



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 24, 2005

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. John B. Koogler, Ph.D.,P.E.
Koogler & Associates
4014 NW 13th Street
Gainesville, Florida 32609

Re: Mosaic Phosphates Company
New Wales Plant – Sulfuric Acid Plant 4

Dear Mr. Koogler:

The Department has reviewed your notification that you submitted on behalf of Mosaic Phosphates Company for replacing interpass absorbing tower on Sulfuric Acid Plant No. 4. The replacement of interpass absorbing tower is necessitated due to deterioration of the internal lining.

In reviewing the actual production and annual operating hours for the last three years, the Department noticed that the plant has operated only 8197 hours in 2001, 8104 hours in 2002 and 8498 hours in 2003. For the same years the annual production has been 899622 tons in 2001, 887540 tons in 2002 and 903290 tons in 2003. Please explain the downtime for those three years and the factors limiting the production rate below the permitted capacity of 2900 tons per day.

Processing of this request will resume upon receipt of this information. If there are any questions, please call Syed Arif at (850)921-9528.

Sincerely,

A handwritten signature in black ink that reads "James K. Pennington".

James K. Pennington, P.E. Administrator
North Permitting Section

JKP/sa

cc: Jerry Kissel, DEP SWD
C. Dave Turley, Mosaic

"More Protection, Less Process"

Printed on recycled paper.

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: Mr. John B. Koogler, Ph.D., P.E. Koogler & Associates 4014 NW 13th Street Gainesville, Florida 32609 | B. Received by (Printed Name) Lorei Toyota C. Date of Delivery 2/25 |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? If YES, enter delivery address below: |
| PS Form 3811, February 2004 | 7000 2870 0000 7027 9935 Domestic Return Receipt 102595-02-M-1540 |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. | 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

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

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

7000 2870 0000 7027 9935

Sent To
 Mr. John B. Koogler, Ph.D., P.E.
 Street, Apt. No.; or PO Box No.
 4014 NW 13th Street
 City, State, ZIP+4
 Gainesville, Florida 32609

PS Form 3800, May 2000 See Reverse for Instructions