



WHEELABRATOR RIDGE ENERGY INC.
A WASTE MANAGEMENT COMPANY

3131 K-Ville Avenue
Auburndale, FL 33823
(863) 665-2255
(863) 665-0400 Fax

Certified Mail 7000-0520-0014-8793-1144

May 3, 2000

Mr. John Reynolds
Mail Stop 5505
Department of Environmental Protection
Division of Air Resource Management
Bureau of Air Regulation
2600 Blair Stone Road
Tallahassee, FL 32399-2400

BUREAU OF AIR REGULATION

MAY 08 2000

RECEIVED

RE: **Wheelabrator Ridge Energy - Title V Permit No. 1050216-001-AV;
Modification to PSD Permit AC53-206244 (PSD-FL-183A) and Title V
Air Operating Permit 1050216-001-AV;
Construction of High Efficiency Wet Scrubber System for Ash Handling
Building Ventilation.
Application Modification**

Dear Mr. Reynolds:

As Gerald Kissel from the Southwest District requested during his May 2 conversation with John Neil, attached please find a revised page 4 of the Department's Form No. 62-210.900(1); Application for Air Permit - Long Form for insertion in Wheelabrator Ridge Energy's application.

If you have any questions please contact John Neil at (863) 665-2255 Ext 250.

Sincerely Yours

John N Rivara
Plant Manager

cc G. Kissel (DEP Southwest District)
T. Porter (WESI)

cc: File
EPA
NPS
pelk co.

Purpose of Application and Category

Check one (except as otherwise indicated):

Category I: All Air Operation Permit Applications Subject to Processing Under Chapter 62-213, F.A.C.

This Application for Air Permit is submitted to obtain:

Initial air operation permit under Chapter 62-213, F.A.C., for an existing facility which is classified as a Title V source.

Initial air operation permit under Chapter 62-213, F.A.C., 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: _____

Air operation permit renewal under Chapter 62-213, F.A.C., for a Title V source.

Operation permit to be renewed: _____

Air operation permit revision for a Title V source to address one or more newly constructed or modified emissions units addressed in this application.

Current construction permit number: _____

Operation permit to be revised: _____

Air operation permit revision or administrative correction for a Title V source to address one or more proposed new or modified emissions units and to be processed concurrently with air construction permit application. Also check Category III.

Operation permit to be revised/corrected: **1050216-001-AV** _____

Air operation permit revision for a Title V source 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 to be revised: _____

Reason for revision: _____

Owner/Authorized Representative or Responsible Official

1. Name and Title of Owner/Authorized Representative or Responsible Official:

John N. Rivara - Plant Manager

2. Owner/Authorized Representative or Responsible Official Mailing Address:

Organization/Firm: **Wheelabrator Ridge Energy Inc.**

Street Address: **3131 K-Ville Avenue**

City: **Auburndale**

State: **Florida**

Zip Code: **33823**

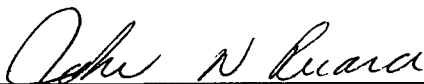
3. Owner/Authorized Representative or Responsible Official Telephone Numbers:

Telephone: **(863) 665-2255**

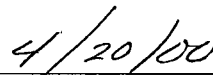
Fax: **(863) 665-0400**

4. Owner/Authorized Representative or Responsible Official Statement:

I, the undersigned, am the owner or authorized representative of the non-Title V source addressed in this Application for Air Permit or the responsible official, as defined in Rule 62-210.200, F.A.C., 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 unit 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.*



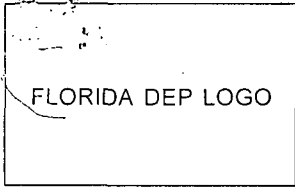
Signature



Date

* Attach letter of authorization if not currently on file.

**Department of
Environmental Protection**



DIVISION OF AIR RESOURCES MANAGEMENT

APPLICATION FOR AIR PERMIT - LONG FORM

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

I. APPLICATION INFORMATION

This section of the Application for Air Permit form identifies the facility and provides general information on the scope and purpose of this application. This section also includes information on the owner or authorized representative of the facility (or the responsible official in the case of a Title V source) and the necessary statements for the applicant and the professional engineer, where required, to sign and date for formal submittal of the Application for Air Permit to the Department. If the application form is submitted to the Department using ELSA, this section of the Application for Air Permit must also be submitted in hard-copy.

Identification of Facility Addressed in This Application

Enter the name of the corporation, business, governmental entity, or individual that has ownership or control of the facility; the facility site name, if any; and the facility's physical location. If known, also enter the facility identification number.

1. Facility Owner/Company Name: Wheelabrator Ridge Energy Inc.	
2. Site Name: Ridge Generating Station	
3. Facility Identification Number: <input type="checkbox"/> Unknown 1050216	
4. Facility Location: 3131 K-Ville Avenue Street Address or Other Locator: City: Auburndale County: Polk Zip Code: 33823	
5. Relocatable Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Existing Permitted Facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	May 2, 2000
2. Permit Number:	1050216-004-AC
3. PSD Number (if applicable):	PSD-FI-292-183B
4. Siting Number (if applicable):	

Purpose of Application and Category

Check one (except as otherwise indicated):

Category I: All Air Operation Permit Applications Subject to Processing Under Chapter 62-213, F.A.C.

This Application for Air Permit is submitted to obtain:

- Initial air operation permit under Chapter 62-213, F.A.C., for an existing facility which is classified as a Title V source.
- Initial air operation permit under Chapter 62-213, F.A.C., 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: _____

- Air operation permit renewal under Chapter 62-213, F.A.C., for a Title V source.

Operation permit to be renewed: _____

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

Current construction permit number: _____

Operation permit to be revised: _____

- Air operation permit revision or administrative correction for a Title V source to address one or more proposed new or modified emissions units and to be processed concurrently with air construction permit application. Also check Category III.

Operation permit to be revised/corrected: 1050216-001-AV

- Air operation permit revision for a Title V source 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 to be revised: _____

Reason for revision: _____

Category II: All Air Operation Permit Applications Subject to Processing Under Rule 62-210.300(2)(b), F.A.C.

This Application for Air Permit is submitted to obtain:

- Initial air operation permit under Rule 62-210.300(2)(b), F.A.C., for an existing facility seeking classification as a synthetic non-Title V source.

Current operation/construction permit number(s): _____

- Renewal air operation permit under Rule 62-210.300(2)(b), F.A.C., for a synthetic non-Title V source.

Operation permit to be renewed: _____

- Air operation permit revision for a synthetic non-Title V source. Give reason for revision; e.g., to address one or more newly constructed or modified emissions units.

Operation permit to be revised: _____

Reason for revision: _____

Category III: All Air Construction Permit Applications for All Facilities and Emissions Units

This Application for Air Permit is submitted to obtain:

- Air construction permit to construct or modify one or more emissions units within a facility (including any facility classified as a Title V source).

Current operation permit number(s), if any: **1050216-001-AV** _____

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

Current operation permit number(s): _____

- Air construction permit for one or more existing, but unpermitted, emissions units.

Application Processing Fee

Check one:

Attached - Amount: \$ 80,000

Not Applicable.

Construction /Modification Information

1. Description of Proposed Project or Alterations: **Installation of a 20,000 cfm TRI-MER High Efficiency Wet Scrubber on reconstructed ash handling system building. To provide building ventilation for employee safety.**

2. Projected or Actual Date of Commencement of Construction:

June 2, 2000

3. Projected Date of Completion of Construction:

July 31, 2000

Professional Engineer Certification

1. Professional Engineer Name: **Elizabeth A. Broadway, P.E.**

Registration Number: **PE 38558**

2. Professional Engineer Mailing Address:

Organization/Firm: **Tondelli Engineering, P.A.**

Street Address: **3606 West Swann Avenue**

City: **Tampa**

State: **FL**

Zip Code: **33609**

3. Professional Engineer Telephone Numbers:

Telephone: **(813) 875-2929**

Fax: **(813) 874-3001**

4. Professional Engineer Statement:

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

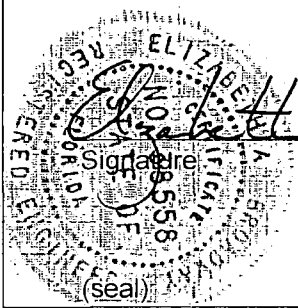
(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this Application for Air Permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions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

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

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

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

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



Elizabeth Broadway

4/19/00
Date

* Attach any exception to certification statement.

Application Contact

1. Name and Title of Application Contact: **John Neil Director of Health, Safety and Environmental Compliance**

2. Application Contact Mailing Address:

Organization/Firm: **Wheelabrator Ridge Energy Inc.**

Street Address: **3131 K-Ville Avenur**

City: **Auburndale**

State: **Florida**

Zip Code: **33823**

3. Application Contact Telephone Numbers:

Telephone: **(863) 665-2255**

Fax: **(863) 665-0400**

Application Comment

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1. Facility UTM Coordinates:			
Zone: 17		East (km): 416.7	North (km): 3100.4
2. Facility Latitude/Longitude:			
Latitude (DD/MM/SS):		Longitude (DD/MM/SS):	
3. Governmental Facility Code:	4. Facility Status Code:	5. Facility Major Group SIC Code:	6. Facility SIC(s):
0	A	49	4911
7. Facility Comment (limit to 500 characters):			

Facility Contact

1. Name and Title of Facility Contact: John Neil - Director of Health, Safety and Environmental Compliance		
2. Facility Contact Mailing Address:		
Organization/Firm: Wheelabrator Ridge Energy Inc		
Street Address: 3131 K-Ville Avenue		
City: Auburndale	State: Florida	Zip Code: 33823
3. Facility Contact Telephone Numbers:		
Telephone: (863) 665-2255	Fax: (863) 665-0400	

B. FACILITY REGULATIONS

Rule Applicability Analysis (Required for Category II applications and Category III applications involving non Title-V sources. See Instructions.)

Not Applicable

List of Applicable Regulations (Required for Category I applications and Category III applications involving Title-V sources. See Instructions.)

C. FACILITY POLLUTANTS

Facility Pollutant Information

1. Pollutant Emitted	2. Pollutant Classification
SO2 - Sulfur Dioxide	A
VOC - Volatile Organic Compounds	B
PM10 - Particulate Matter - PM10	B
NOX - Nitrogen Oxides	A
CO - Carbon Monoxide	A
H106 - Hydrogen Chloride	A
H021 - Beryllium	B
PB - Lead	B
H114 - Mercury	B
SAM - Sulfuric Acid Mist	B
H107 - Benzene	B
H015 - Arsenic	B
DIOX - Dioxins/Furans	B
H027 - Cadmium	B
H046 - Chromium	B
H150 - Polychlorinated BiPhenyls	B
HAPS - Total Haps	A

D. FACILITY POLLUTANT DETAIL INFORMATION

Facility Pollutant Detail Information: Pollutant _____ of _____

1. Pollutant Emitted:		
2. Requested Emissions Cap:	(lb/hour)	(tons/year)
3. Basis for Emissions Cap Code:		
4. Facility Pollutant Comment (limit to 400 characters):		

Facility Pollutant Detail Information: Pollutant _____ of _____

1. Pollutant Emitted:		
2. Requested Emissions Cap:	(lb/hour)	(tons/year)
3. Basis for Emissions Cap Code:		
4. Facility Pollutant Comment (limit to 400 characters):		

E. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements for Applications:

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

Additional Supplemental Requirements for Category I Applications Only

7. List of Proposed Exempt Activities:	
<input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable
8. 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	
9. Alternative Methods of Operation:	
<input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable
10. Alternative Modes of Operation (Emissions Trading):	
<input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable

11. Identification of Additional Requirements:
<input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Compliance Assurance Monitoring Plan:
<input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Risk Management Plan Verification:
<input type="checkbox"/> Plan Submitted to Implementing Agency - Verification Attached, Document ID: _____
<input type="checkbox"/> Plan to be Submitted to Implementing Agency by Required Date
<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 L 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 Information Sections submitted as part of this application. Some of the subsections comprising the Emissions Unit Information Section of the form are intended for regulated emissions only. Others are intended for both regulated and unregulated emissions units. Each subsection is appropriately marked.

A. TYPE OF EMISSIONS UNIT (Regulated and Unregulated Emissions Units)

Type of Emissions Unit Addressed in This Section

1. Regulated or Unregulated Emissions Unit? Check one:

- The emissions unit addressed in this Emissions Unit Information Section is a regulated emissions unit.
- The emissions unit addressed in this Emissions Unit Information Section is an unregulated emissions unit.

2. Single Process, Group Process, or Fugitive Only? Check one:

- 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).
- 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.
- 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.

**B. GENERAL EMISSIONS UNIT INFORMATION
(Regulated and Unregulated Emissions Units)**

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): Ash Handling System Building		
2. Emissions Unit Identification Number: <input type="checkbox"/> No Corresponding ID <input type="checkbox"/> Unknown		
3. Emissions Unit Status Code: C	4. Acid Rain Unit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Emissions Unit Major Group SIC Code: 49
6. Emissions Unit Comment (limit to 500 characters): Ventilation system for ash handling system building.		

Emissions Unit Control Equipment

A.

1. Description (limit to 200 characters): High Efficiency Wet Scrubber for building ventilation. (95-99%)
2. Control Device or Method Code: 001

B.

1. Description (limit to 200 characters):
2. Control Device or Method Code:

C.

1. Description (limit to 200 characters):
2. Control Device or Method Code:

**C. EMISSIONS UNIT DETAIL INFORMATION
(Regulated Emissions Units Only)**

Emissions Unit Details

1.	Initial Startup Date:		
	Estimated: July 31, 2000		
2.	Long-term Reserve Shutdown Date:		
	Not Applicable		
3.	Package Unit: Ash handling system building vent wet scrubber.		
	Manufacturer: Tri-Mer Corp	Model Number: 2000-H	
4.	Generator Nameplate Rating:	Not Applicable	MW
5.	Incinerator Information:		
	Dwell Temperature:		°F
	Dwell Time:		seconds
	Incinerator Afterburner Temperature:		°F

Emissions Unit Operating Capacity

1.	Maximum Heat Input Rate:		Not Applicable mmBtu/hr
2.	Maximum Incineration Rate:	Not Applicable lb/hr	tons/day
3.	Maximum Process or Throughput Rate:	12.5 tons per year.	
4.	Maximum Production Rate:	Not Applicable	
5.	Operating Capacity Comment (limit to 200 characters):		

Emissions Unit Operating Schedule

Requested Maximum Operating Schedule:			
	24 hours/day		7 days/week
	52 weeks/year		8,760 hours/year

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

Rule Applicability Analysis (Required for Category II applications and Category III applications involving non Title-V sources. See Instructions.)

Not Applicable

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

Emission Point Description and Type

1. Identification of Point on Plot Plan or Flow Diagram:	
ID Point 2 on site plan	
2. Emission Point Type Code:	
<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
3. Descriptions of Emissions Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):	
Not Applicable	
4. ID Numbers or Descriptions of Emissions Units with this Emission Point in Common:	
Not Applicable	
5. Discharge Type Code:	
<input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> H <input checked="" type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> W	
6. Stack Height:	Not Applicable feet
7. Exit Diameter:	Not Applicable feet
8. Exit Temperature:	Not Applicable °F

Emissions Unit Information Section **1** of **1**

9. Actual Volumetric Flow Rate:	Not Applicable acfm	
10. Percent Water Vapor:	Not Applicable %	
11. Maximum Dry Standard Flow Rate:	Not Applicable dscfm	
12. Nonstack Emission Point Height:	15 feet	
13. Emission Point UTM Coordinates:		
Zone:	East (km):	North (km):
14. Emission Point Comment (limit to 200 characters):		

F. SEGMENT (PROCESS/FUEL) INFORMATION
(Regulated and Unregulated Emissions Units)

Segment Description and Rate: Segment 1 of 1

1. Segment Description (Process/Fuel Type and Associated Operating Method/Mode) (limit to 500 characters): Ash loadout area (emissions related to tons of ash throughput)	
2. Source Classification Code (SCC): 30183001 - Storage Transfer	
3. SCC Units: Tons	
4. Maximum Hourly Rate: 12.5	5. Maximum Annual Rate: 109,500
6. Estimated Annual Activity Factor: Not Applicable	
7. Maximum Percent Sulfur: Not Applicable	8. Maximum Percent Ash: Not Applicable
9. Million Btu per SCC Unit: Not Applicable	
10. Segment Comment (limit to 200 characters): For informational purposes only.	

Segment Description and Rate: Segment _____ of _____

1. Segment Description (Process/Fuel Type and Associated Operating Method/Mode) (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 Percent Sulfur:	8. Maximum Percent Ash:
9. Million Btu per SCC Unit:	
10. Segment Comment (limit to 200 characters):	

H. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION
 (Regulated Emissions Units Only - Emissions Limited Pollutants Only)

Pollutant Detail Information:

1. Pollutant Emitted:	
PM10	
2. Total Percent Efficiency of Control:	95 - 99 %
3. Potential Emissions:	1.03 lb/hour 4.51 tons/year
4. Synthetically Limited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Range of Estimated Fugitive/Other Emissions: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____ to _____ tons/year	
6. Emission Factor: 0.006 grains/cf Reference:	
7. Emissions Method Code: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5	
8. Calculation of Emissions (limit to 600 characters): $(0.006 \text{ grains/cf})(20,000 \text{ cfm})(1 \text{ lb}/7000 \text{ grains})(60 \text{ min/hr}) = 1.03 \text{ lb/hr}$ $(1.03 \text{ lb/hr})(8760 \text{ hr/yr})(1 \text{ ton}/ 2000 \text{ lbs}) = 4.51 \text{ ton/yr}$	
9. Pollutant Potential/Estimated Emissions Comment (limit to 200 characters):	

Allowable Emissions (Pollutant identified on front of page)

A.

1. Basis for Allowable Emissions Code:		
2. Future Effective Date of Allowable Emissions:		
3. Requested Allowable Emissions and Units:		
4. Equivalent Allowable Emissions:	lb/hour	tons/year
5. Method of Compliance (limit to 60 characters):		
6. Pollutant Allowable Emissions Comment (Desc. of Related Operating Method/Mode) (limit to 200 characters):		

B.

1. Basis for Allowable Emissions Code:		
2. Future Effective Date of Allowable Emissions:		
3. Requested Allowable Emissions and Units:		
4. Equivalent Allowable Emissions:	lb/hour	tons/year
5. Method of Compliance (limit to 60 characters):		
6. Pollutant Allowable Emissions Comment (Desc. of Related Operating Method/Mode) (limit to 200 characters):		

I. VISIBLE EMISSIONS INFORMATION
(Regulated Emissions Units Only)

Visible Emissions Limitation: Visible Emissions Limitation 1 of 1

1. Visible Emissions Subtype:			
VE20			
2. Basis for Allowable Opacity:	<input checked="" type="checkbox"/> Rule	<input type="checkbox"/> Other	
3. Requested Allowable Opacity: 20%			
Normal Conditions:	%	Exceptional Conditions:	%
Maximum Period of Excess Opacity Allowed:			min/hour
4. Method of Compliance: EPA Method 9 -- (62-296.320(4)(b)4)			
5. Visible Emissions Comment (limit to 200 characters): 62-296.320(4)(b)1			

Visible Emissions Limitations: Visible Emissions Limitation _____ of _____

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

**J. CONTINUOUS MONITOR INFORMATION
(Regulated Emissions Units Only)**

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):	

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):	

**K. PREVENTION OF SIGNIFICANT DETERIORATION (PSD) INCREMENT
TRACKING INFORMATION
(Regulated and Unregulated Emissions Units)**

PSD Increment Consumption Determination

1. Increment Consuming for Particulate Matter or Sulfur Dioxide?

If the emissions unit addressed in this section emits particulate matter or sulfur dioxide, answer the following series of questions to make a preliminary determination as to whether or not the emissions unit consumes PSD increment for particulate matter or sulfur dioxide. Check the first statement, if any, that applies and skip the remaining statements.

- The emissions unit is undergoing PSD review as part of this application, or has undergone PSD review previously, for particulate matter or sulfur dioxide. If so, emissions unit consumes increment.
- The facility addressed in this application is classified as an EPA major source pursuant to paragraph (c) of the definition of "major source of air pollution" in Chapter 62-213, F.A.C., and the emissions unit addressed in this section commenced (or will commence) construction after January 6, 1975. If so, baseline emissions are zero, and emissions unit consumes increment.
- The facility addressed in this application is classified as an EPA major source, and the emissions unit began initial operation after January 6, 1975, but before December 27, 1977. If so, baseline emissions are zero, and emissions unit consumes increment.
- For any facility, the emissions unit began (or will begin) initial operation after December 27, 1977. If so, baseline emissions are zero, and emissions unit consumes increment.
- None of the above apply. If so, the baseline emissions unit are nonzero. In such case, additional analysis, beyond the scope of this application, is needed to determine whether changes in emissions have occurred (or will occur) after the baseline date that may consume or expand increment.

2. Increment Consuming Dioxide?

If the emissions unit addressed in this section emits nitrous oxides, answer the following series of questions to make a preliminary determination as to whether or not the emissions unit consumes PSD increment for nitrogen dioxide. Check first statement, if any, that applies and skip remaining statements.

- The emissions unit addressed in this section is undergoing PSD review as part of this application, or has undergone PSD review previously, for nitrogen dioxide. If so, emissions unit consumes increment.
- The facility addressed in this application is classified as an EPA major source pursuant to paragraph (c) of the definition of "major source of air pollution" in Chapter 62-213, F.A.C., and the emissions unit addressed in this section commenced (or will commence) construction after February 8, 1988. If so, baseline emissions are zero, and emissions unit consumes increment.
- The facility addressed in this application is classified as an EPA major source, and the emissions unit began initial operation after February 8, 1988, but before March 28, 1988. If so, baseline emissions are zero, and emissions unit consumes increment.
- For any facility, the emissions unit began (or will begin) initial operation after March 28, 1988. If so, baseline emissions are zero, and emissions unit consumes increment.
- None of the above apply. If so, the baseline emissions of the emissions unit are nonzero. In such case, additional analysis, beyond the scope of this application, is needed to determine whether changes in emissions have occurred (or will occur) after the baseline date that may consume or expand increment.

3. Increment Consuming/Expanding Code:				
PM	<input checked="" type="checkbox"/>	C	<input type="checkbox"/> E	<input type="checkbox"/> Unknown
SO ₂	<input type="checkbox"/>	C	<input type="checkbox"/> E	<input type="checkbox"/> Unknown
NO ₂	<input type="checkbox"/>	C	<input type="checkbox"/> E	<input type="checkbox"/> Unknown
4. Baseline Emissions:				
PM		0 lb/hour		0 tons/year
SO ₂		lb/hour		tons/year
NO ₂				tons/year
5. PSD Comment (limit to 200 characters):				

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

Supplemental Requirements for All Applications

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

Additional Supplemental Requirements for Category I Applications Only

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. Compliance Assurance Monitoring Plan
<input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
14. Acid Rain 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"/> Not Applicable