SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Received by (Please Print Clearly) B. Date of Delivery 10 - 27 - 03 C. Signature Agent Addressee D. Is delivery address different from item 19 Yes
Article Addressed to:	D. Is delivery address different from item 19. U Yes If YES, enter delivery address below:
Mr. M. A. Daigle Vice President, Florida Col IMC Phosphates Company Post Office Box 2000 Mulberry, FL 33860-1100	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 2870 0000 7028 3291	15 (1.11) 1 21) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PS Form 3811, July 1999 Domestic Ret	
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:	U.S. Postal Serv CERTIFIED N (Domestic Mail	IAIL RE			erage Pro	ovid	ed)
3291	OFF	C	I A	Ženo		S	La.
028	Postage Certified Fee	\$		_			
7 0(Return Receipt Fee (Endorsement Required)				Postm Here		
	Restricted Delivery Fee (Endorsement Required)	ļ		_			
	Total Postage & Fees	\$					
ng.	Sent To M. A. D	aigle	<u> </u>				
7000	Street, Apt. No.; or PO	<i>Box No.</i> 2000		***************			
	City, State, ZIP+ 4	*********		************			

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
Article Addressed to:	If YES, enter delivery address below:
Mr. M. A. Daigle Vice President, Florida Con IMC Phosphates Company Post Office Box 2000 Mulberry, FL 33860-1100	3. Service Type A Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 7000 2870 0000 7028 3789	; ;; to to to gett total (#1 for a company)
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)									
-						-				
378	OFF	U	(C)	Sign Company	A	Lxx	U	0	E	
9	Postage	\$								
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=	Return Receipt Fee (Endorsement Required)	_]	Post He			
0000	Restricted Delivery Fee (Endorsement Required)				·					
2	Total Postage & Fees	\$,			
2870	Sent To Mr. M. A. Daigle									
30	Street, Apt. No.; or PO	Вох	No.							-
7000	PO Box 2000 City, State, ZIP+ 4				1					

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SENDER: COMPLETE THIS SECTION Complete Head of the Section of the Restricted Delivery is desired. Head of the	A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: No
Mr. E.M. Newberg Vice President and General Manager Concentrated Phosphate Operations IMC Phosphate Company Post Office Box 2000 Mulberry, Florida 33860	
2. Article Number 7000 1670 0013 3109 (Transfer from service label)	8536
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

	CERTIFIE	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
853b	OFF	COAL	. USE				
FOTE	Postage Certified Fee	\$					
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here				
1670	Total Postage & Fees	\$					
7000	Sent To Mr. E.M. Newberg Street Application of Policy No. IMC App						

AFFIDAVIT OF PUBLICATION

THE LEDGER Lakeland, Polk County, Florida

Cașe In	U
	OF FLORIDA) Y OF POLK)
M Ti	efore the undersigned authority personally appeared C. Morgan liller, who on oath says that he is Display Advertising Manager of the Ledger, a daily newspaper published at Lakeland in Polk ounty, Florida; that the attached copy of advertisement, being a
	Public Notice of Intent
in the matte	er of To Issue DEP permit No. 1050059—044-AC
	3 New Wales Facility/Multifos Plant
	3 New Wates Pacinty/Watthos Plant
	shed in said newspaper in the issues of 8-10; 2004
at ne C at pe at ne di	ffiant further says that said The Ledger is a newspaper published Lakeland, in said Polk County, Florida, and that the said ewspaper has heretofore been continuously published in said Polk county, Florida, daily, and has been entered as second class matter the post office in Lakeland, in said Polk County, Florida, for a eriod of one year next preceding the first publication of the tached copy of advertisement; and affiant further says that he has either paid nor promised any person, firm or corporation any ascount, rebate, commission or refund for the purpose of securing its advertisement for publication in the said newspaper.
Si	Signed. C. Morgan Miller Display Advertising Manager Who is personally known to me. worn to and subscribed before me this. A.D. 20
	PATIGCA ANN ROUSE MAN COUNTING OF 97 90 08 EXPERES Ontober 17, 2000 Thomas Thomas Autor Phase of the same of th
	•

Attach Ad Here

٠.,	Attach Au Here
	PUBLIC: NOTICE OF INTENT TO ISSUE AIR CONSTRUCTION PERMIT
CELLER	DEPARTMENT OF BLORIDA DEPARTMENT OF BLORIDA DEPARTMENT OF BLORIDA
Test day	DEP/File/No: 1050059-044-AC3
Minne	
	, IMC/Phosphates Company New Wales Facility in Multido Plant
-	Palk County
	Minel Department of Environmental Protection. (Department) give motice of this intention to lissue an air construction permit to IMC Pros- phares Company, Mutifics Plantic ategral 30% Highway 60, Mul.
-	
Section Co.	istructed Kiin. C. to emissions levels that allow Kiin. C. to lescape the tederal Prevention (of Significant: Deterioration) (PSD), rule, This determines
	shucted (Kin. C10 emissions levels that allow (Kin. C10 escape the led eral Prevention of Significant Deterioration (PSD) rule, This determination (Polycas the Jean Available) Control (Jechnology, determination, for, Kin. C only, previously (ssued in PSD-FL 244). The applicant name and address are liMC Phosphates Company. Post Office Bo 2000. (Mulbern, Poly County, Florida 3880).
Section 2	The Department will saue the FINAL Permit In accordance with the conditions of the Moral Remit Junies (a) response (received in accordance with the following procedures results in a different excession or significant change of terms or conditions:
-	accordance with the following procedures results in a different deci- sion or significant change of terms or conditions
Carlo Chan	The Department Will accept wither comments concerning the proposed issuance action for a period of 14 (fourteen) days from the date of publication of this Public, Notice of Internity of Struction, Permit, Witten comments, should be, provided to the Department & Butledworf Air Regulation at 2600 Bidir Stope Road: Mai Station (#5505, Tallohassee, EU 3299-2400, Any witten comment filed shall be made available for public inspection (If comments received result in a significant change in the proposed agency action), the Department is fall evite; the proposed permit, on require. If applicable, another Public Notice
The same	proposed Issuance action for a period of NA (fourteen) days from the date (of publication of this Public Notice (of intent to issue Air Con-
-	Struction (Perfit II) William Comments should, be provided to me Department s Bureaulof Air Regulation at 2000 Bigir Stone Road: Mai
September 1	filed shall be made ovaliable for public inspection (if comments
1	action; the Department; shall revise the proposed permit oncreating it applicable another Ruble Notice
Series of	The Department will issue the permit with the attached condition
104.00	upless a timely petition for an administrative hearing is filed pursuant to sections (20,509 and 120,57,633) before the deadline for filing a
-	The Department will issue the permit with the article ad condition unless at timely petition for an administrative hearing is filled pursuant of sections (20,569 and 120,57;FLS); before the decaline for filling a petition. The procedures for petitioning for a hearing are set forth below. Mediation is not available in this proceeding (4.5).
Sec.	A person whose substantial interests are affected by the proposed
Service.	Permitting aecision (nov.) petition (p. 7 an Tarministrative) proceeding (hearing) (undersections (120.56) and (120.57) on the Norida Statutes (heapetilan must contain, the Information set forth below and rinus
Sec. sec	beilled (eceived) in the Office of General Counsel of the Depart
	see Florida 32399:3000 Petitions filed by the permit applicant of any of the parties listed below must be illied within to interpretations.
1	receipts of this notice of intent. Petitions (lied by ony persons of the things those entitled to written notices under section (120,60/3) of the
indian.	The pefition must contain the information set (orth below) and must be filled (received list the Office of General Course) of the Department of 3900 Commonwealth Boulevard Mail Station 836.8 aliabas see. Florida 32399.3000. Pefitions filled by the permitripplicant or any of the portiles, listed between the permitripplicant or any of the portiles, listed between 18 Pefillons filled, within fourteen days for eceipt of this notice of kindent? Pefillons filled by any persons other than those entitled to written notices under section 120.0030 of the fords statules must be filled within fourteen agas for publication of the public hotices or within fourteen days of receipt of this finance of intent whichever occurs first. Under section 120.00(3) have er any person who asked the Department for notice of agency action may filled petition within fourteen days of receipt of that notice regard esso in the date of publication. A pelition er shall mail a capy, of the petition to the applicant at the address indicated above at the lines.
-Armen	Intent (whichever, occurs/first) Under section (120:60(3)) however, and person who asked the Department for notice of agency action may
1	ille a petition within fourteen days of receipt of that notice: regard less of the date of publication. A petitioner shall mall a copy of the
Section 2	less of the date of publication, A petition er shall mall arcopy, of the cettion to the capiticant at the address indicated above at the time of illings the fallure of any person to file alpetition, within the appropriate time period shall constitute a waiver of that person shall request an administrative determination (bearing), under section 120,559; and 120,57,53; or to intervene in this proceeding and participate as a party to the Approval of the presiding officer upon the tilings of a motion in compliance with Rule 28, 106, 205 of the Plorida's Administrative Code
	request an administrative determination (hearing) under section
3	ticipate as a party to it. Any subsequent intervention will be only a the approval of the presiding officer upon the tilling of a motion in
	compliance with Rule 28 106 205 of the Florida Administrative Code
	A petition that disputes the material facts on which the Department is action is based insist contain the following information. On the infinite and address of each agency affected and each agency affected and each agency street on the infinite and address of each agency affected and each agency stille on identification number. His known (b) the name
	"The !: name !: and ! address !: of !: each! agency!" affected ! and !: each agency : \file a : Identification !: number !: If ! known !: (b) : The !: name
	address and relephone number of the petitioner's representative;
ì	any symich shall be street and east for services purposes during the course of the oroceeding; and an explanation of how the petition or ssupportant in the course of the oroceeding. The area of the course of the
	tion;(c):Astatement of howard when petitioner, received notice of the ragency action of proposed action;(d):Astatement of all dis
-	Itan; (c) A statement of how and when petitione; regaived notice of the agency action of proposed action; (d) A statement of all all pured issues of inarieral fact; if there are inone, the petition must a indicate; (e) A. Concles is toterient for the will imply a grant reverso or modification of the agency; sproposed action; (f) A statement of the specific flowers ratures the petitioner contends warrant reverso or modification of the agency; sproposed action; (f) A statement of the specific flowers raturies the petitioner contends require reverso or modification of the agency; sproposed action; (not (g) A statement of the relief sought, by the petitioner; stating precisely, the ment of the relief sought, by the petitioner; stating precisely, the agency is proposed action.
	lincluding the specific (acts the bettiloner contends warrant reverse or modification) of the agency sproposed action; (f) A statement of
-	the specific rules to: statutes the petitioner contends require reversal arrimodification (and (g)) A statutes.
- Chic	ment of the yellar sought by the perilidner, staring precisely inte- action pelitioner, wishes the agency to take with respect to the
ALC: N	A patilion that does not dispute the material facts upon which the Department's action is based shall state that no such facts are in als
2	Department is action is based shall state that no such facts are in all pules and otherwise shall contain the same information as set forth
-4.50	above as required by Rulei 28-106:30 Programs
	Because the administrative hearing process is designed to formulate final agency action, the filling of a petition means that, the Department stinal action may be different from the position doken by it in this notice. Fersons whose substantial interests will be diffected by any such final decision of the Department on the application have the right to petition to become apparty to the placeeding in accordance with the requirements set forth above.
4.00	Department sitted action may be different from the position taken by it in this notice. Persons whose substantial interests will be affect
	ed by any act initial decision of the Department on the application have the light to petition to become a party to the proceeding accordance with the requirements settlant, apaye.
	and the state of t
2	A A, complete project file is available for public linspection durin normal business hours 800 a m to 500 p m. Monday through fil day except legal holdays (at:
er account	Department of Environmental Protection
40.214	Bureau of Air Regulation & Hills Simagnolia Drive Suite 4.
400 E E E	IIIIIS: wagnola Drive Suire 4 follohassee: Riorida 2230) Telephone: 850/488 90114 Fax: 850/922:6979
	Southwest District Office (194) 3804 Coconut Palm Drive
1	Tampa Florida 33619-8218 2 (1) Telephone: 813/744-6100-6
	Fox: 813/744-0084, 3/22
200	is the complete project file includes the application; fechnical evaluations or the result of the re
1	isloje Officiali exclusive or conidentiali jecaras under Section 403.1111 ESAInterested persons may contact the Program Administrator Sind Resaurce Review Section an 1111 South Magnola Drive (Suite 2: italia
Section Section	Residuce Review Sacro (d.)
-	£535 = 8 i 0: 2004°

BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERA
 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 PAUL HARRIS Agent Addressee B. Received by (Printed Name) SEP 0 2 2004 D. Is delivery address different from item 12 Yes
1. Article Addressed to: Chair, Polk County Commission 330 W. Church Street Post Office Box 9005 Drawer CAO3 Bartow, Florida 33831	If YES, enter delivery address below: No 3. Service Type Checrtified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label) 7 000 1670 00	013 3110 3032
PS Form 3811, August 2001 Domestic Ret	turn Receipt 102595-02-M-1540

LI .	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
303	OFF	CIAL	USE		
31.10	Postage Certified Fee	\$			
E100	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
6.70	Total Postage & Fees	\$			
7000 TP	Chair, Polk County Commission Bostop Oblices Box 9005, Drawer CA03 Bartow, Florida 33831 City, State, Zip+4				
	PS Form 3800, May 2000		See Reverse for Instructions		

CER	Postal Service TIFIED MAIL RECEIPT tic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
B 5 4 3	FFICIAL USE	OFFICIAL USE
	Postage \$ Postmark Receipt Fee nt Required) Delivery Fee	Postage \$ 1 Certified Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
IMC Ph Street, Apt. N Post C	Age & Fees \$.M. Newberg hosphates Company Office Box 2000 Pry, Florida 33860-1100	Total Postage & Fees \$ Sept To. Segundo J. Fernandez, Esq. Side rate 4. of Prof. Fmann, Fernandez & Cole, P. Post Office Box 1110 City State ZiP+4 Tallahassee, Florida 32302-1110 PS Form 3800, May 2000 See Reverse for Instruction
	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.	A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery E.P. – 2 2004 D. Is delivery address different from item 1? If YES, enter delivery address below:
	Mr. Segundo J. Fernandez, Esq. Oertel, Hoffmann, Fernandez & Co. Post Office Box 1110 Tallahassee, Florida 32302-1110	ole, P.A.
	2. Article Number 7000 1670 (Transfer from service label)	Insured Mail
	PS Form 3811, August 2001 Domestic R	Return Receipt 102595-02-M-1540
·	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: Mr. E.M. Newberg	A Signature A Signature A Agent Addressee B Diecelyed big (Printed Name) C Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	IMC Phosphates Company New Wales Facility Post Office Box 2000 Mulberry, Florida 33860-1100	3. Service Type Certified Mail
	(Transfer from service label)	eturn Receipt 102595-02-M-1540

	U.S. Postal Se CERTIFIED (Domestic Mail On	MANUEL DECE	EIPT overage Provided)		
3063	OFF	ICIAL	USE		
	Postage	\$	i ,		
3770	Certified Fee		Postmark Here		
, m	Return Receipt Fee (Endorsement Required)		:		
0013	Restricted Delivery Fee (Endorsement Required)				
	Total Postage & Fees	\$]		
Total Postage & Fees \$ Min M.A. Daigle, Vice President Florida Concentrates					
, - -					
	Florida C Street Apt No., or PO B IMC Phospha	tes Co.			
7000	Poste Office	Box 2000	50-1100		
	PS Form 3800, May 200	Clorida 3386	See Reverse for Instructions		

	COMPLETE THIS SECTION ON DELIVERY
 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
1. Article Addressed to: Mr. M.A. Daigle, Vice President Florida Concentrates IMC Phosphates Company New Wales Facility Post Office Box 2000 Mulberry, Florida 33860-1100	3. Service Type Certified Mail
7 001	
2. Article Number (Transfer from service)	102595-02-M-1540
20 Form 3811. August 2001	and the second of the second o



IMC Phosphates Company
P.O. Box 2000
Mulberry, Florida 33860-1100

CERTIFIED MAIL



7002 0460 0002 8878 6905



Trina L. Vielhauer, Chief FDEP - Bureau of Air Regulation Twin Towers Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

Return Receipt Requested

3233342400