

Jeb Bush Governor

## Department of Environmental Protection

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

David B. Struhs
Secretary

September 10, 2002

## CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. John B. Koogler, Ph.D., P.E. Koogler & Associates Environmental Services 4014 N.W. 13<sup>th</sup> Street Gainesville, FL 32609

Re: IMC Phosphates MP, Inc. (New Wales)
DEP File No. 1050059-033-AC (PSD-FL-244)

Multifos Plant - Kiln C Permit Revision

Dear Mr. Koogler:

The Department received additional information on August 12, 2002 in response to our request for information letter dated May 22, 2002.

In order for the Department to make an informed decision regarding the BACT limits established for fluorides, the following information is required:

- 1) IMC makes reference to a proposal received from Kimre, which proposes to replace the packing in the cross-flow scrubber with four pads in order to control fine particulate. This was stated in IMC's letter to the Department dated May 11, 2001. Please provide a copy of Kimre's proposal and cost data.
- 2) The original BACT determination refers to a separate neutralized scrubber pond to be used for scrubber water for the three kilns. Please provide an estimate (\$/ton of Fl removal) if a separate neutralized pond is to be used for the Kiln C only.
- 3) All cost data should be based on non-incremental allocations (total costs per total tons removed).

Rule 62-4.050(3), F.A.C. requires that all applications for a Department permit must be certified by a professional engineer registered in the State of Florida. This requirement also applies to responses to Department requests for additional information of an engineering nature. Permit applicants are advised that Rule 62-4.055(1), F.A.C. now requires applicants to respond to requests for information within 90 days.

If you have any questions regarding this matter, please contact me at 850/921-9528.

Sincerely,

Syed Arif, P.E. II

New Source Review Section

cc: Dave Turley, IMC Jerry Kissel, DEP-SWD

## COMPLETE THIS SECTION ON DELIVERY 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 C. Sighature so that we can return the card to you. Attach this card to the back of the mailpiece, □ Addressee or on the front if space permits. ☐ Yes dress different from item 1? D. Is delivery as 1. Article Addressed to: If YES, enter delivery address below: John Koogler, Ph.D., P.E. Koogler and Associates **Environmental Services** Service Type 4014 NW 13 St. Certified Mail ☐ Express Mail Gainesville, FL 32609 ☐ Return Receipt for Merchandise Registered ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 7001 0320 0001 3692 7966 PS Form 3811, July 1999 102595-00-M-0952 Domestic Return Receipt

