



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

April 29, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. E. O. Morris, Vice President
Cargill Fertilizer, Inc.
8813 U.S. Highway 41 South
Riverview, FL 33569

Re: Title V Permit Renewal DEP File No. 0570008-045-AV
Tampa Plant

Dear Mr. Morris:

On March 30, 2004 the Department received your additional information for the processing of the application for the renewal of the Title V Permit for the Cargill Fertilizer, Inc. Tampa Plant. This application is still incomplete. The following additional information is needed in order to process the application:

COMPLIANCE ASSURANCE MONITORING (CAM) INFORMATION

MAP Plant (EU 022, 023 & 024)

CAM is applicable for PM. The information presented in Attachment CR-EU6-IV2a is not clear enough to determine whether compliance with the emissions limits will be assured. The numbers in Table D-1 also do not appear to be substantiated by the information contained in Attachment CR-EU6-IV2a. Although an alternative monitoring plan has been approved for these emissions units pursuant to the applicable MACT, that was for monitoring compliance with the fluoride emissions. A clear demonstration needs to be made that compliance with the PM emission limits can be assured through the use of the chosen indicator ranges. Please provide a concise table of data that correlates the chosen indicator ranges to the stack test results. When resubmitting the tables, do not include any extraneous information related to fluoride. Specific indicator ranges must be specified in the monitoring approach table for each emissions unit's control device. Please create unique monitoring approach tables for each emissions unit specifying the indicator ranges. When resubmitting, please include an electronic copy of the CAM plan in Word format. The averaging period will be changed from daily to a 3-hour period to match the requirements of the compliance test method. CAM does not apply for F due to MACT.

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. requires applicants to respond to requests for information within 90 days.

"More Protection, Less Process"

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Mr. E. O. Morris

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If you have any specific questions regarding this request for additional CAM information, please contact Mr. Jonathan Holtom at Jonathan.Holtom@dep.state.fl.us or 850-921-9531. If you have any questions concerning the processing of your application, please contact me at Cindy.Phillips@dep.state.fl.us or 850/921-9534.

Sincerely,



Cindy L. Phillips, P.E.
Bureau of Air Regulation

cc: Jerry Kissel, DEP-SWD
Jerry Campbell, EPCHC
Scott A. McCann, P.E., Golder Associates Inc.
Jonathan Holtom, DEP-BAR

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Sent To
 Mr. E. O. Morris
 8813 U.S. Highway 41 South
 Riverview, Florida 33569

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. Signature X <i>Roy Burnett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Roy Burnett</i> C. Date of Delivery <i>5/3/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. E. O. Morris Vice President of Environmental Health and Safety Cargill Fertilizer, Incorporated 8813 U.S. Highway 41 South Riverview, Florida 33569</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 (Transfer from service label)</p>	<p>7000 1670 0013 3109 9755</p>