment/Method Description (Limit to 200 characters per device or method):  
**Packed scrubbers**

2. Control Device or Method Code(s): **013**

**Emissions Unit Details**

1. Package Unit: **NA**

Manufacturer:

Model Number:

2. Generator Nameplate Rating: **MW**

3. Incinerator Information:

Dwell Temperature: **°F**

Dwell Time: **seconds**

Incinerator Afterburner Temperature: **°F**

**B. EMISSIONS UNIT CAPACITY INFORMATION  
(Regulated Emissions Units Only)**

**Emissions Unit Operating Capacity and Schedule**

1. Maximum Heat Input Rate:	<b>56</b>	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate: <b>25 tph feed input (new kiln alone)</b>		
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:	24 hours/day	7 days/week
	52 weeks/year	8760 hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):		

**C. EMISSIONS UNIT REGULATIONS  
(Regulated Emissions Units Only)**

**List of Applicable Regulations**

See Attachment 1.	

**D. EMISSION POINT (STACK/VENT) INFORMATION  
(Regulated Emissions Units Only)**

**Emission Point Description and Type**

1. Identification of Point on Plot Plan or Flow Diagram?		2. Emission Point Type Code:	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):			
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common:			
5. Discharge Type Code:	6. Stack Height: feet	7. Exit Diameter: feet	
8. Exit Temperature: °F	9. Actual Volumetric Flow Rate: acfm	10. Water Vapor: %	
11. Maximum Dry Standard Flow Rate: dscfm		12. Nonstack Emission Point Height: feet	
13. Emission Point UTM Coordinates: Zone:                      East (km):                      North (km):			
14. Emission Point Comment (limit to 200 characters):  <b>No changes proposed.</b>			

**E. SEGMENT (PROCESS/FUEL) INFORMATION  
(All Emissions Units)**

**Segment Description and Rate:** Segment  1  of  1

1. Segment Description (Process/Fuel Type) (limit to 500 characters):  <b>Drying - General</b>		
2. Source Classification Code (SCC): <b>3-05-999-99</b>		3. SCC Units: <b>Tons Product</b>
4. Maximum Hourly Rate: <b>40 tph</b>	5. Maximum Annual Rate: <b>350,400</b>	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):  <b>Add alternate method of operation for any one kiln at a time (A or B or C) to operate as a dryer (operation at a lower temperature). The emissions sections are not re-submitted as the heat input would be less than the currently permitted rates.</b>		

**Segment Description and Rate:** Segment   of

1. Segment Description (Process/Fuel Type ) (limit to 500 characters):		
2. Source Classification Code (SCC):		3. SCC Units:
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

**F. EMISSIONS UNIT POLLUTANTS**  
(All Emissions Units)

1. Pollutant Emitted	2. Primary Control Device Code	3. Secondary Control Device Code	4. Pollutant Regulatory Code
<b>FL</b>	<b>013</b>		<b>EL</b>

**G. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION**  
**(Regulated Emissions Units -**  
**Emissions-Limited and Preconstruction Review Pollutants Only)**

**Potential/Fugitive Emissions**

1. Pollutant Emitted: <b>FL</b>		2. Total Percent Efficiency of Control: <b>NA</b>	
3. Potential Emissions: <b>1.0 lb/hour</b>		4. Synthetically Limited? [ ]	
		<b>4.4 tons/year</b>	
5. Range of Estimated Fugitive Emissions: [ ] 1 [ ] 2 [ ] 3 _____ to _____ tons/year			
6. Emission Factor: <b>1.0 lb/hr</b> Reference: <b>Test</b>		7. Emissions Method Code: <b>1</b>	
8. Calculation of Emissions (limit to 600 characters):  <b>FL = 1.0 lb/hr x 8760 hrs/yr x 1/2000 lb/ton = 4.4 tpy</b>			
9. Pollutant Potential/Fugitive Emissions Comment (limit to 200 characters):			

**Allowable Emissions** Allowable Emissions  1  of  1

1. Basis for Allowable Emissions Code:		2. Future Effective Date of Allowable Emissions:	
3. Requested Allowable Emissions and Units: <b>1.0 lb/hr</b>		4. Equivalent Allowable Emissions: <b>1.0 lb/hour      4.4 tons/year</b>	
5. Method of Compliance (limit to 60 characters): <b>EPA Method 13A, 13B</b>			
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters): <b>Based on test data.</b>			



**H. VISIBLE EMISSIONS INFORMATION**  
**(Only Regulated Emissions Units Subject to a VE Limitation)**

**Visible Emissions Limitation:** Visible Emissions Limitation \_\_\_\_\_ of \_\_\_\_\_

1. Visible Emissions Subtype: <b>VE</b>	2. Basis for Allowable Opacity: [X] Rule [ ] Other
3. Requested Allowable Opacity: Normal Conditions: <b>15</b> % Exceptional Conditions: % Maximum Period of Excess Opacity Allowed: min/hour	
4. Method of Compliance: <b>EPA Method 9</b>	
5. Visible Emissions Comment (limit to 200 characters): <b>BACT</b>	

**I. CONTINUOUS MONITOR INFORMATION**  
**(Only Regulated Emissions Units Subject to Continuous Monitoring)**

**Continuous Monitoring System:** Continuous Monitor \_\_\_\_\_ of \_\_\_\_\_

1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement:	[ ] Rule [ ] Other
4. Monitor Information: Manufacturer: Model Number: Serial Number:	
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters): <b>No changes proposed.</b>	

**J. EMISSIONS UNIT SUPPLEMENTAL INFORMATION  
(Regulated Emissions Units Only)**

**Supplemental Requirements**

<p>1. Process Flow Diagram  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>2. Fuel Analysis or Specification  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>3. Detailed Description of Control Equipment  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>4. Description of Stack Sampling Facilities  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>5. Compliance Test Report  <input type="checkbox"/> Attached, Document ID: _____  <input type="checkbox"/> Previously submitted, Date: _____  <input type="checkbox"/> Not Applicable</p>
<p>6. Procedures for Startup and Shutdown  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested</p>
<p>7. Operation and Maintenance Plan  <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested</p>
<p>8. Supplemental Information for Construction Permit Application  <input checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1.</b> <input type="checkbox"/> Not Applicable</p>
<p>9. Other Information Required by Rule or Statute  <input checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1.</b> <input type="checkbox"/> Not Applicable</p>
<p>10. Supplemental Requirements Comment: <b>See Attachment 1.</b></p>

**Additional Supplemental Requirements for Title V Air Operation Permit Applications**

11. Alternative Methods of Operation <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Alternative Modes of Operation (Emissions Trading) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Identification of Additional Applicable Requirements <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
14. Compliance Assurance Monitoring Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Acid Rain Part Application (Hard-copy Required) <input type="checkbox"/> Acid Rain Part - Phase II (Form No. 62-210.900(1)(a)) Attached, Document ID: _____ <input type="checkbox"/> Repowering Extension Plan (Form No. 62-210.900(1)(a)1.) Attached, Document ID: _____ <input type="checkbox"/> New Unit Exemption (Form No. 62-210.900(1)(a)2.) Attached, Document ID: _____ <input type="checkbox"/> Retired Unit Exemption (Form No. 62-210.900(1)(a)3.) Attached, Document ID: _____ <input type="checkbox"/> Phase II NOx Compliance Plan (Form No. 62-210.900(1)(a)4.) Attached, Document ID: _____ <input type="checkbox"/> Phase NOx Averaging Plan (Form No. 62-210.900(1)(a)5.) Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

## ATTACHMENT 1

### REVISION OF MULTIFOS KILN C FLUORIDE EMISSION LIMIT

As previously discussed with FDEP, the Multifos Kiln C has been constructed and is undergoing initial testing and plant operation evaluation.

Based on the preliminary testing information available on the kiln, using EPA Method 13B, it appears that the current emission limitation will not be met for total fluorides. The gaseous fluoride emissions, however, seem to be adequately controlled.

It is our understanding that the BACT determination for this project aimed at a high degree of HF emission control from the process. The emission limitation was prescribed for fluorides, typically regulated as a surrogate for HF. Based on the test information to date, it appears that the scrubbing system is effective in control of gaseous fluorides.

To address the particulate matter carryover issue, it is requested that the total fluoride emission limitation be revised to reflect the scrubber performance level. It should be noted that the low emission limitations imposed on IMC's kiln were based on similar limitations imposed on a PCS kiln located in Saltville, Virginia. Based on discussions with the Virginia DEQ staff, the plant was not able to operate in compliance with those emission limitations and has since been shut down along with the entire chemical complex.

FDEP staff suggested that installation of a venturi scrubber be considered in order to resolve the fluoride emissions issue. The information summarized below indicates that such a measure would not be economically feasible. Instead, it is suggested that the fluorides emission limitation be revised to reflect the operation of the current scrubber, previously determined by FDEP to reflect BACT. It should be noted that there is no change in rule applicability as a result of this request.

**OPTION 1: Install new venturi scrubber after the packed scrubber.**

The costs associated with installation and operation of such a venturi scrubber are well above BACT criteria, as indicated below.

Equipment Cost	
Medium Energy Venturi	= 80,000
Fan	= 50,000
Instrumentation	= 65,000
Total Equipment Cost	= 195,000
Concrete, duct, piping, etc.	= 115,000
Engineering	= 52,000
Tax & Contingency	= 85,000
Total Installed Cost	=447,000
Operation & Maintenance Costs	
Electricity	= 150 BHP x 0.746 kw/hp x 8760 hrs x \$0.08/kw = \$78,400
Water	= 32 gpm x 60 min x 8760 hrs x \$0.20/1000 gals = \$3,400

Operating Labor	= 2 hrs/shift x shift/8 hr x 8760 hrs x \$15/hr = \$33,000
Supervisory Labor (0.15OL)	= 0.15 x \$33,000 = \$5,000
Maintenance Labor	= 1 hrs/shift x shift/8 hr x 8760 hrs x \$15/hr = \$16,000
Maintenance Materials (1.0ML)	= \$16,000
TOTAL O&M Costs	= \$151,800
Indirect Costs	
Overhead (0.6Maint.Cost)	= 0.6 x (33,000 + 5,000 + 16,000 + 16,000) = \$42,000
Administrative (1.91PEC x 0.02)	= 1.91 x 195,000 x 0.02 = \$7,400
Insurance (1.91PEC x 0.01)	= 1.91 x 195,000 x 0.01 = \$3,700
Taxes (1.91PEC x 0.01)	= 1.91 x 195,000 x 0.01 = \$3,700
Cap. Recovery (1.91PEC x 0.1628)	= 1.91 x 195,000 x 0.1628 = \$60,600
TOTAL (Indirect)	= 42,000 + 7,400 + 3,700 + 3,700 + 60,600 = \$117,400
TOTAL Annual	= 117,400 + 151,800 = \$269,200
TOTAL Cost of Control	= \$ 269,200 / ( 4.4 - 1.58) tpy = \$ 95,500 per ton fluoride removed

OPTION 2: Install a new venturi nozzle in the quench tower.

As the temperatures and pollutant concentrations in this section of the system are higher than those encountered in the above arrangement, custom construction materials would have to be used, resulting in costs that would be even higher than those estimated above. Also, the structural integrity of the packed scrubber may be compromised with the additional pressure drop resulting from operating a venturi scrubber upstream. Consequently, this option is not evaluated in greater detail.

Based on the cost analysis of the above options, the installation of a venturi scrubber is rejected as a revised BACT.

ATTACHMENT 2

PERFORMANCE TEST DATA  
IN SUPPORT OF  
REQUEST FOR REVISED FLUORIDES EMISSION LIMIT

TEST SUMMARY TABLE

Source Sampling Summaries for Particulate and Fluoride Testing done on C Kiln									
Test condition or discription:		Initial compliance test				Second Compliance Test			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		07/11/00	07/12/00	07/13/00		08/04/00	08/04/00	08/04/00	
Time Start:		844	853	1020		1224	1430	1555	
Time End:		948	1009	1125		1330	1537	1700	
Barometric Pressure:	Inch Hg	30.10	30.10	30.10		30.11	30.11	30.11	
Static Pressure:	Inch H2O	0.32	0.32	0.32		0.31	0.31	0.31	
Stack Pressure:	Inch Hg	30.124	30.124	30.124		30.133	30.133	30.133	
Average Sqrt Delta P:	Inch HOH 1/2	0.747	0.650	0.635		0.646	0.682	0.690	
Average Delta H:	Inch HOH	1.821	1.413	1.358	1.530	1.363	1.517	1.533	1.471
Maximum Run Vacuum:	Inch Hg	10.0	11.0	10.0		15.0	12.0	10.0	
Meter Box Number:	Unity	3187	3187	3187		3187	3187	3187	
Average Meter Temp:	Degrees F	84.8	81.2	91.7		82.9	83.8	82.2	
Average Stack Temp:	Degrees F	113.8	111.5	110.7	112.0	111.8	112.0	112.7	112.2
Metered Sample Volume:	Cubic Feet	46.51	41.03	40.99		40.02	42.61	43.30	
Standard Meter Volume:	Cubic Feet	45.39	40.27	39.46		39.16	41.65	42.44	
Moisture Measured:	%	0.0894	0.0897	0.0787		0.0886	0.0824	0.0808	
Moisture Saturation:	%	0.0962	0.0900	0.0880		0.0908	0.0912	0.0931	
Moisture, for Calculations:	%	0.0894	0.0897	0.0787	0.0860	0.0886	0.0824	0.0808	0.0839
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.25	0.25	0.25		0.250	0.250	0.250	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	27.988	27.985	28.106		27.997	28.066	28.083	
Actual Stack Velocity:	Feet/sec	44.285	38.404	37.416	40.035	38.220	40.275	40.786	39.760
Actual Stack Gas Flow:	ACFM	18772	16279	15861	16971	16201	17072	17289	16854
Dry Standard Stack Gas Flow:	DSCFM	15835	13784	13610	14409	13730	14565	14756	14350
Isokinetic Rate:	%	99.10	101.00	100.23		98.61	98.87	99.44	
Feed Rate	tph				5.80				7.50
Input P2O5 rate	P2O5 tph				2.05				2.59
Heat input	mmBtu/hr				32.10				40.00
Fluoride allowable	lb/hr				0.078				0.098
Average Fluoride	lb/hr				0.45				0.58
PM allowable	lb/hr				3.08				3.89
Average PM	lb/hr				2.23				4.50
Fluoride collected	mg probe	1.48	1.33	4.2		0.63	0.51	2.08	
	mg filter		0.45	4.5		15	13	5.8	
	mg impinger	5.52	11.16	0.95		0.15	0.14	0.19	
Fluoride	prb lb/hr	0.07	0.06	0.19	0.11	0.03	0.02	0.10	0.05
	filter lb/hr		0.02	0.21	0.11	0.69	0.60	0.27	0.52
	imp lb/hr	0.25	0.50	0.04	0.27	0.01	0.01	0.01	0.01

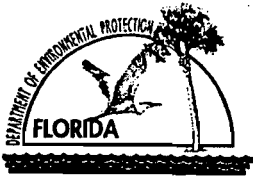
TEST SUMMARY TABLE....continued

Source Sampling Summaries									
Test condition or discription:		Compliance test for authorization for the use of A or B as dryer for mixed feed. C Kiln was using dried feed.				Test for comparison of results with caustic flow on or off in SO2 scrubber. Samples analyzed by Pixe. This test with caustic ON.			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		10/31/00	10/31/00	10/31/00		11/30/00	11/30/00	11/30/00	
Time Start:		1130	1307	1430		1100	1241	1438	
Time End:		1244	1412	1536		1216	1400	1544	
Barometric Pressure:	Inch Hg	30.13	30.13	30.13		30.21	30.21	30.21	
Static Pressure:	Inch H2O	0.35	0.35	0.35		0.46	0.46	0.46	
Stack Pressure:	Inch Hg	30.156	30.156	30.156		30.244	30.244	30.244	
Average Sqrt Delta P:	Inch HOH 1/2	0.568	0.570	0.582		0.594	0.604	0.605	
Average Delta H:	Inch HOH	1.088	1.126	1.118	1.111	1.213	1.260	1.319	1.264
Maximum Run Vacuum:	Inch Hg	9.0	7.0	7.0		10.0	7.0	10.0	
Meter Box Number:	Unity	3187	3187	3187		3187	3187	3187	
Average Meter Temp:	Degrees F	84.2	88.6	79.6		75.9	81.8	82.0	
Average Stack Temp:	Degrees F	102.5	103.8	102.6	103.0	92.8	94.1	92.2	93.0
Metered Sample Volume:	Cubic Feet	35.84	36.65	37.12		37.80	38.93	39.29	
Standard Meter Volume:	Cubic Feet	34.99	35.49	36.55		37.58	38.29	38.64	
Moisture Measured:	%	0.0717	0.0525	0.0583		0.0570	0.0525	0.0525	
Moisture Saturation:	%	0.0692	0.0717	0.0693		0.0513	0.0534	0.0504	
Moisture, for Calculations:	%	0.0692	0.0525	0.0583	0.0600	0.0513	0.0525	0.0504	0.0514
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.248	0.248	0.248		0.248	0.248	0.248	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	28.210	28.393	28.329		28.406	28.393	28.416	
Actual Stack Velocity:	Feet/sec	33.175	33.224	33.931	33.443	34.229	34.822	34.841	34.631
Actual Stack Gas Flow:	ACFM	14063	14084	14383	14177	14510	14761	14769	14680
Dry Standard Stack Gas Flow:	DSCFM	12382	12596	12810	12596	13290	13471	13555	13439
Isokinetic Rate:	%	99.28	99.00	100.23		99.35	99.87	100.14	
Feed Rate	tph				10.50				7.00
Input P2O5 rate	P2O5 tph				3.73				2.43
Heat input	mmBtu/hr				45.20				48.89
Fluoride allowable	lb/hr				0.142				0.092
Average Fluoride	lb/hr				0.62				0.56
PM allowable	lb/hr				5.60				3.65
Average PM	lb/hr				3.04				4.00
Fluoride collected	mg probe	2.92	2.58	1.27		4.08	2.24	2.2	
	mg filter	3	10	15		8.60	1.7	7.2	
	mg impinger	1.89	0.69	2.75		1.82	4.59	3.71	
Fluoride	prb lb/hr	0.14	0.12	0.06	0.11	0.19	0.10	0.10	0.13
	filter lb/hr	0.14	0.47	0.69	0.43	0.40	0.08	0.33	0.27
	imp lb/hr	0.09	0.03	0.13	0.08	0.09	0.21	0.17	0.16



TEST SUMMARY TABLE....continued

Source Sampling Summarys									
Test condition or discription:		Test for comparison of results with caustic flow on or off in SO2 scrubber. Samples analyzed by Pixe. This test with caustic <b>OFF</b> .				Test done with fresh water supplied to demist section of packed scrubber before SO2 scrubber.			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		12/01/00	12/01/00	12/01/00		12/08/00	12/08/00	12/08/00	
Time Start:		824	1003	1130		905	1037	1155	
Time End:		930	1107	1234		1011	1149	1305	
Barometric Pressure:	Inch Hg	30.11	30.11	30.11		30.15	30.15	30.15	
Static Pressure:	Inch H2O	0.31	0.31	0.31		0.38	0.38	0.38	
Stack Pressure:	Inch Hg	30.133	30.133	30.133		30.178	30.178	30.178	
Average Sqrt Delta P:	Inch HOH 1/2	0.616	0.616	0.607		0.620	0.632	0.615	
Average Delta H:	Inch HOH	1.355	1.378	1.303	1.345	1.273	1.347	1.275	1.298
Maximum Run Vacuum:	Inch Hg	10.0	7.0	6.0		9.0	10.0	9.0	
Meter Box Number:	Unity	3187	3187	3187		3188	3188	3188	
Average Meter Temp:	Degrees F	66.1	77.8	80.1		73.5	80.8	86.5	
Average Stack Temp:	Degrees F	87.4	88.6	89.9	88.6	86.4	87.9	88.4	87.6
Metered Sample Volume:	Cubic Feet	39.58	39.95	39.70		39.04	40.35	39.95	
Standard Meter Volume:	Cubic Feet	39.97	39.47	39.05		39.90	40.69	39.86	
Moisture Measured:	%	0.0504	0.0552	0.0545		0.0541	0.0498	0.0514	
Moisture Saturation:	%	0.0435	0.0451	0.0470		0.0420	0.0441	0.0448	
Moisture, for Calculations:	%	0.0435	0.0451	0.0470	0.0452	0.0420	0.0441	0.0448	0.0436
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.248	0.248	0.248		0.248	0.248	0.248	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	28.492	28.474	28.453		28.508	28.486	28.477	
Actual Stack Velocity:	Feet/sec	35.325	35.392	34.935	35.217	35.470	36.213	35.305	35.663
Actual Stack Gas Flow:	ACFM	14974	15003	14809	14929	15036	15351	14966	15118
Dry Standard Stack Gas Flow:	DSCFM	13912	13885	13647	13815	14039	14263	13881	14061
Isokinetic Rate:	%	100.94	99.86	100.52		99.84	100.23	100.88	
Feed Rate	tph				7.00				10.00
Input P2O5 rate	P2O5 tph				2.39				3.45
Heat input	mmBtu/hr				48.89				32.10
Fluoride allowable	lb/hr				0.091				0.131
Average Fluoride	lb/hr				0.50				1.37
PM allowable	lb/hr				3.59				5.18
Average PM	lb/hr				2.47				7.21
Fluoride collected	mg probe	1.92	2	1.84		2.88	2.66	2.94	
	mg filter	11.00	2.6	0.037		7.9	28	33	
	mg impinger	3.72	4.54	4.67		1.65	5.55	4.46	
Fluoride	prb lb/hr	0.09	0.09	0.09	0.09	0.13	0.12	0.14	0.13
	filter lb/hr	0.51	0.12	0.00	0.21	0.37	1.30	1.52	1.06
	imp lb/hr	0.17	0.21	0.22	0.20	0.08	0.26	0.21	0.18



# 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

**RECEIVED**

JAN 31 2001

BUREAU OF AIR REGULATION

#### Identification of Facility

1. Facility Owner/Company Name: <b>IMC Phosphates MP Inc.</b>	
2. Site Name: <b>IMC New Wales</b>	
3. Facility Identification Number: <b>1050059</b> [ ] Unknown	
4. Facility Location: Street Address or Other Locator: <b>3095 Highway 640</b> City: <b>Mulberry</b> County: <b>Polk</b> Zip Code: <b>33860</b>	
5. Relocatable Facility? [ ] Yes [X] No	6. Existing Permitted Facility? [X] Yes [ ] No

#### Application Contact

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

#### Application Processing Information (DEP Use)

1. Date of Receipt of Application:	<b>1-31-01</b>
2. Permit Number:	<b>105 0059-033-AC</b>
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)

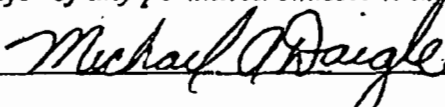
- Initial Title V air operation permit for an existing facility which is classified as a Title V source.
- Initial Title V air operation permit for a facility which, upon start up of one or more newly constructed or modified emissions units addressed in this application, would become classified as a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

**Owner/Authorized Representative or Responsible Official**

1. Name and Title of Owner/Authorized Representative or Responsible Official: <b>Mike Daigle, General Manager</b>
2. Owner/Authorized Representative or Responsible Official Mailing Address: Organization/Firm: <b>IMC Phosphates MP Inc.</b> Street Address: <b>P.O. Box 2000</b> City: <b>Mulberry</b> State: <b>FL</b> Zip Code: <b>33860</b>
3. Owner/Authorized Representative or Responsible Official Telephone Numbers: Telephone: <b>(863) 428-2500</b> Fax: ( ) -
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>1/30/01</u>

\* Attach letter of authorization if not currently on file.

**Professional Engineer Certification**

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

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 [ X ] , 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

1/30/01

\* Attach any exception to certification statement.

**Scope of Application**

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
036	Multifos A&B Kilns, Dryer and Blending Operation	AC1F	0
074	Multifos C Kiln	AC1F	0

**Application Processing Fee**

Check one: [  ] Attached - Amount: \$ \_\_\_\_\_ [X] Not Applicable

**Construction/Modification Information**

1. Description of Proposed Project or Alterations:

**It is requested that the construction permit expiration date be extended for a period of 12 months in order to provide time for the review of the application for this permit revision.**

**Multifos Kiln C is undergoing initial startup. The new kiln has experienced startup problems and has yet to achieve normal operations. The initial test data indicate that the new scrubber is satisfactorily controlling sulfur dioxide and gaseous fluoride. However, emissions of particulate matter and total fluoride are higher than expected. A revision is requested to the current total fluoride emission limit. This request may be revised to include a change in the particulate matter emission limits and also changes to the Multifos Plant scrubbing systems, if warranted by the on going plant evaluations.**

**IMC would also like to request, as an alternate method of operation, the use of one of any three kilns at a time as an additional dryer for the kiln feed. This method of operation will result in reduced emissions as less fuel is consumed when a kiln is operated at lower temperatures as a dryer.**

**The information submitted herein is limited to the requested changes.**

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

3. Projected Date of Completion of Construction: NA

**Application Comment**

**The application is presented in the format previously discussed with FDEP. The information submitted herein is limited to the requested changes.**

## II. FACILITY INFORMATION

### A. GENERAL FACILITY INFORMATION

#### Facility Location and Type

1. Facility UTM Coordinates: Zone: <b>17</b> East (km): <b>396.6</b> North (km): <b>3078.9</b>			
2. Facility Latitude/Longitude: <b>NA</b> Latitude (DD/MM/SS): Longitude (DD/MM/SS):			
3. Governmental Facility Code: <b>0</b>	4. Facility Status Code: <b>A</b>	5. Facility Major Group SIC Code: <b>28</b>	6. Facility SIC(s): <b>2874</b>
7. Facility Comment (limit to 500 characters):			

#### Facility Contact

1. Name and Title of Facility Contact: <b>P.A. Steadham, Manager Environmental Services – Florida Concentrates</b>			
2. Facility Contact Mailing Address: Organization/Firm: <b>IMC Phosphates MP Inc.</b> Street Address: <b>P.O. Box 2000</b> City: <b>Mulberry</b> State: <b>FL</b> Zip Code: <b>33860</b>			
3. Facility Contact Telephone Numbers: Telephone: Telephone: <b>(863) 428- 2500</b> Fax: ( ) -			



**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 checked="" type="checkbox"/> Major Source of Hazardous Air Pollutants (HAPs)?	
5. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
6. <input checked="" type="checkbox"/> One or More Emissions Units Subject to NSPS?	
7. <input checked="" 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**

<b>See Attachment 1.</b>	

## B. FACILITY POLLUTANTS

### List of Pollutants Emitted

1. Pollutant Emitted	2. Pollutant Classif.	3. Requested Emissions Cap		4. Basis for Emissions Cap	5. Pollutant Comment
		lb/hour	tons/year		
<b>PM/PM10</b>	<b>A</b>				
<b>SO2</b>	<b>A</b>				
<b>NOX</b>	<b>A</b>				
<b>SAM</b>	<b>A</b>				
<b>FL</b>	<b>A</b>				

**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 checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1</b> <input type="checkbox"/> Not Applicable
7. Supplemental Requirements Comment: <b>There are no changes from the information previously submitted to FDEP as part of the construction permit application.</b>

**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

**III. EMISSIONS UNIT INFORMATION**

A separate Emissions Unit Information Section (including subsections A through J as required) must be completed for each emissions unit addressed in this Application for Air Permit. If submitting the application form in hard copy, indicate, in the space provided at the top of each page, the number of this Emissions Unit Information Section and the total number of Emissions Unit Information Sections submitted as part of this application.

**A. GENERAL EMISSIONS UNIT INFORMATION  
(All Emissions Units)**

**Emissions Unit Description and Status**

<p>1. Type of Emissions Unit Addressed in This Section: (Check one)</p> <p><input checked="" type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a single process or production unit, or activity, which produces one or more air pollutants and which has at least one definable emission point (stack or vent).</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a group of process or production units and activities which has at least one definable emission point (stack or vent) but may also produce fugitive emissions.</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, one or more process or production units and activities which produce fugitive emissions only.</p>			
<p>2. Regulated or Unregulated Emissions Unit? (Check one)</p> <p><input checked="" type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is a regulated emissions unit.</p> <p><input type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is an unregulated emissions unit.</p>			
<p>3. Description of Emissions Unit Addressed in This Section (limit to 60 characters): <b>Multifos Kiln C</b></p>			
<p>4. Emissions Unit Identification Number:                             [        ] No ID ID: <b>074</b>                                                                             [        ] ID Unknown</p>			
<p>5. Emissions Unit Status Code: <b>C</b></p>	<p>6. Initial Startup Date: <b>1999</b></p>	<p>7. Emissions Unit Major Group SIC Code: <b>28</b></p>	<p>8. Acid Rain Unit? [   ]</p>
<p>9. Emissions Unit Comment: (Limit to 500 Characters)</p>          			

**Emissions Unit Control Equipment**

1. Control Equipment/Method Description (Limit to 200 characters per device or method):  
**Packed scrubbers**

2. Control Device or Method Code(s): **013**

**Emissions Unit Details**

1. Package Unit: **NA**

Manufacturer:

Model Number:

2. Generator Nameplate Rating: **MW**

3. Incinerator Information:

Dwell Temperature: °F

Dwell Time: seconds

Incinerator Afterburner Temperature: °F

**B. EMISSIONS UNIT CAPACITY INFORMATION  
(Regulated Emissions Units Only)**

**Emissions Unit Operating Capacity and Schedule**

1. Maximum Heat Input Rate:	<b>56</b>	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate:	<b>25 tph feed input (new kiln alone)</b>	
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:	24 hours/day	7 days/week
	52 weeks/year	8760 hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):		

**C. EMISSIONS UNIT REGULATIONS  
(Regulated Emissions Units Only)**

**List of Applicable Regulations**

See Attachment 1.	



**D. EMISSION POINT (STACK/VENT) INFORMATION  
(Regulated Emissions Units Only)**

**Emission Point Description and Type**

1. Identification of Point on Plot Plan or Flow Diagram?		2. Emission Point Type Code:	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):			
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common:			
5. Discharge Type Code:	6. Stack Height: feet	7. Exit Diameter: feet	
8. Exit Temperature: °F	9. Actual Volumetric Flow Rate: acfm	10. Water Vapor: %	
11. Maximum Dry Standard Flow Rate: dscfm		12. Nonstack Emission Point Height: feet	
13. Emission Point UTM Coordinates: Zone:                      East (km):                      North (km):			
14. Emission Point Comment (limit to 200 characters):  <b>No changes proposed.</b>			

**E. SEGMENT (PROCESS/FUEL) INFORMATION  
(All Emissions Units)**

**Segment Description and Rate:** Segment  1  of  1

1. Segment Description (Process/Fuel Type) (limit to 500 characters):  <b>Drying - General</b>		
2. Source Classification Code (SCC): <b>3-05-999-99</b>		3. SCC Units: <b>Tons Product</b>
4. Maximum Hourly Rate: <b>40 tph</b>	5. Maximum Annual Rate: <b>350,400</b>	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):  <b>Add alternate method of operation for any one kiln at a time (A or B or C) to operate as a dryer (operation at a lower temperature). The emissions sections are not re-submitted as the heat input would be less than the currently permitted rates.</b>		

**Segment Description and Rate:** Segment       of      

1. Segment Description (Process/Fuel Type) (limit to 500 characters):		
2. Source Classification Code (SCC):		3. SCC Units:
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

**F. EMISSIONS UNIT POLLUTANTS  
(All Emissions Units)**

1. Pollutant Emitted	2. Primary Control Device Code	3. Secondary Control Device Code	4. Pollutant Regulatory Code
<b>FL</b>	<b>013</b>		<b>EL</b>

**G. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION**  
**(Regulated Emissions Units -**  
**Emissions-Limited and Preconstruction Review Pollutants Only)**

**Potential/Fugitive Emissions**

1. Pollutant Emitted: <b>FL</b>	2. Total Percent Efficiency of Control: <b>NA</b>
3. Potential Emissions: <b>1.0 lb/hour</b> <b>4.4 tons/year</b>	4. Synthetically Limited? [ <input type="checkbox"/> ]
5. Range of Estimated Fugitive Emissions: [ <input type="checkbox"/> ] 1      [ <input type="checkbox"/> ] 2      [ <input type="checkbox"/> ] 3      _____ to _____ tons/year	
6. Emission Factor: <b>1.0 lb/hr</b> Reference: <b>Test</b>	7. Emissions Method Code: <b>1</b>
8. Calculation of Emissions (limit to 600 characters):  <b>FL = 1.0 lb/hr x 8760 hrs/yr x 1/2000 lb/ton = 4.4 tpy</b>	
9. Pollutant Potential/Fugitive Emissions Comment (limit to 200 characters):	

**Allowable Emissions** Allowable Emissions  1  of  1

1. Basis for Allowable Emissions Code:	2. Future Effective Date of Allowable Emissions:
3. Requested Allowable Emissions and Units: <b>1.0 lb/hr</b>	4. Equivalent Allowable Emissions: <b>1.0 lb/hour</b> <b>4.4 tons/year</b>
5. Method of Compliance (limit to 60 characters): <b>EPA Method 13A, 13B</b>	
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters): <b>Based on test data.</b>	

**H. VISIBLE EMISSIONS INFORMATION**  
 (Only Regulated Emissions Units Subject to a VE Limitation)

**Visible Emissions Limitation:** Visible Emissions Limitation \_\_\_\_\_ of \_\_\_\_\_

1. Visible Emissions Subtype: <b>VE</b>	2. Basis for Allowable Opacity: <input checked="" type="checkbox"/> Rule <input type="checkbox"/> Other
3. Requested Allowable Opacity: Normal Conditions: <b>15</b> %          Exceptional Conditions:                  % Maximum Period of Excess Opacity Allowed:                  min/hour	
4. Method of Compliance: <b>EPA Method 9</b>	
5. Visible Emissions Comment (limit to 200 characters): <b>BACT</b>	

**I. CONTINUOUS MONITOR INFORMATION**  
 (Only Regulated Emissions Units Subject to Continuous Monitoring)

**Continuous Monitoring System:** Continuous Monitor \_\_\_\_\_ of \_\_\_\_\_

1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement:	<input type="checkbox"/> Rule <input type="checkbox"/> Other
4. Monitor Information: Manufacturer: Model Number:                                  Serial Number:	
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters): <b>No changes proposed.</b>	

**J. EMISSIONS UNIT SUPPLEMENTAL INFORMATION  
(Regulated Emissions Units Only)**

**Supplemental Requirements**

1. Process Flow Diagram <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
2. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
3. Detailed Description of Control Equipment <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
4. Description of Stack Sampling Facilities <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
5. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Previously submitted, Date: _____ <input type="checkbox"/> Not Applicable
6. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
7. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
8. Supplemental Information for Construction Permit Application <input checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1.</b> <input type="checkbox"/> Not Applicable
9. Other Information Required by Rule or Statute <input checked="" type="checkbox"/> Attached, Document ID: <b>Att. 1.</b> <input type="checkbox"/> Not Applicable
10. Supplemental Requirements Comment: <b>See Attachment 1.</b>

**Additional Supplemental Requirements for Title V Air Operation Permit Applications**

11. Alternative Methods of Operation <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Alternative Modes of Operation (Emissions Trading) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Identification of Additional Applicable Requirements <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
14. Compliance Assurance Monitoring Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Acid Rain Part Application (Hard-copy Required) <input type="checkbox"/> Acid Rain Part - Phase II (Form No. 62-210.900(1)(a)) Attached, Document ID: _____ <input type="checkbox"/> Repowering Extension Plan (Form No. 62-210.900(1)(a)1.) Attached, Document ID: _____ <input type="checkbox"/> New Unit Exemption (Form No. 62-210.900(1)(a)2.) Attached, Document ID: _____ <input type="checkbox"/> Retired Unit Exemption (Form No. 62-210.900(1)(a)3.) Attached, Document ID: _____ <input type="checkbox"/> Phase II NOx Compliance Plan (Form No. 62-210.900(1)(a)4.) Attached, Document ID: _____ <input type="checkbox"/> Phase NOx Averaging Plan (Form No. 62-210.900(1)(a)5.) Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

## ATTACHMENT 1

### REVISION OF MULTIFOS KILN C FLUORIDE EMISSION LIMIT

As previously discussed with FDEP, the Multifos Kiln C has been constructed and is undergoing initial testing and plant operation evaluation.

Based on the preliminary testing information available on the kiln, using EPA Method 13B, it appears that the current emission limitation will not be met for total fluorides. The gaseous fluoride emissions, however, seem to be adequately controlled.

It is our understanding that the BACT determination for this project aimed at a high degree of HF emission control from the process. The emission limitation was prescribed for fluorides, typically regulated as a surrogate for HF. Based on the test information to date, it appears that the scrubbing system is effective in control of gaseous fluorides.

To address the particulate matter carryover issue, it is requested that the total fluoride emission limitation be revised to reflect the scrubber performance level. It should be noted that the low emission limitations imposed on IMC's kiln were based on similar limitations imposed on a PCS kiln located in Saltville, Virginia. Based on discussions with the Virginia DEQ staff, the plant was not able to operate in compliance with those emission limitations and has since been shut down along with the entire chemical complex.

FDEP staff suggested that installation of a venturi scrubber be considered in order to resolve the fluoride emissions issue. The information summarized below indicates that such a measure would not be economically feasible. Instead, it is suggested that the fluorides emission limitation be revised to reflect the operation of the current scrubber, previously determined by FDEP to reflect BACT. It should be noted that there is no change in rule applicability as a result of this request.

**OPTION 1: Install new venturi scrubber after the packed scrubber.**

The costs associated with installation and operation of such a venturi scrubber are well above BACT criteria, as indicated below.

Equipment Cost	
Medium Energy Venturi	= 80,000
Fan	= 50,000
Instrumentation	= 65,000
Total Equipment Cost	= 195,000
Concrete, duct, piping, etc.	= 115,000
Engineering	= 52,000
Tax & Contingency	= 85,000
Total Installed Cost	= 447,000
Operation & Maintenance Costs	
Electricity	= 150 BHP x 0.746 kw/hp x 8760 hrs x \$0.08/kw = \$78,400
Water	= 32 gpm x 60 min x 8760 hrs x \$0.20/1000 gals = \$3,400



Operating Labor	= 2 hrs/shift x shift/8 hr x 8760 hrs x \$15/hr = \$33,000
Supervisory Labor (0.15OL)	= 0.15 x \$33,000 = \$5,000
Maintenance Labor	= 1 hrs/shift x shift/8 hr x 8760 hrs x \$15/hr = \$16,000
Maintenance Materials (1.0ML)	= \$16,000
TOTAL O&M Costs	= \$151,800
Indirect Costs	
Overhead (0.6Maint.Cost)	= 0.6 x (33,000 + 5,000 + 16,000 + 16,000) = \$42,000
Administrative (1.91PEC x 0.02)	= 1.91 x 195,000 x 0.02 = \$7,400
Insurance (1.91PEC x 0.01)	= 1.91 x 195,000 x 0.01 = \$3,700
Taxes (1.91PEC x 0.01)	= 1.91 x 195,000 x 0.01 = \$3,700
Cap. Recovery (1.91PEC x 0.1628)	= 1.91 x 195,000 x 0.1628 = \$60,600
TOTAL (Indirect)	= 42,000 + 7,400 + 3,700 + 3,700 + 60,600 = \$117,400
TOTAL Annual	= 117,400 + 151,800 = \$269,200
TOTAL Cost of Control	= \$ 269,200 / ( 4.4 - 1.58) tpy = \$ 95,500 per ton fluoride removed

OPTION 2: Install a new venturi nozzle in the quench tower.

As the temperatures and pollutant concentrations in this section of the system are higher than those encountered in the above arrangement, custom construction materials would have to be used, resulting in costs that would be even higher than those estimated above. Also, the structural integrity of the packed scrubber may be compromised with the additional pressure drop resulting from operating a venturi scrubber upstream. Consequently, this option is not evaluated in greater detail.

Based on the cost analysis of the above options, the installation of a venturi scrubber is rejected as a revised BACT.

ATTACHMENT 2

PERFORMANCE TEST DATA  
IN SUPPORT OF  
REQUEST FOR REVISED FLUORIDES EMISSION LIMIT

TEST SUMMARY TABLE

Source Sampling Summarys for Particulate and Fluoride Testing done on C Kiln									
Test condition or discription:		Initial compliance test				Second Compliance Test			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		07/11/00	07/12/00	07/13/00		08/04/00	08/04/00	08/04/00	
Time Start:		844	853	1020		1224	1430	1555	
Time End:		948	1009	1125		1330	1537	1700	
Barometric Pressure:	Inch Hg	30.10	30.10	30.10		30.11	30.11	30.11	
Static Pressure:	Inch H2O	0.32	0.32	0.32		0.31	0.31	0.31	
Stack Pressure:	Inch Hg	30.124	30.124	30.124		30.133	30.133	30.133	
Average Sqrt Delta P:	Inch HOH 1/2	0.747	0.650	0.635		0.646	0.682	0.690	
Average Delta H:	Inch HOH	1.821	1.413	1.358	1.530	1.363	1.517	1.533	1.471
Maximum Run Vacuum:	Inch Hg	10.0	11.0	10.0		15.0	12.0	10.0	
Meter Box Number:	Unity	3187	3187	3187		3187	3187	3187	
Average Meter Temp:	Degrees F	84.8	81.2	91.7		82.9	83.8	82.2	
Average Stack Temp:	Degrees F	113.8	111.5	110.7	112.0	111.8	112.0	112.7	112.2
Metered Sample Volume:	Cubic Feet	46.51	41.03	40.99		40.02	42.61	43.30	
Standard Meter Volume:	Cubic Feet	45.39	40.27	39.46		39.16	41.65	42.44	
Moisture Measured:	%	0.0894	0.0897	0.0787		0.0886	0.0824	0.0808	
Moisture Saturation:	%	0.0962	0.0900	0.0880		0.0908	0.0912	0.0931	
Moisture, for Calculations:	%	0.0894	0.0897	0.0787	0.0860	0.0886	0.0824	0.0808	0.0839
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.25	0.25	0.25		0.250	0.250	0.250	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	27.988	27.985	28.106		27.997	28.066	28.083	
Actual Stack Velocity:	Feet/sec	44.285	38.404	37.416	40.035	38.220	40.275	40.786	39.760
Actual Stack Gas Flow:	ACFM	18772	16279	15861	16971	16201	17072	17289	16854
Dry Standard Stack Gas Flow:	DSCFM	15835	13784	13610	14409	13730	14565	14756	14350
Isokinetic Rate:	%	99.10	101.00	100.23		98.61	98.87	99.44	
Feed Rate	tph				5.80				7.50
Input P2O5 rate	P2O5 tph				2.05				2.59
Heat input	mmBtu/hr				32.10				40.00
Fluoride allowable	lb/hr				0.078				0.098
Average Fluoride	lb/hr				0.45				0.58
PM allowable	lb/hr				3.08				3.89
Average PM	lb/hr				2.23				4.50
Fluoride collected	mg probe	1.48	1.33	4.2		0.63	0.51	2.08	
	mg filter		0.45	4.5		15	13	5.8	
	mg impinger	5.52	11.16	0.95		0.15	0.14	0.19	
Fluoride	prb lb/hr	0.07	0.06	0.19	0.11	0.03	0.02	0.10	0.05
	filter lb/hr		0.02	0.21	0.11	0.69	0.60	0.27	0.52
	imp lb/hr	0.25	0.50	0.04	0.27	0.01	0.01	0.01	0.01

TEST SUMMARY TABLE....continued

Source Sampling Summarys									
Test condition or discription:		Compliance test for authorization for the use of A or B as dryer for mixed feed. C Kiln was using dried feed.				Test for comparison of results with caustic flow on or off in SO2 scrubber. Samples analyzed by Pixe. This test with caustic ON.			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		10/31/00	10/31/00	10/31/00		11/30/00	11/30/00	11/30/00	
Time Start:		1130	1307	1430		1100	1241	1438	
Time End:		1244	1412	1536		1216	1400	1544	
Barometric Pressure:	Inch Hg	30.13	30.13	30.13		30.21	30.21	30.21	
Static Pressure:	Inch H2O	0.35	0.35	0.35		0.46	0.46	0.46	
Stack Pressure:	Inch Hg	30.156	30.156	30.156		30.244	30.244	30.244	
Average Sqrt Delta P:	Inch HOH 1/2	0.568	0.570	0.582		0.594	0.604	0.605	
Average Delta H:	Inch HOH	1.088	1.126	1.118	1.111	1.213	1.260	1.319	1.264
Maximum Run Vacuum:	Inch Hg	9.0	7.0	7.0		10.0	7.0	10.0	
Meter Box Number:	Unity	3187	3187	3187		3187	3187	3187	
Average Meter Temp:	Degrees F	84.2	88.6	79.6		75.9	81.8	82.0	
Average Stack Temp:	Degrees F	102.5	103.8	102.6	103.0	92.8	94.1	92.2	93.0
Metered Sample Volume:	Cubic Feet	35.84	36.65	37.12		37.80	38.93	39.29	
Standard Meter Volume:	Cubic Feet	34.99	35.49	36.55		37.58	38.29	38.64	
Moisture Measured:	%	0.0717	0.0525	0.0583		0.0570	0.0525	0.0525	
Moisture Saturation:	%	0.0692	0.0717	0.0693		0.0513	0.0534	0.0504	
Moisture, for Calculations:	%	0.0692	0.0525	0.0583	0.0600	0.0513	0.0525	0.0504	0.0514
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.248	0.248	0.248		0.248	0.248	0.248	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	28.210	28.393	28.329		28.406	28.393	28.416	
Actual Stack Velocity:	Feet/sec	33.175	33.224	33.931	33.443	34.229	34.822	34.841	34.631
Actual Stack Gas Flow:	ACFM	14063	14084	14383	14177	14510	14761	14769	14680
Dry Standard Stack Gas Flow:	DSCFM	12382	12596	12810	12596	13290	13471	13555	13439
Isokinetic Rate:	%	99.28	99.00	100.23		99.35	99.87	100.14	
Feed Rate	tph				10.50				7.00
Input P2O5 rate	P2O5 tph				3.73				2.43
Heat input	mmBtu/hr				45.20				48.89
Fluoride allowable	lb/hr				0.142				0.092
Average Fluoride	lb/hr				0.62				0.56
PM allowable	lb/hr				5.60				3.65
Average PM	lb/hr				3.04				4.00
Fluoride collected	mg probe	2.92	2.58	1.27		4.08	2.24	2.2	
	mg filter	3	10	15		8.60	1.7	7.2	
	mg impinger	1.89	0.69	2.75		1.82	4.59	3.71	
Fluoride	prb lb/hr	0.14	0.12	0.06	0.11	0.19	0.10	0.10	0.13
	filter lb/hr	0.14	0.47	0.69	0.43	0.40	0.08	0.33	0.27
	imp lb/hr	0.09	0.03	0.13	0.08	0.09	0.21	0.17	0.16

TEST SUMMARY TABLE....continued

Source Sampling Summaries									
Test condition or discription:		Test for comparison of results with caustic flow on or off in SO2 scrubber. Samples analyzed by Pixe. This test with caustic <b>OFF</b> .				Test done with fresh water supplied to demist section of packed scrubber before SO2 scrubber.			
Parameter	Unit	Run 1	Run 2	Run 3	Avg	Run 1	Run 2	Run 3	Avg
Date:		12/01/00	12/01/00	12/01/00		12/08/00	12/08/00	12/08/00	
Time Start:		824	1003	1130		905	1037	1155	
Time End:		930	1107	1234		1011	1149	1305	
Barometric Pressure:	Inch Hg	30.11	30.11	30.11		30.15	30.15	30.15	
Static Pressure:	Inch H2O	0.31	0.31	0.31		0.38	0.38	0.38	
Stack Pressure:	Inch Hg	30.133	30.133	30.133		30.178	30.178	30.178	
Average Sqrt Delta P:	Inch HOH 1/2	0.616	0.616	0.607		0.620	0.632	0.615	
Average Delta H:	Inch HOH	1.355	1.378	1.303	1.345	1.273	1.347	1.275	1.298
Maximum Run Vacuum:	Inch Hg	10.0	7.0	6.0		9.0	10.0	9.0	
Meter Box Number:	Unity	3187	3187	3187		3188	3188	3188	
Average Meter Temp:	Degrees F	66.1	77.8	80.1		73.5	80.8	86.5	
Average Stack Temp:	Degrees F	87.4	88.6	89.9	88.6	86.4	87.9	88.4	87.6
Metered Sample Volume:	Cubic Feet	39.58	39.95	39.70		39.04	40.35	39.95	
Standard Meter Volume:	Cubic Feet	39.97	39.47	39.05		39.90	40.69	39.86	
Moisture Measured:	%	0.0504	0.0552	0.0545		0.0541	0.0498	0.0514	
Moisture Saturation:	%	0.0435	0.0451	0.0470		0.0420	0.0441	0.0448	
Moisture, for Calculations:	%	0.0435	0.0451	0.0470	0.0452	0.0420	0.0441	0.0448	0.0436
Pitot Coefficient:	Unity	0.84	0.84	0.84		0.84	0.84	0.84	
Nozzle Diameter:	Inch	0.248	0.248	0.248		0.248	0.248	0.248	
Stack Area:	Square Feet	7.07	7.07	7.07		7.07	7.07	7.07	
Traverse Points:	Unity	24	24	24		24	24	24	
Sampling Time:	Minutes	60	60	60		60	60	60	
Stack Gas Molecular Weight:	lb/lb-mol	28.492	28.474	28.453		28.508	28.486	28.477	
Actual Stack Velocity:	Feet/sec	35.325	35.392	34.935	35.217	35.470	36.213	35.305	35.663
Actual Stack Gas Flow:	ACFM	14974	15003	14809	14929	15036	15351	14966	15118
Dry Standard Stack Gas Flow:	DSCFM	13912	13885	13647	13815	14039	14263	13881	14061
Isokinetic Rate:	%	100.94	99.86	100.52		99.84	100.23	100.88	
Feed Rate	tph				7.00				10.00
Input P2O5 rate	P2O5 tph				2.39				3.45
Heat input	mmBtu/hr				48.89				32.10
Fluoride allowable	lb/hr				0.091				0.131
Average Fluoride	lb/hr				0.50				1.37
PM allowable	lb/hr				3.59				5.18
Average PM	lb/hr				2.47				7.21
Fluoride collected	mg probe	1.92	2	1.84		2.88	2.66	2.94	
	mg filter	11.00	2.6	0.037		7.9	28	33	
	mg impinger	3.72	4.54	4.67		1.65	5.55	4.46	
Fluoride	prb lb/hr	0.09	0.09	0.09	0.09	0.13	0.12	0.14	0.13
	filter lb/hr	0.51	0.12	0.00	0.21	0.37	1.30	1.52	1.06
	imp lb/hr	0.17	0.21	0.22	0.20	0.08	0.26	0.21	0.18