

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
 Vice President, Florida Concentrates
 IMC Phosphates Company
 Post Office Box 2000
 Mulberry, FL 33860-1100

COMPLETE THIS SECTION ON DELIVERY

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

M. A. Daigle 10-27-03
 C. Signature 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

2. Article Number (Copy from service label)

7000 2870 0000 7028 3291

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)

OFFICIAL USE

7000 2870 0000 7028 3291

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

Postmark
Here

Sent To
 M. A. Daigle
 Street, Apt. No., or PO Box No.
 PO Box 2000
 City, State, ZIP+4
 Mulberry, FL 33860-1100

PS Form 3800, May 2000

See Reverse for Instructions

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. 	<p>A. Received by (Please Print Clearly) Joe Howard B. Date of Delivery 11-17-04</p> <p>C. Signature X Joe Howard <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Mr. M. A. Daigle Vice President, Florida Concentrates IMC Phosphates Company Post Office Box 2000 Mulberry, FL 33860-1100</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>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>2. Article Number (Copy from service label) 7000 2870 0000 7028 3789</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
OFFICIAL USE											
<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> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
<p>Sent To Mr. M. A. Daigle</p> <p><i>Street, Apt. No.; or PO Box No.</i> PO Box 2000</p> <p><i>City, State, ZIP+4</i> Mulberry, FL 33860-1100</p>											
<p>PS Form 3800, May 2000 See Reverse for Instructions</p>											

7000 2870 0000 7028 3789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Restricted Delivery if desired.
- Fill in 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. 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 8536
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. J. Hazelton Addressee

B. Received by (Printed Name) *Bill Hazelton* C. Date of Delivery *8-7-04*

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, August 2001

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

7000 1670 0013 3109 8536

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

Postmark
 Here

Sent To
Mr. E.M. Newberg
 Street, Apt. No., or P.O. Box No.
IMC Phosphates Company
 City, State, Office Box
Mulberry, Florida 33860
 PS Form 3800, May 2000

See Reverse for Instructions

AFFIDAVIT OF PUBLICATION

THE LEDGER

Lakeland, Polk County, Florida

Case No

STATE OF FLORIDA)
COUNTY OF POLK)

Before the undersigned authority personally appeared C. Morgan Miller, who on oath says that he is Display Advertising Manager of The Ledger, a daily newspaper published at Lakeland in Polk County, Florida; that the attached copy of advertisement, being a

Public Notice of Intent

in the matter of To Issue DEP permit No. 1050059-044-AC.....

Concerning New Wales Facility/Multifos Plant.....

was published in said newspaper in the issues of 8-10; 2004.....

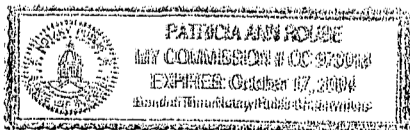
Affiant further says that said The Ledger is a newspaper published at Lakeland, in said Polk County, Florida, and that the said newspaper has heretofore been continuously published in said Polk County, Florida, daily, and has been entered as second class matter at the post office in Lakeland, in said Polk County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Signed C. Morgan Miller
C. Morgan Miller
Display Advertising Manager
Who is personally known to me.

Sworn to and subscribed before me this 10TH.....

day of August..... A.D. 20 04.....

Patricia Ann Lane
Notary Public



(Seal)

My Commission Expires Oct 17, 2004.....

LC146835 L535

Attach Ad Here

PUBLIC NOTICE OF INTENT TO ISSUE AIR CONSTRUCTION PERMIT

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DEP File No. 1050059-044-AC
IMC Phosphates Company
New Wales Facility
Multifos Plant
Polk County

The Department of Environmental Protection (Department) gives notice of its intent to issue an air construction permit for IMC Phosphates Company Multifos Plant located at 3095 Highway 640, Mulberry, Polk County, Florida for limiting the emissions of previously controlled (Klin C) to emissions levels that allow Klin C to escape the federal Prevention of Significant Deterioration (PSD) rule. This determination replaces the Best Available Control Technology determination for Klin C only, previously issued in PSD-FL-244. The applicant's name and address are IMC Phosphates Company, Post Office Box 2000, Mulberry, Polk County, Florida 33860.

The Department will issue the FINAL Permit, in accordance with the conditions of the DRAFT Permit, unless a response received in accordance with the following procedures results in a different decision or significant change of terms or conditions.

The Department will accept written comments concerning the proposed issuance action for a period of 14 (fourteen) days from the date of publication of this Public Notice of Intent to Issue Air Construction Permit. Written comments should be provided to the Department's Bureau of Air Regulation at 2600 Block Stone Road, Mail Station #5505, Tallahassee, FL 32309-2400. Any written comments received result in a significant change in the proposed agency action, the Department shall revise the proposed permit and require, if applicable, another Public Notice.

The Department will issue the permit with the attached conditions unless a timely petition for an administrative hearing is filed pursuant to sections 120.569 and 120.57, F.S., before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below. Mediation is not available in this proceeding.

A person whose substantial interests are affected by the proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station #361, Tallahassee, Florida 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice of intent. Petitions filed by any persons other than those entitled to written notices under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. Under section 120.60(3), however, any person who asked the Department for notice of agency action may file a petition within fourteen days of receipt of that notice, regardless of the date of publication. A petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 20.100-205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information: (a) The name and address of each agency affected and each agency's file or identification number, if known; (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for services purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination; (c) A statement of how and when petitioner received notice of the agency action or proposed action; (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate; (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action; (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts upon which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 20.100-301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding in accordance with the requirements set forth above.

A complete project file is available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at:

Department of Environmental Protection
Bureau of Air Regulation
1111 S. Magnolia Drive, Suite 4
Tallahassee, Florida 32301
Telephone: 850/488-0114
Fax: 850/922-6979

Department of Environmental Protection
Southwest District Office
3804 Coconut Palm Drive
Tampa, Florida 33619-8218
Telephone: 813/744-6100
Fax: 813/744-6084

The complete project file includes the application, technical evaluations, Draft Permit, and the information submitted by the responsible official, exclusive of confidential records under section 403.111, F.S. Interested persons may contact the Program Administrator, New Resource Review Section of the South Magnolia Drive, Suite 4, Tallahassee, Florida 32301, or call 850/488-0114 for additional information.

1535-16-10, 2004

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 PAUL HARRIS <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Chair, Polk County Commission 330 W. Church Street Post Office Box 9005 Drawer CA03 Bartow, Florida 33831		B. Received by (<i>Printed Name</i>) C. Date of Delivery SEP 02 2004	
		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.	
		4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (<i>Transfer from service label</i>)		7000 1670 0013 3110 3032	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

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

OFFICIAL USE

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

Sent To
 Chair, Polk County Commission
 Post Office Box 9005, Drawer CA03
 Bartow, Florida 33831
City, State, ZIP+4

PS Form 3800, May 2000 See Reverse for Instructions

0002 0097 0270 0100 0113 0131 0170 0200 0202

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)		
Total Postage & Fees	\$	

Sent To E.M. Newberg
IMC Phosphates Company
 Street, Apt. No. or PO Box No. Post Office Box 2000
Mulberry, Florida 33860-1100

PS Form 3800, May 2000

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)		
Total Postage & Fees	\$	

Sent To Mr. Segundo J. Fernandez, Esq.
Oertel, Hoffmann, Fernandez & Cole, PA
 Street, Apt. No. or PO Box No. Post Office Box 1110
Tallahassee, Florida 32302-1110

PS Form 3800, May 2000

See Reverse for Instructions

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- 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. Segundo J. Fernandez, Esq.
Oertel, Hoffmann, Fernandez & Cole, P.A.
Post Office Box 1110
Tallahassee, Florida 32302-1110

2. Article Number 7000 1670 0013 3110 3087
 (Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Bomb Agent Addressee

B. Received by (Printed Name) Brian Beggerly C. Date of Delivery SEP - 2 2004

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

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. E.M. Newberg
IMC Phosphates Company
New Wales Facility
Post Office Box 2000
Mulberry, Florida 33860-1100

2. Article Number 7000 1670 0013 3109 8543
 (Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

A. Signature Beggerly Agent Addressee

B. Received by (Printed Name) Beggerly C. Date of Delivery 9-2-04

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)

E90E DTTE E100 029T 0000

OFFICIAL USE

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

Delivered to **M.A. Daigle, Vice President**
Florida Concentrates
 Street, Apt. No., or PO Box No.
IMC Phosphates Co.
 Post Office Box 2000
Mulberry, Florida 33860-1100

PS Form 3800, May 2000 See Reverse for Instructions

SEN

- 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, Vice President
Florida Concentrates
IMC Phosphates Company
New Wales Facility
Post Office Box 2000
Mulberry, Florida 33860-1100

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
M.A. Daigle

B. Received by (Printed Name) Yes No
M.A. Daigle

C. Date of Delivery
02-04

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 Mail & Invoice
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
 (Transfer from service)

PS Form 3811, August 2003

0013 3110 3063

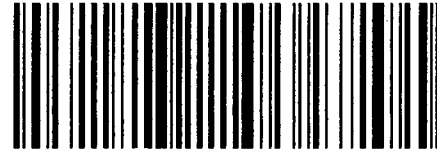
102595-02-M-1540



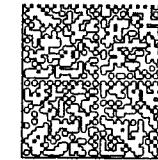
IMC


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

CERTIFIED MAIL



7002 0460 0002 8878 6905



UNITED STATES POSTAGE

PITNEY BOWES
02 1A \$04.42⁰
0004333782 SEP 26 2003
MAILED FROM ZIP CODE 33860

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

Return Receipt Requested

32399+2400

