

Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

July 25, 1989

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. J. E. Parsons
CF Industries Inc.
P. O. Drawer L
Plant City, Florida 33566

Dear Mr. Parsons:

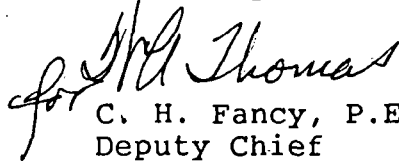
Re: CF Sulfur Facility Permitting, AC 29-167204

The Department has received your application dated June 28, 1989, and deemed it incomplete. Please submit the following information including all assumptions, calculations and reference material:

1. Please estimate the expected emissions from the sulfur delivery vehicle(s) while it is at the CF facility.
2. What is the total permitted sulfuric acid production capacity at this facility and the corresponding elemental sulfur requirement per day?
3. Please submit air emission estimates for any other source/equipment/process within (or associated with) the sulfur facility which has not yet been permitted by DER.
4. Submit air emission estimates for all the air pollutants emitted by the sources in the sulfur facility.

If you have any questions please call Pradeep Raval at (904) 488-1344 or write to me at the above address.

Sincerely,

for 

C. H. Fancy, P.E.
Deputy Chief
Bureau of Air Quality
Management

CHF/PR

cc: I. Choronenko, HCEPC
B. Thomas, SW District
J. Mulqueen, PE

P 938 762 625

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

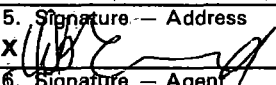
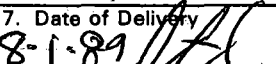
Sent to Mr. J. E. Parsons, CF Ind.	
Street and No. P. O. Drawer L	
P.O., State and ZIP Code Plant City, FL 33566	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date Mailed: 7-25-89 Permit: AC 29-167204	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. J. E. Parsons CF Industries, Inc. P.O. Drawer L Plant City, FL 33566	4. Article Number P 938 762 625 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X 	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 8-1-89 	

PS Form 3812, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT